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	Return completed workbook by email to:							
	ary Transmissions by	DATE RECEIVED	AMOUNT	_						
	ems (Short Form)			coplicsoa@copyright.gov						
·	uctions are located	8/30/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at.						
	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150						
				_						
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))							
		_								
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
		1								
		Т								
	2021:	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	corporate						
Owner	List any other name or names under which the owner conducts the business of the cable system.									
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a									
	single statement of account and royalty	fee payment covering the entire accou	nting period.							
	Check here if this is the system's first filin	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	063271						
	LEGAL NAME OF OWNER/MAILIN	IG 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 STOTEM								
	(Number, street, rural route, apartment, or suite i	number)								
	TYLER, TX 75701 (City, town, state, zip)									
<u> </u>	INSTRUCTIONS: In line 1, give any busi									
С	names already appear in space B. In line	e 2, give the mailing address of t	he system, if different from the addre	ss given in space B						
System	IDENTIFICATION OF CABLE SYSTEM:									
	HUMBOLT CONSERVATIO									
	MAILING ADDRESS OF CABLE SYSTEM	л:								
	2 (Number, street, rural route, apartment, or suite i	number)								
	(City, town, state, zip code)									

Final of Notice: Section 111 of title 17 of the United States Code autonorzes the Copyright Office to collect the personally identifying information (Pil) 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:	SYSTEM ID						
	CEQUEL COMMUNICATIONS LLC	06327						
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 si 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 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 mo identified city.	bile home parks should be reported in parentheses below the						
First	CITY OR TOWN WINNEMUCCA	NV						
Community	(HUMBOLT CONS CAMP)							
Rows as Necessary								
		······						

	I		FORM SA1-								
Name	LEGAL NAME OF OWNER OF C										
	CEQUEL COMMUNICAT			06327							
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
E											
0											
Secondary Transmission	about other services (including plast day of the accounting period					nose exis	ung on the				
Service: Sub-	Number of Subscribers: Bot					ble system	ı, broken				
scribers and Rates	down by categories of secondar	, y transmission	service. In ger	neral, you can co	mpute the numbe	er of subsc	ribers in				
	each category by counting the n		0 0				s charged				
	separately for the particular serv Rate: Give the standard rate of				•	,	no and the				
	unit in which it is generally billed	-					-				
	category, but do not include disc	· ·	,			o within a					
	Block 1: In the left-hand block	in space E, th	e form lists the	categories of se	condary transmis	sion servi	ce that cable				
	systems most commonly provide										
	that applies to your system. <b>Not</b> categories, that person or entity		-		-						
	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 right-hand blo	ock. A two- or thr	ee-word descript	ion of the s	service is				
		DCK 1				BLOCK	(2				
		NO. OF SUBSCRIB		TE	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RA	TE CA	EGORT OF SER	RVICE	SUBSCRIBERS	RATE			
	Service to first set		0								
			0	- 0							
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>										
	,										
	Motel, hotel Commercial		27	42 44							
	Converter		21	42.41							
	Residential										
	Non-residential										
	• NON-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISSIONS	RATES							
-					all your cable sys	stem's serv	vices that were				
F		In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission									
Services	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services										
Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis										
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.										
Transmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<b>Block 2:</b> 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										
		vices in the	e lorm of a								
	brief (two- or three-word) description and include the rate for each.						51.0.01/.0				
	CATEGORY OF SERVICE	BLO	CK 1 CATEGORY (		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE			
	Continuing Services:	INAIL		Non-residential	INALE	CAILO	SIT OF SERVICE				
	• Pay cable	_	Motel, hotel								
	Pay cable—add'l channel	-	Commerci								
	Fire protection		Pay cable								
	•Burglar protection			add'l channel							
	Installation: Residential		Fire protect								
	• First set	_	Burglar pro								
	Additional set(s)	-	Other service								
			Reconnect		_						
	• FM radio (if separate rate)										
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>										
	· · · /		Disconnec	t							
	· · · /			t cation							

