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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>
	uctions are located	8/30/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α				
	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	Y Y Y/(Period))	
		-		
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		1		
		1		
	20211	Barcode Data Filing Period (optiona	I - see instructions)	
Accounting				
Period				
	Instructions:			
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full of	corporate
Owner	List any other name or names under whice	ch the owner conducts the business of	the cable system.	
	-		the last day of the accounting period should	d submit a
	single statement of account and royalty f	ee payment covering the entire accou	nting period.	040676
	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.	0.0070
	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	T)	
	SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF			
	3027 S SE LOOP 323	CABLE STSTEM		
	(Number, street, rural route, apartment, or suite n	umber)		
	TYLER, TX 75701			
	(City, town, state, zip) INSTRUCTIONS: In line 1, give any busin	and ar trade names used to id	antify the hypinese and energian of t	ha avatam unlaga thaga
C	names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	1 DELTA CORRECTIONAL F	ACILITY CNTR		
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n			
	2 (Number, street, rural route, apartment, or suite n	umper)		
	(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

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID: 04067(
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	DELTA (DELTA CORR CNTR)	СО
d Rows as Necessary		

	· · · · · · · · · · · · · · · · · · ·							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						
	CEQUEL COMMUNICAT	FIONS LLC							04067
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
<u> </u>	system, that is, the retransmission					•			
Secondary Transmission	about other services (including plast day of the accounting period						inose exist	ting on the	
Service: Sub-	Number of Subscribers: Bot	`		,	,	,	ble svstem	n. broken	
scribers and	down by categories of secondar	•					•		
Rates	each category by counting the n			0 , (,	s charged	
	separately for the particular serv					•	,	na and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·		,			5 within a		
	Block 1: In the left-hand block					condary 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					0,	•		
	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	hand block. A t	wo- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	ζ2	
		NO. OF SUBSCRIB		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		0	_					
	Service to additional set(s)		Ŭ	0					
	• FM radio (if separate rate)		·····						
	Motel, hotel								
	Commercial		23	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra		,		-	• •			
•	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•			0		0.0	,	
Other Than	amount of the charge and the ur	nit in which it is							
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that	• •				••		were not	
Nates	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
							CATEGO	ORY OF SERVICE	RATE
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	NICE	RATE			
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE			
	Continuing Services: • Pay cable	RATE	Install			RATE			
	Continuing Services:	RATE - -	Install • Mo	ation: Non-res		KATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE -	Install • Mo • Co • Pa	ation: Non-res tel, hotel mmercial y cable	sidential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Install • Mo • Co • Pa • Pa	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	sidential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installa • Mo • Co • Pa • Pa • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	sidential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	Install • Mo • Co • Pa • Pa • Fire • Bu	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	sidential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Install • Mo • Co • Pay • Pay • Fire • Bui Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	sidential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Install • Mo • Co • Pa • Far • Bur • Bur • Bur • Re	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	sidential	-			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mo • Co • Pa • Fire • Bu • Bu • Re • Re • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect connect	sidential	-			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Install • Mo • Co • Pa • Fire • Bu • Bu • Bu • Bu • Bu • Co • Dis • Ou	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	nannel	-			

unting Period: 2	2021/1			FORM SA1-2E.					
Name	LEGAL NAME OF OWNER OF			SYSTE					
1	CEQUEL COMMUNIC	ATIONS LLC		04					
	PRIMARY TRANSMITTERS:								
G	carried by your cable syster	ntify every television station (including n during the accounting period, <i>except</i>	t (1) stations carried only on a part	-time basis under					
rimary	5	n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6		•					
smitters:	substitute program basis, as	s explained in the next paragraph.							
levision		: With respect to any distant stations ca	arried by your cable system on a su	ubstitute program					
	 basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 								
	station was carried only on		11. 11						
		also in space I, if the station was carried n concerning substitute basis stations,							
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	PN, etc. Identify each					
	"WETA-2" as the same on t	I with a station according to its over-the he form.	e-air designation. ⊢or example, rep	oort multistream					
	Column 2: Give the channe	el number the FCC assigned to the tele	evision station for broadcasting ove	r the air in its community					
		RC is channel 4 in Washington, D.C. case whether the station is a network	station an independent station, or	a noncommercial					
	educational station, by ente	ring the letter "N" (for network), "N-M" ((for network multicast), "I" (for indep	pendent), "I-M"					
		"E" (for noncommercial educational), o	,	tional multicast).					
		rms, see page (iv) of the general instru n of each station. For U.S. stations, list		n is licensed by the					
	FCC. For Mexican or Canad	dian stations, if any, give the name of the	he community with which the statio	n is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KBDI-1	12	E	BROOMFIELD, CO					
	KCEC-1	14		DENVER, CO					
Necessary	KCNC-1	4	N	DENVER, CO					
ecessary	KDVR-1	31	N 	DENVER, CO					
	KMGH-1	7	N	DENVER, CO					
	KUSA-1	9	N	DENVER, CO					

