This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

| STATEMI | ENT OF ACCOUNT | FOR COPYRIG | HT OFFICE USE ONLY | Return completed workbook by email to: | |
|----------------------|--|--|--|---|--|
| | ry Transmissions by | DATE RECEIVED | AMOUNT | _ | |
| General instru | ms (Short Form) ctions are located of this workbook | 8/30/21 | \$ ALLOCATION NUMBER | <u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 | |
| | | | | | |
| A | ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (Y | 'YYY/(Period)) | | |
| | 2021/1 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | | |
| | 20211 | Barcode Data Filing Period (optiona | I - see instructions) | | |
| Accounting Period | | | | | |
| В | Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the pare | | sidiary of another corporation, give the full | corporate | |
| Owner | List any other name or names under whic | h the owner conducts the business of | the cable system. | | |
| | If there were different owners during the single statement of account and royalty fr | | n the last day of the accounting period shoul nting period. | d submit a | |
| | Check here if this is the system's first filin | g. If not, enter the system's ID numbe | r assigned by the Licensing Division. | 040649 | |
| | LEGAL NAME OF OWNER/MAILIN | G ADDRESS OF CABLE SYSTEM | Λ | | |
| | CEQUEL COMMUNICATIONS LLC | | | | |
| | BUSINESS NAME(S) OF OWNER O | F CABLE SYSTEM (IF DIFFEREN | Т) | | |
| | SUDDENLINK COMMUNICATIONS | | | | |
| | MAILING ADDRESS OF OWNER OF | CABLE SYSTEM | | | |
| | 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite n | umber) | | | |
| | TYLER, TX 75701 (City, town, state, zip) | , | | | |
| С | INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line | | | | |
| System | IDENTIFICATION OF CABLE SYSTEM: | | | | |
| ., | 1 IL RIVER CORRECTIONAL | FACILITY | | | |
| | MAILING ADDRESS OF CABLE SYSTEM | | | | |
| | 2 (Number, street, rural route, apartment, or suite n | umber) | | | |
| | (City, town, state, zip code) | | | | |
| Privacy Act Notic | e: Section 111 of title 17 of the United States Code au | thorizes the Copyright Offce to collect th | ne personally identifying information (PII) reque | ested on this | |

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
|-------------------|--|--|
| | CEQUEL COMMUNICATIONS LLC | 040649 |
| D | Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili | ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter knowr ngs. |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or n identified city. | nobile home parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | CANTON | IL |
| Community | (IL RIVER CORR) | |
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| Rows as Necessary | | |
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| | I | | | | | | | FORM SA1- | |
|---------------------------|---|---------------------|-----------|------------------|-------------|-----------------|--------------|-----------------------|-------|
| Name | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | : | | | | | | |
| | CEQUEL COMMUNICAT | TIONS LLC | | | | | | | 04064 |
| - | SECONDARY TRANSMISSION | SERVICE: SI | JBSCR | IBERS AND R | ATES | | | | |
| E | In General: The information in s | | | - | | • | | | |
| Cocondom | system, that is, the retransmission | | | | | | | | |
| Secondary Transmission | about other services (including plast day of the accounting period | | | | | | lnose exisi | ung on the | |
| Service: Sub- | Number of Subscribers: Both | | | | | | ble system | n, broken | |
| scribers and | down by categories of secondar | , y transmission | service | . In general, yo | u can con | npute the numbe | er of subsc | ribers in | |
| Rates | each category by counting the n | | 0 | 0 , (| | | , | s charged | |
| | separately for the particular serv Rate: Give the standard rate of | | | | | • | , | ac and the | |
| | unit in which it is generally billed | - | - | • | | | | - | |
| | category, but do not include disc | · · | | , | iny standa | | o within a | | |
| | Block 1: In the left-hand block | in space E, th | e form | lists the catego | ries of sec | ondary transmis | sion servi | ce that cable | |
| | systems most commonly provide | | | | | | | | |
| | that applies to your system. Not | | | - | | - | | | |
| | categories, that person or entity subscriber who pays extra for ca | | | | | | • | | |
| | first set" and would be counted of | | | | | | | | |
| | Block 2: If your cable system | - | | • | | | | | |
| | printed in block 1 (for example, t | | | | | | ,. | | |
| | with the number of subscribers a sufficient. | and rates, in th | e right-l | nand block. A t | vo- or thre | e-word descript | ion of the s | service is | |
| | | DCK 1 | | | | | BLOCK | ζ2 | |
| | | NO. OF SUBSCRIB | | RATE | CAT | EGORY OF SEF | | NO. OF SUBSCRIBERS | RATE |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | EKS | RATE | CAT | EGORT OF SER | (VICE | SUBSCRIBERS | RAIL |
| | Service to first set | | 0 | _ | | | | | |
| | Service to additional set(s) | | 0 | - 0 | | | | | |
| | • FM radio (if separate rate) | | v | Ŭ | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 135 | 42.41 | | | | | |
| | Converter | | 155 | 42.41 | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | ANSMIS | SIONS: RATE | s | | | | |
| F | In General: Space F calls for ra | • | , | | - | • • | | | |
| | not covered in space E, that is, t | | | | | , | , | | |
| Services | service for a single fee. There ar furnished at cost or (2) services | • | | | 0 | | 0. | , | |
| Other Than | amount of the charge and the ur | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | | - | | - | |
| Fransmissions: | Block 1: Give the standard rat | • • | | | | •• | | | |
| Rates | Block 2: List any services that listed in block 1 and for which a | • • | | | - | - | | | |
| | brief (two- or three-word) descrip | | | | 511CU. LISU | | | | |
| | | BLO | CK 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | | GORY OF SER | VICE | RATE | CATEGO | DRY OF SERVICE | RATE |
| | Continuing Services: | | Install | ation: Non-res | idential | | | | |
| | • Pay cable | - | • Mo | tel, hotel | | | | | |
| | Pay cable—add'l channel | - | • Co | mmercial | | | | | |
| | Fire protection | | •Pa | y cable | | | | | |
| | Burglar protection | | • Pa | y cable-add'l ch | annel | | | | |
| | Installation: Residential | | • Fire | e protection | | | | | |
| | • First set | - | • Bu | rglar protection | | | | | |
| | Additional set(s) | - | Other | services: | | | | | |
| | • FM radio (if separate rate) | | • Re | connect | | - | | | |
| | Converter | | • Dis | sconnect | | | | | |
| | | | • 00 | tlet relocation | | _ | | | |
| | | | 04 | lictrelocation | | | | | |
| | | | | ve to new addr | ess | - | | | |

