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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
for Seconda	ry Tr	ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	-	-			<u>coplicsoa@copyright.gov</u>
General instru		,	8/30/21	\$	For additional information, contact the U.S. Copyright
in the first tab					Office Licensing Division at: Tel: (202) 707-8150
in the linst tab	or this	5 WOLKDOOK		ALLOCATION NUMBER	_
Α	ACC	OUNTING 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)	
		20211	l		
Accounting Period					
		Instructions:	a achta suchana. If tha annar is a such	sidians of another correction, size the full	
В		title of the subsidiary, not that of the pare		osidiary of another corporation, give the full	corporate
Owner		List any other name or names under whic	h the owner conducts the husiness of	f the cable system	
		If there were different owners during the single statement of account and royalty fe		n the last day of the accounting period shoul Inting period.	d submit a
					063040
		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.	
				4	
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE STSTER	VI	
		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 nu TYLER, TX 75701	under)		
		(City, town, state, zip)			
С				entify the business and operation of t	
_	name	,	2, give the mailing address of t	he system, if different from the addre	ess given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		LAUREL HIGHLANDS STA MAILING ADDRESS OF CABLE SYSTEM		IIIUIION	
		INCLUS ADDRESS OF CADLE STSTEM.			
	2	(Number, street, rural route, apartment, or suite nu	umber)		
		(City, town, state, zip code)			
	1	(ony, 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 D Area		0630 munity" is the same as a "community unit" as defined in ECC rule					
Area		munity" is the same as a "community unit" as defined in FCC rule					
	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including singl discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Served	identified city.	she nome parks should be reported in parentneses below the					
	CITY OR TOWN	STATE					
First	SOMERSET	PA					
Community	(LAUREL HIGHLANDS SCI)						
d Rows as Necessary							
I ROWS as Necessary							

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID	
	CEQUEL COMMUNICAT	FIONS LLC							06304	
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND RA	ATES					
E	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable									
<u> </u>	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Secondary Transmission	last day of the accounting period						nose exis	ting 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 com	npute the numbe	er of subso	ribers in		
Rates	each category by counting the n		0	•••			·	s charged		
	separately for the particular serv Rate: Give the standard rate of					•	,	ae and the		
	unit in which it is generally billed	-	-	•				-		
	category, but do not include disc				ny standa		o within a			
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. <b>Not</b> categories, that person or entity			0		0				
	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 ngnt-r	Iand DIOCK. A IM	vo- or thre	e-word descript	ion of the	service is		
		DCK 1					BLOCK	٢2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:							CODUCINDENC		
	Service to first set		0	-						
	<ul> <li>Service to additional set(s)</li> </ul>		0	0						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		255	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				9					
-	In General: Space F calls for ra					Il your cable sys	tem's serv	vices that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There are	•			•		0.	,		
Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		,	<b>,,</b>				- 3		
Fransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that	• •			-	-				
	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						BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SERV	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-resi						
	• 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						
	<ul> <li>Additional set(s)</li> </ul>	-	Other	services:						
	<ul> <li>FM radio (if separate rate)</li> </ul>		•Re	connect		-				
	Converter		• Dis	connect						
	1		• 00	tlet relocation		_				
			- Ou	lier relocation		- 1				
				ve to new addre	ess	-				

ccounting Period: 2	2021/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II			
	CEQUEL COMMUNIC	ATIONS LLC		06304			
	PRIMARY TRANSMITTERS:						
G Primary Transmitters: Television	<ul> <li>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), or 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.</li> <li>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:</li> <li>• 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</li> </ul>						
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe	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 d with a station according to its over-the he form. el number the FCC assigned to the tele	, see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep	tions. PN, etc. Identify each ort multistream			
	<b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rrms, see page (iv) of the general instru- n of each station. For U.S. stations, lisi dian stations, if any, give the name of t	(for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	pendent), "I-M" ional multicast). h is licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WATM-1	23	Ν	ALTOONA, PA			
	WJAC-1	6	Ν	JOHNSTOWN, PA			
Rows as Necessary	WKBS-1	47	I	ALTOONA, PA			
	WPCW-1	19		PITTSBURGH, PA			
	WPSU-1	3	E	CLEARFIELD, PA			
	WTAJ-1	10	Ν	ALTOONA, PA			
	WWCP-1	8		JOHNSTOWN, PA			