EGAL NAME OF								SYSTEM
	t every radio s	station ca	arried on a separate and discronnerally 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 about rm. dentify the call tate whether to the radio stat this by placing sive 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 ge (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		ON LE OIGN		3,0		
						<u> </u>		
						 		
			·					
			·			 		
						<u> </u>		
					·			

Accounting Perio							FC	DRM SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 040676	
	SUBSTITUTE CARRIAG		AL STATEME		06				
	In General: In space I, ident substitute basis during the a explanation of the programm	tify every no accounting p	onnetwork televi period, under sp	<i>ision program,</i> broadcast b becific present and former	oy a <i>distant</i> sta FCC rules, reg	ulations, or	authoriza	tions. For a further	
Carriage:	1. SPECIAL STATEMEN				and general int				
Special	During the accounting per				asis. anv noni	network tel	evision pr	ogram	
Statement and Program Log	broadcast by a distant sta			······································	, ,]	YES		
• •			root of this no	an blank. If your answer	ia "Vaa " vau	H mulat aamin	-		
	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 program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi	of every no a distant sta egulations, « ries like "mo . Bulls." m was broa sign of the adcast stati nadian stati nth and day ive "5/7."	onnetwork tele tition and that y or authorizatio ovies" or "bask adcast live, ent station broadc ion's location (ions, if any, the y when your sy	vision program ("substitut our cable system substitu ns. See page (v) of the ge tetball." List specific progr er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitut	uted for the pro- eneral instruct ram titles, for e "No." gram. he station is liv he station is id te program. U	ogramming ions for fur example, "I censed by entified). se numera m. List the	of anothe ther inforr Love Luc the FCC o Is, with the times acc	er station mation. cy" or or, in e month	
	to delete under FCC rules a was substituted for program	. Example: ter "R" if the and regulat mming that	a program car e listed prograr ions in effect d	ried by a system from 6:0 n was substituted for prog luring the accounting peri	· gramming that od; enter the l	t your syste letter "P" if	em was <i>re</i> the listed	quired	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	. Example: ter "R" if the and regulat mming that i.	a program car e listed prograr ions in effect o your system w	ried by a system from 6:0 n was substituted for prog luring the accounting peri as permitted to delete un	gramming that od; enter the l der FCC rules	t your syste letter "P" if and regul	em was <i>re</i> the listed ations in ITUTE	equired program	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	. Example: ter "R" if the and regulat mming that i.	a program car e listed prograr ions in effect d	ried by a system from 6:0 n was substituted for prog luring the accounting peri as permitted to delete un	gramming that od; enter the l der FCC rules	t your syste letter "P" if and regul N SUBST AGE OCC	em was <i>re</i> the listed ations in ITUTE	quired	
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	. Example: ter "R" if the and regulat nming that 5. UBSTITUT	a program car e listed prograr ions in effect o your system w <u>E PROGRAM</u>	ried by a system from 6:0 n was substituted for prog luring the accounting peri as permitted to delete un	gramming that od; enter the l der FCC rules WHE CARRI	t your syste letter "P" if and regul N SUBST AGE OCC	em was re the listed ations in TUTE URRED	7. REASON FOR DELETION	
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Accounting Period:	2021/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Hame	CEQUEL COMMUNICATIONS LLC 040676
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 0.00
	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 \$ 263,800.00
	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) \$ 1,319.00
	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) \$ 15.00
	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# 040676
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 . and nonbroadcast services .	6 23
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	Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	(903) 579-3152
	TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O	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 the legal entity identified as over in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as over 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 hereia 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)] There an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING Title: SVP, PROGRAMMING Totic TOTE:	system as identified vner of the cable system
	Date: 7/22/2021	

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

ounting Period: 20	021/1	FORM SA1-2E. PAGE
AL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMU	JNICATIONS LLC	04067
The Satellite Ho lowing sentence "In deterr service o scribers a	CATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS one Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: 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
	aper SA1-2 form.	
-	unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
	the total here and list the satellite carrier(s) below	
	······································	
Name Mailing Address	Name Mailing Address	
INTEREST A	SSESSMENT	
You must compl	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
•	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanati	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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