| ccounting Period: 2 | 2021/1 | | | FORM SA1-2E. PAGE 3. |
|-----------------------------|--|--|--|---|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM ID# |
| | CEQUEL COMMUNIC | | | 040649 |
| Primary | carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e | entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 | t (1) stations carried only on a part-the carriage of certain network program | time basis under ams [sections |
| Transmitters: Television | substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location | s explained in the next paragraph. With respect to any distant stations caules, regulations, or authorizations: in space G—but do list it in space I (ti a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p t with a station according to its over-the | arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als, see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station | bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | WAOE-1 | 59 | I | PEORIA, IL |
| | WEEK-1 | 25 | Ν | PEORIA, IL |
| ows as Necessary | WHOI-1 | 19 | Ν | PEORIA, IL |
| | WMBD-1 | 31 | N | PEORIA, IL |
| | WMEC-1 | 22 | E | MACOMB, IL |
| | WTVP-1 | 47 | E | PEORIA, IL |
| | WYZZ-1 | 43 | l | BLOMMINGTON, IL |
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| EGAL NAME OF | | | | | | | | SYSTEM |
|--|--|---|---|---|---|---|---|----------------------------------|
| | every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G | it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the station | y the sys be recein to the Co sign of o the static ion's sign g a check n's locati | I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the | t the system's he system's FM ante this point, see pa ed by the cable s he station is licen | eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC | 2) it can ertain st leneral in eparate | be expected, ated intervals. Instructions in the. | Primary Transmitters Radio |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| SALE GIGIN | | 5,0 | | GALL OIGH | | 3,0 | | |
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| | d: 2021/1 | | | | | | 101 | RM SA1-2E. PAGE 5 | | |
|------------------------------|---|--|---|--|--|---|--|--|--|--|
| Namo | LEGAL NAME OF OWNER OF | | | | | | | 8YSTEM ID# 040649 | | |
| | SUBSTITUTE CARRIAG | | | |)G | | | | | |
| I | In General: In space I, ident substitute basis during the a explanation of the programm | tify every nonr | network televi riod, under sp | <i>sion program,</i> broadcast b becific present and former f | y a <i>distant</i> sta CC rules, reg | ulations, or | authorizati | ons. For a further | | |
| • • | 1. SPECIAL STATEMEN | | | | ane general int | | | 0.11 2 101111 | | |
| Special | During the accounting per | | | | asis, any nonr | network tel | evision pro | gram | | |
| Statement and Program Log | broadcast by a distant sta | | , | | | Γ | YES | | | |
| • • | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program | | | | | | | | | |
| | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. | | | | | | | | | |
| | period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." | a distant static egulations, or ries like "mov . Bulls." m was broadd sign of the si adcast station nadian statior nth and day v vive "5/7." nes when the . Example: a ter "R" if the li | on and that y r authorization vies" or "bask cast live, entr tation broade n's location (i ns, if any, the when your sy substitute pr program carr listed prograr | ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you ried by a system from 6:0 n was substituted for prog | ted for the pro- eneral instruct am titles, for e "No." ram. e station is lid e program. Us in cable syste 1:15 p.m. to 6 gramming that | ogramming ions for fur example, "I censed by entified). se numera m. List the c28:30 p.m t your syste | the FCC of the FCC of s, with the times accu should be em was req | r station hation. " or r, in month urately e guired | | |
| | was substituted for program | mming that yo | | | | | | program | | |
| | effect on October 19, 1976 | mming that yo | our system w | as permitted to delete un | der FCC rules | and regul | ations in TUTE | | | |
