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.

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SA1-2E Short Form

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
Cable Syste	ms (Short Form)	8/30/21	\$	For additional information, contact the U.S. Copyright
-	ctions are located	0/00/21		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2021	1 Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the particular title of the subsidiary.		sidiary of another corporation, give the full o	corporate
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during th	e accounting period, only the owner on	the last day of the accounting period should	d submit a
	single statement of account and royalty			
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	060598
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Г)	
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite			
	TYLER, TX 75701	number)		
	(City, town, state, zip)			
C	INSTRUCTIONS: In line 1, give any businames already appear in space B. In line		,	,
System	1			
	OSBURN, ID MAILING ADDRESS OF CABLE SYSTEM	И:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	060598
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single,
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	OSBURN	ID
Community	ELIZABETH PARK	ID
	KELLOGG	ID
ws as Necessary	PINHURST	ID
	SMELTERVILLE	ID
	WALLACE	ID

Name E	LEGAL NAME OF OWNER OF C		:						
	CEQUEL COMMUNICAT								
Е									06059
E	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES				
—	In General: The information in s			-		•			
<u> </u>	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						inose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble svstem	. 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 unit in which it is generally billed	-	-	•					
	category, but do not include disc	• •					s wiu iir a j		
	Block 1: In the left-hand block					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					service that are	different f	rom those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	ore secon	dary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	· •	
		NO. OF	:				BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		1,337	34.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		59	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	· · · · · ·							
F	In General: Space F calls for rai not covered in space E, that is, t	•	,		-	• •			
-	service for a single fee. There ar					,			
Services	furnished at cost or (2) services	•			0				
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are cł	narged on a vari	able per-pi	rogram basis,	
Secondary	enter only the letters "PP" in the		ha aahl	a avetana fan a	ask aftha	annliaghla agus	ana liatad		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•				were not	
Rutes	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	17.00	• Mot	tel, hotel					
	 Pay cable—add'l channel 	19.00		mmercial					
	Fire protection			/ cable					
	 Burglar protection 		• Pay	/ cable-add'l cł	nannel				
	Installation: Residential			e protection					
	• First set	99.00	• Bur	glar protection					
	 Additional set(s) 	25.00	Other s	services:					
	 FM radio (if separate rate) 		• Red	connect		40.00			
	s i mi ladio (il separate late)								•••••••
	• Converter		• Dis	connect					
	,			connect tlet relocation		25.00			

counting Period: 2	2021/1			FORM SA1-2E. PA			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
	CEQUEL COMMUNIC	ATIONS LLC		060			
	PRIMARY TRANSMITTERS:						
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis.	 (1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a su 	-time basis under rams [sections ations carried on a ubstitute program			
	 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 						
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n is licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KAYU-1	28	I	SPOKANE, WA			
	KAYU-HD1	28	I-M	SPOKANE, WA			
d Rows as Necessary	KHQ-1	6	N	SPOKANE, WA			
	KHQ-2	6.2	I-M	SPOKANE, WA			
	KHQ-HD1	6	N-M	SPOKANE, WA			
	KREM-1	2	N	SPOKANE, WA			
	KREM-2	2.2	I-M	SPOKANE, WA			
	KREM-HD1	2	N-M	SPOKANE, WA			
	KSPS-1	7	E	SPOKANE, WA			
	KSPS-HD1	7	E-M	SPOKANE, WA			
	KUID-1	12	E	MOSCOW, ID			
	KXLY-1	4	N	SPOKANE, WA			
	KXLY-HD1	4	I-M	SPOKANE, WA			
	KXLY-HD2	4.2	N-M	SPOKANE, WA			
	100211122	••		<u> </u>			

EGAL NAME OI								SYSTEM 0605
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of 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 abourn. dentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright 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 h system's FM an this point, see p red by the cable ne station is licer	eadend, and (2 tenna, during c age (v) of the g system as a se nsed by the FC	2) it can ertain st jeneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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our cable syste authorizations the paper SA	SYSTEM I 0605
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authorizations	
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iete the progra	am
the accounting of another stat ther informatic Love Lucy" or the FCC or, in ls, with the mo times accurate times accurate should be em was <i>require</i> the listed prog ations in	ation on. or onth tely red
	7. REASON F
URRED 7	7. REASON F DELETION
URRED 7	
C	TIMES

Accounting Period:	2021/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 060598
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service
L Copyright Royalty Fee	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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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.	\$263,80(
	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 t accounting period is \$52.00	nis six-month
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	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	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	598.49
	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	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 1,917.49
	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)	1,917.49
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,937.49
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 060598
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	14 209
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
	(Number, street, rural route, apartment, or suite number) 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 sin line 1 of space B and that the owner is not a corporation or partnership; or X (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 hereir 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)] M (s/ Alan Dannenbaum Enter 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	system as identified mer of the cable system
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 7/22/2021	

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	2021/1	FORM SA1-2E. PAGE
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM II
QUEL COMM	UNICATIONS LLC	06059
The Satellite H lowing sentence "In dete service scribers For more inforr located in the p	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- a 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 paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
made by satelli X NO	ite carriers to satellite dish owners?	
YES. Enter	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. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter t	the amount of late payment or underpayment	Interest Assessmer
	the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply	x	Interest Assessmei
Line 2 Multiply Line 3 Multiply Line 4 Multiply	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o Owner Address	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is th NOTE: If you a list below the o	y line 1 by the interest rate* and enter the sum here	Interest Assessme

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