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	=NT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
-		ansmissions by	DATE RECEIVED	AMOUNT	-	
Cable Syste	•	-			<u>coplicsoa@copyright.gov</u>	
General instru	ctions	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	ACCO	DUNTING 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			l			
Period						
		Instructions:				
В		Give the full legal name of the owner of the title of the subsidiary, not that of the pare		osidiary of another corporation, give the full	corporate	
_		the of the subsidiary, not that of the pare				
Owner		List any other name or names under whic	h the owner conducts the business of	f the cable system.		
		-		n the last day of the accounting period shoul	d submit a	
		single statement of account and royalty fe	ee payment covering the entire accou	inting period.	004257	
		Check here if this is the system's first filing	g. If not, enter the system's ID numbe	er assigned by the Licensing Division.		
		Γ				
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTE	М		
		CEQUEL COMMUNICATIONS LLC				
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	T)		
		SUDDENLINK COMMUNICATIONS				
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		3027 S SE LOOP 323				
		(Number, street, rural route, apartment, or suite not TYLER, TX 75701	umber)			
		(City, town, state, zip)				
С				entify the business and operation of t he system, if different from the addre		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
	<u> </u>	ALBANY, TX				
		MAILING ADDRESS OF CABLE SYSTEM				
	2	(Number, street, rural route, apartment, or suite n	umber)			
		(City, town, state, zip code)				

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 Offce'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						
	CEQUEL COMMUNICATIONS LLC	0042						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including s discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafte as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	ALBANY	TX						
Community								
dd Rows as Necessary								

								FORM SA1-			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID 00425		
	CEQUEL COMMUNICATIONS LLC										
-	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 p last day of the accounting period						lnose exist	ing on the			
Service: Sub-	Number of Subscribers: Both						ble system	, broken			
scribers and	down by categories of secondary	•					•				
Rates	each category by counting the n			0 , (,	charged			
	separately for the particular serv Rate: Give the standard rate c					•	,	ro and the			
	unit in which it is generally billed	-	-	•							
	category, but do not include disc	· ·		,	ny standa		o within a j				
	Block 1: In the left-hand block	in space E, th	e form l	ists the catego	ies 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					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-f	hand block. A ty	vo- or thre	e-word descript	ion of the s	service is			
		DCK 1					BLOCK	2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE		
	Residential:	SUBSCRID	EKO	NATE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	TVA II		
	Service to first set		83	34,99							
	Service to additional set(s)			54.55							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		16	45.95							
	Converter		10	45.55							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s						
F	In General: Space F calls for rat	•	,		-	• •					
	not covered in space E, that is, t					,					
Services	service for a single fee. There ar furnished at cost or (2) services	•			0						
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the	rate column.				-		0			
Transmissions:	Block 1: Give the standard rat			•		• •					
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.										
		BLO	∩K 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res							
	• Pay cable	17.00	• Mo	tel, hotel							
	• Pay cable—add'l channel	19.00	۰Co	mmercial							
	Fire protection		• Pa	y cable							
	•Burglar protection		• Pa	, y cable-add'l ch	annel						
	Installation: Residential		• Fire	e protection							
	• First set	99.00	• Bu	glar protection							
	 Additional set(s) 	25.00		services:							
	• FM radio (if separate rate)		• Re	connect		40.00					
	• Converter		• Dis	connect							
	1					25.00					
			•0u	tlet relocation		25.00					
				ve to new addr	ess	99.00					

ting Period: 2	- T			FORM SA1-2E. PAGE 3					
Name				SYSTEM ID#					
	CEQUEL COMMUNIC			004257					
G Primary Ismitters: levision	 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute 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 <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational multicast). For the meani								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KIDZ-1	42	1	ABILENE, TX					
	KIDZ-1 KPCB-1	17		SNYDER, TX					
as Necessary	KRBC-1	9	N	ABILENE, TX					
s Necessary	KRMA-1	6	E	DENVER, CO					
	KTAB-1	32	N	ABILENE, TX					
	KTXS-1	12	N	SWEETWATER, TX					
	KTXS-2	12.2	I-M	SWEETWATER, TX					
	KTX0-2 KXVA-1	15		ABILENE, TX					
			B						
	1								

CEQUEL CO	MMUNICA	TIONS	LLC						0042
	every radio s	tation ca	rried on a separate and disc nerally receivable by your cal						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 ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	at s th se	the system's he ystem's FM ante is point, see pag d by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AIVI OF FIM	5/0	LOCATION OF STATION	H	GALL SIGN	AIV OF FIN	3/D	LOCATION OF STATION	
				-					
				1					
				•					

Accounting Perio							FO	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							8YSTEM ID# 004257
	SUBSTITUTE CARRIAG		AL STATEME		ŊĢ			
	In General: In space I, ident substitute basis during the a explanation of the programm	tify every no	nnetwork televi period, under sp	<i>sion program,</i> broadcast b becific present and former	y a <i>distant</i> sta FCC rules, reg	ulations, or	authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN				ano gonora na		i ilio pupo.	
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		rest of this na	ae blank lf vour answer	ie "Vee " vou r	ust comp		
	log in block 2.			ige blank. If your answer	13 103, you i	nust comp		Sgram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car	a distant sta egulations, (ries like "mo . Bulls." m was broa sign of the adcast stati nadian stati natian stati nth and day ive "5/7."	tion and that y or authorization ovies" or "bask dcast live, entr station broadcon's location (to on's location (to ons, if any, the when your sy	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	ited for the pro- eneral instruct am titles, for e "No." gram. ne station is lid ne station is id ne program. Us	ogramming ions for fur example, "I censed by entified). se numera m. List the	of anothe ther inform Love Lucy the FCC o Is, with the times accu	r station nation. " or r, in month urately
	Column 6: State the tim 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	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 proo luring the accounting peri	, gramming that od; enter the l	t your syste etter "P" if	em was <i>rec</i> the listed p	quired
	Column 6: State the tim 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 5.	a program carr e listed prograr ions in effect d 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 etter "P" if and regul	em was rec the listed p ations in ITUTE	guired program
	Column 6: State the tim 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 5.	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	etter "P" if etter "P" if and regul	em was rec the listed p ations in ITUTE	guired program
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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 004257
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) \$ 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# 004257
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	8 58
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	(903) 579-3152
	(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 ow 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 herein 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)] X /s/ Alan Dannenbaum 	system as identified /ner of the cable system
	Image: System of the 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.

	2021/1	FORM SA1-2E. PAGE
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM I
	UNICATIONS LLC	0042
The Satellite H lowing sentence "In dete service scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS lome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- be: immining 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- is and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." mation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
located in the	paper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
	plete 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
Line 1 Enter	the amount of late payment or underpayment	Interest Assessme
Line 2 Multip	y line 1 by the interest rate* and enter the sum here	
Line 3 Multip	x days y line 2 by the number of days late and enter the sum here	
Line / Multin	y line 3 by 0.00274** and enter here	
in space * To view t		
in spac * To view t contact tl	L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) he interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
in space * To view th contact th ** This is th NOTE: If you a	• L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) (interest charge) • Licensing Division at (202) 707-8150 or licensing@copyright.gov. • For further assistance please • Licensing Division at (202) 707-8150 or licensing@copyright.gov. • Interest charge	
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