| | effect on October 19, 1976 | UBSTITUTE | our system w <u>E PROGRAM</u> 3. STATION'S | as permitted to delete un | WHE CARRI, 5. MONTH | N SUBST | TUTE URRED | 7. REASON FOF DELETION | | |
| | effect on October 19, 1976 | UBSTITUTE | our system w | as permitted to delete un | der FCC rules WHE CARRI | and regul | TUTE URRED | 7. REASON FO | | |
| | effect on October 19, 1976 | UBSTITUTE | our system w <u>E PROGRAM</u> 3. STATION'S | as permitted to delete un | WHE CARRI, 5. MONTH | N SUBST | TUTE URRED | 7. REASON FO | | |
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| | effect on October 19, 1976 | UBSTITUTE | our system w <u>E PROGRAM</u> 3. STATION'S | as permitted to delete un | WHE CARRI, 5. MONTH | N SUBST | TUTE URRED | 7. REASON FOR | | |
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| | effect on October 19, 1976 | UBSTITUTE | our system w <u>E PROGRAM</u> 3. STATION'S | as permitted to delete un | WHE CARRI, 5. MONTH | N SUBST | TUTE URRED | 7. REASON FO | | |
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| Accounting Period: | 2021/1 FORM SA1-2E. PAGE 6. |
|---|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# |
| Name | CEQUEL COMMUNICATIONS LLC 040649 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. |
| | COPYRIGHT ROYALTY FEE |
| L Copyright Royalty Fee | Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 |
| | Line 1. Royalty fee for accounting period |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) |
| | 1. Base amount under statutory formula \$ 263,800.00 |
| | 2. Enter amount of gross receipts from space K |
| | 3. Subtract line 2 from line 1 |
| | 4. Enter the amount of gross receipts from space K |
| | 5. Enter the amount from line 3 |
| | 6. Subtract line 5 from line 4 |
| | 7. Multiply line 6 by .005 (enter figure here) |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 |
| | o. Interest charge. Enter the amount from line 4, space Q, page 6 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) |
| | 1. Enter the amount of gross receipts from space K |
| | 2. Base amount under statutory formula |
| | 3. Subtract line 2 from line 1 |
| | 4. Multiply line 3 by .01 |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 |
| | FILING FEE AND TOTAL REMITTANCE DUE |
| | |
| Filing Fee and Total Remittance Due | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00 |
| | EFT Trace # or TRANSACTION ID # |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information. |

| Accounting Period: | 2021/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 040649 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services . | 7 44 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) | |
| for Further Information | Name RODNEY HASKINS Telephone Address 3027 S SE LOOP 323 | (903) 579-3152 |
| | Address 302 / 3 SL ELOUP 322 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) | |
| | Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) | |
| O Certification | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) | system as identified vner of the cable system |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

| unting Period: 2 | | FORM SA1-2E. PAGE |
|---|--|--|
| AL NAME OF OWN | NER OF CABLE SYSTEM: | SYSTEM I |
| QUEL COMMU | UNICATIONS LLC | 04064 |
| The Satellite Ho lowing sentence "In deter service o scribers | mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P Special Statemen Concerning Gross Receipts Exclusio |
| | nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form. | |
| - | ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners? | |
| | the total here and list the satellite carrier(s) below | |
| | | - |
| Name Mailing Address | Name Mailing Address | |
| | | |
| | ASSESSMENT | |
| | | |
| • | lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q |
| For an explanat | | Q Interest Assessme |
| For an explanat | tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q Interest Assessme |
| For an explanat | tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. ne amount of late payment or underpayment | Q Interest Assessme |
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