	2021/1 FORM SA1-2E. F							
ame	LEGAL NAME OF OWNER OF			SYSTEM ID				
G Primary ransmitters: Television	CEQUEL COMMUNICATIONS LLC       06327'         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, except (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), 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.         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:       • 0 on this 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 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. Do not 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 ne							
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio FCC. For Mexican or Canad	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t idian stations, if any, give the name of the	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station the community with which the station	tional multicast). n is licensed by the on is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KNPB-1	5	E	RENO, NV				
	KNPB-1 KOLO-1	5	E N	RENO, NV RENO, NV				
lecessary								
ecessary	KOLO-1	8	N	RENO, NV				
ecessary	KOLO-1 KREN-1	8 27	N 1	RENO, NV RENO, NV				
ecessary	KOLO-1 KREN-1 KRNS-1	8 27 46	N     	RENO, NV RENO, NV RENO, NV				
ecessary	KOLO-1 KREN-1 KRNS-1 KRNV-1	8 27 46 4	N 1 1 N	RENO, NV RENO, NV RENO, NV RENO, NV				
Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 1 1 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
Vecessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 1 1 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
lecessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 1 1 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
Vecessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 1 1 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
lecessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 1 1 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
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Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 1 1 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 1 1 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
: Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N 1 1 1 1 1 1	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV				
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CEQUEL CO	MMUNICA	TIONS	LLC					SYSTEM 0632
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of a cor 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 statio ion's sign g a check n's locatio	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 < 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 his point, see par ed by the cable s le station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	!) it can   ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the. and discrete	Primary Transmitters Radio
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	LECAL NAME OF OWNER OF								
Name	LEGAL NAME OF OWNER OF							SYSTEM ID: 06327	
	SUBSTITUTE CARRIAG		STATEME	NT AND PROGRAM I	OG				
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	tify every nonne	network televi riod, under sp	<i>sion program,</i> broadcast ecific present and former	by a <i>distant</i> sta FCC rules, reg	julations, or	authorizati	ons. For a further	
Carriage:	1. SPECIAL STATEMEN				ale general in		are paper		
Special	During the accounting pe				asis, any non	network tele	vision pro	gram	
Statement and Program Log	broadcast by a distant station?								
	Note: If your answer is "No	o" leave the re	est of this pa	ge blank If your answer	is "Yes " vou		-		
	log in block 2.			go slank n your anower	io roo, you	indet dempi		gram	
	clear. If you need more space, please add additional rows to the tables. <b>Column 1:</b> Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." <b>Column 2:</b> If the program was broadcast live, enter "Yes." Otherwise enter "No." <b>Column 3:</b> Give the call sign of the station broadcasting the substitute program. <b>Column 4:</b> Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). <b>Column 5:</b> Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." <b>Column 6:</b> State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program								
	to delete under FCC rules was substituted for program	ter "R" if the lis and regulation mming that you	ns in effect d	uring the accounting per	iod; enter the	letter "P" if t	he listed p		
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b.	ns in effect d our system w	uring the accounting per as permitted to delete ur	iod; enter the ader FCC rules	letter "P" if t s and regula	he listed p ations in	rogram	
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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 063271
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
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
	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
540	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 #
	<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.

	021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063271
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 20
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (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)     Image: Comparison of the suite number of the suite num	(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) <ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B.</li> <li>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)]</li> <li>(Is U.S.C., Section 1001(1986)]</li> <li>Typed or printed name:</li> <li>ALAN DANNENBAUM</li> <li>Title:</li> <li>SVP, PROGRAMMING</li> <li>(Title of official position held in corporation or partnership)</li> <li>Date:</li> </ul>	system as identified wner of the cable system

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.

0	021/1	FORM SA1-2E. PAGE
L NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM
QUEL COMM	JNICATIONS LLC	0632
The Satellite Ho lowing sentence "In deter service o scribers	<b>CATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> 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 Gros Receipts Exclusio
	aper SA1-2 form.	
-	punting period, did the cable system exclude any amounts of gross receipts for secondary transmissions are carriers to satellite dish owners?	
	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name       Mailing Address	
	ASSESSMENT	
•	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
Line 1 Enter th	e amount of late payment or underpayment	Interest Assessme
	x	
Line O. Multink		
	line 1 by the interest rate* and enter the sum here	
	xdays	
Line 3 Multiply	line 2 by the number of days late and enter the sum here	
	x 0.00274	
Line 4 Multiply	line 3 by 0.00274** and enter here	
in space	L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	(interest charge)	
	e interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please e Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
-	re filing this worksheet covering a statement of account already submitted to the Copyright Office, please wner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the ov		1
Owner		
Owner		
Owner Address	served	

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