EGAL NAME OF								SYSTEM 0630
	every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, 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 tem whenever it is received a ved 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 he system's FM ante this point, see pa ed by the cable s he station is licen	adend, 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	
GALL SIGN	AIVI OF FIM	5/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	5/D	LOCATION OF STATION	
			·					
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Accounting Peric							
Name							SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC					063040
	SUBSTITUTE CARRIAG	E: SPECIAL STATEN	ENT AND PROGRAM LC	G			
			vision program, broadcast by				
Substitute			specific present and former F d in this log, see page (v) of t				
Carriage:	1. SPECIAL STATEMEN			5			
Special Statement and	• During the accounting pe	riod, did your cable syst	em carry, on a substitute ba	isis, any nonr	network te <u>lev</u>	ision prog	ram
Program Log	broadcast by a distant sta	ation?				YES	X NO
	Note: If your answer is "No	o", leave the rest of this	bage blank. If your answer i	s "Yes," you r	nust complet	te the prog	Iram
	log in block 2.		0		·		
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs <b>Column 2:</b> If the progra <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cal <b>Column 5:</b> Give the mo first. Example: for May 7 gi <b>Column 6:</b> State the tim	a distant station and that egulations, or authorizat ries like "movies" or "ba- . Bulls." m was broadcast live, e sign of the station broa adcast station's location nadian stations, if any, t nth and day when your we "5/7." les when the substitute . Example: a program ca	evision program ("substitute your cable system substitute ons. See page (v) of the ge sketball." List specific progra- nter "Yes." Otherwise enter dcasting the substitute program (the community to which the community with which the system carried the substitute program was carried by you arried by a system from 6:07	ted for the pro neral instruct am titles, for e "No." ram. e station is lid e program. Us r cable systel 1:15 p.m. to 6	ogramming o ions for furthe example, "I Lo censed by the entified). se numerals, m. List the tin :28:30 p.m. s	f another s er informa ove Lucy" e FCC or, with the n mes accura should be	station tion. or in nonth ately
	to delete under FCC rules was substituted for program	and regulations in effect mming that your system	during the accounting period was permitted to delete und	od; enter the l	etter "P" if the	e listed pro	
	to delete under FCC rules	and regulations in effect mming that your system	during the accounting period	od; enter the l der FCC rules	etter "P" if the	e listed pro ions in	ogram
	to delete under FCC rules was substituted for program effect on October 19, 1976	and regulations in effect nming that your system UBSTITUTE PROGRA	during the accounting period was permitted to delete uno	od; enter the l der FCC rules WHE CARRI	etter "P" if the and regulati N SUBSTITI	e listed pro ions in UTE RRED	
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Accounting Period:	<b>2021/1</b> FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Hame	CEQUEL COMMUNICATIONS LLC 063040
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)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID #
	<b>Important:</b> 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# 063040
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	7 45
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 in line 1 of space B and that the owner is not a corporation or 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)]  M	system as identified vner of the cable system
	Title:     SVP, PROGRAMMING (Title of official position held in corporation or partnership)       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 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: 20	21/1			FORM SA1-2E. PAGE
AL NAME OF OWNE	R OF CABLE SYSTEM:			SYSTEM I
	NICATIONS LLC			06304
The Satellite Hon lowing sentence: "In determ service of scribers a	ATEMENT CONCERNING GROSS REC ne Viewer Act of 1988 amended Title 17, section ining the total number of subscribers and the gro providing secondary transmissions of primary bro nd amounts collected from subscribers receiving	111(d)(1)(A), of the ( ss amounts paid to t padcast transmitters, secondary transmiss	Copyright Act by adding the fol- he cable system for the basic , the system shall not include sub- sions pursuant to section 119."	- Special Statement Concerning Gross Receipts Exclusion
For more information located in the paper	tion on when to exclude these amounts, see the per SA1-2 form.	note on page (vii) of	the general instructions	
-	nting period, did the cable system exclude any ar carriers to satellite dish owners?	nounts of gross rece	ipts for secondary transmissions	
	ne total here and list the satellite carrier(s) below.		¢	
	ie total here and list the satellite carrier(s) below.		\$	
Name Mailing Address		Name Mailing Address		
INTEREST AS				
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For an explanation		eneral instructions lo	cated in the paper SA1-2 form.	Q
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