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

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ms (S	Short Form) are located	8/30/21	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACC	DUNTING PERIOD COVERED	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		20211	Barcode Data Filing Period (optiona	I - see instructions)	
B Owner		title of the subsidiary, not that of the pare	ent corporation. h the owner conducts the business of accounting period, only the owner or see payment covering the entire accou	n the last day of the accounting period should nting period.	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTE	Λ	
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	T)	
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		3027 S SE LOOP 323	umber)		
		TYLER, TX 75701 (City, town, state, zip)			
	INSTR		ass or trade names used to ide	entify the business and operation of th	he system unless these
С				he system, if different from the addre	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		FLORENCE MCCLURE			
		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: CEQUEL COMMUNICATIONS LLC	SYSTEM II 06320
D	Instructions: List each separate community served by the cable system. A "community" "a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list of	" is the same as a "community unit" as defined in FCC rule munities within unincorporated areas and including single
Area	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 hom	ne parks should be reported in parentheses below the
Served	identified city.	
F loot	CITY OR TOWN NORTH LAS VEGAS	STATE NV
First Community	(FLORENCE MCCLURE)	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						
	CEQUEL COMMUNICAT	FIONS LLC							06326
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s			-		•			
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose exis	ting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondar	•					,	,	
Rates	each category by counting the n	•		•		•			
	separately for the particular serv					•	,		
	Rate: Give the standard rate of	•	-	•				-	
	unit in which it is generally billed category, but do not include disc				ny standa	ard rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ries of sec	condary transmis	sion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not	e: Where an ir	ndividua	l or organizatio	n is receiv	ing service that	falls unde	r different	
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count ur	ider "Servi	ice to the	
	first set" and would be counted of Block 2: If your cable system	0			· · ·	service that are	different f	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		0			•			
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				_		-		
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					h
	• FM radio (if separate rate)								h
	Motel, hotel								
	Commercial		26	42.41					
	Converter								
	Residential								
	Non-residential								
	Non residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	te (not subscri	ber) info	ormation with re	spect to a	all your cable sys	stem's serv	vices that were	
Г	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			2			ante het h	egium sucie,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclu	de the r	ate for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	-		tel, hotel					
	Pay cable—add'l channel	-	_	mmercial					
	Fire protection			y cable					
	 Burglar protection 			y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	-	• Bu	glar protection					
	 Additional set(s) 	-	Other	services:					
	 FM radio (if separate rate) 		•Re	connect		-			
	Converter		• Dis	connect					
			۰Ou	tlet relocation		-			_
				tlet relocation ve to new addre	ess	-			

unting Period:	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			063269
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t	t (1) stations carried only on a part-t the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instructi	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions.
	multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	d with a station according to its over-the the form. el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t	e-air designation. For example, report evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. If the community to which the station the community with which the station	ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC-1	15	I	LAS VEGAS, NV
	KLAS-1	8	Ν	LAS VEGAS, NV
s Necessary	KLVX-1	10	E	LAS VEGAS, NV
	KSNV-1	3	N	LAS VEGAS, NV
	KTNV-1	13	Ν	LAS VEGAS, NV
	KVCW-1	33	I	LAS VEGAS, NV
	KVVU-1	5	I	HENDERSON, NV
			i de la constante d	

CEQUEL CO	F OWNER OF (SYSTEM 0632
	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 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 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 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	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	
UALL SIGN		3/D	LOCATION OF STATION	GALL SIGN		3/D	LOCATION OF STATION	
			·					
						 		
						<u> </u>		
						 		
						l		

Accounting Perio								RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID
	CEQUEL COMMUNICA	ATIONS LLC						063269
_	SUBSTITUTE CARRIAGI	E: SPECIAL STA	TEMENT ANI	D PROGRAM LC	G			
	In General: In space I, ident							
0	substitute basis during the a explanation of the programm							
Substitute Carriage:	1. SPECIAL STATEMEN				ine general ins		the paper	3A1-2 10111.
Special	During the accounting per				asis. anv nonr	network tele	evision pro	oram
Statement and Program Log	broadcast by a distant sta	-	- jj ,		, ,	Γ	YES	
	Note: If your answer is "No		this nade blan	k lf vour answer i	s "Ves " vou r	– nust.compl		
	log in block 2.	, leave the lest of	uns page biam		s res, your		ete trie pro	gram
	Column 1: Give the title 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 broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim	distant station and egulations, or author ries like "movies" o Bulls." m was broadcast liv sign of the station adcast station's loc nadian stations, if a nth and day when y ve "5/7." es when the substi	that your cabl rizations. See "basketball." I re, enter "Yes.' proadcasting th ation (the commu- our system ca tute program w	le system substitu page (v) of the ge List specific progra " Otherwise enter he substitute prog munity to which th unity with which th irried the substitute vas carried by you	ted for the pro- neral instruct am titles, for e "No." ram. le station is lid e station is id e program. Us r cable system	ogramming ions for fur example, "I censed by t entified). se numeral m. List the	of another ther inform Love Lucy the FCC or s, with the times accu	r station ation. " or ", in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the listed p and regulations in e	rogram was su	e accounting perio	ramming that od; enter the l	t your syste etter "P" if i	the listed p	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	ter "R" if the listed p and regulations in e nming that your sys	rogram was su	ubstituted for prog e accounting perio	ramming that od; enter the l der FCC rules	t your syste etter "P" if and regula	, the listed p ations in	
	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.	ter "R" if the listed p and regulations in e nming that your sys UBSTITUTE PRO	orogram was su iffect during the stem was perm	ubstituted for prog e accounting perio	ramming that bd; enter the l der FCC rules WHE CARRI	your syste etter "P" if and regula N SUBSTI AGE OCC	the listed p ations in TUTE URRED	
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed p and regulations in e nming that your sys UBSTITUTE PRO 2. LIVE? 3. STA	GRAM	ubstituted for prog e accounting perio nitted to delete uno	ramming that od; enter the l der FCC rules WHE CARRI 5. MONTH	t your syste etter "P" if and regula N SUBSTI AGE OCC 6. T	the listed p ations in TUTE URRED TMES	7. REASON FO
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Accounting Period:	2021/1 FORM SA1-2E. F	PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	M ID#
Name	CEQUEL COMMUNICATIONS LLC 06	3269
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.	
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 \$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 \$ 52.	00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	00
	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	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	
	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	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# 063269
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
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 (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	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 ov 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 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)] There are 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 of official position held in corporation or partnership)	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.

	021/1	FORM SA1-2E. PAGE
L NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM I
QUEL COMM	UNICATIONS LLC	06320
The Satellite Ho lowing sentence "In deter service of scribers	rmining 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	
. 20: 2::0:		
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
You must com	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
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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For an explanat Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an list below the out Owner Address	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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