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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT		
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		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	ACCOUNTING 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 (optional	- see instructions)		
Accounting Period		1			
В	Instructions: 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 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 the single statement of account and royalty f		the last day of the accounting period should nting period.		
	Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	063670	
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	1		
	CEQUEL COMMUNICATIONS LLC				
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	т)		
	SUDDENLINK COMMUNICATIONS				
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM			
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite r	umber)			
	TYLER, TX 75701 (City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM				
	2 (Number, street, rural route, apartment, or suite r	number)			
1					

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 ID#
	CEQUEL COMMUNICATIONS LLC	063670
D	Instructions: List each separate community served by the cable system. A "come "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	oile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	INDIANAPOLIS	IN
Community	(INDIANA WOMENS PRISON)	
	การการการการการการการการการการการการการก	
Rows as Necessary		

	T						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					
	CEQUEL COMMUNICAT	FIONS LLC						06367
-	SECONDARY TRANSMISSION	I SERVICE: S	JBSCRIBER	S AND RATES				
E	In General: The information in s	•		-	•			
<u> </u>	system, that is, the retransmission							
Secondary Transmission	about other services (including plast 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 secondar	-				•		
Rates	each category by counting the n			0) (,	charged	
	separately for the particular serv				•	,	na and the	
	Rate: Give the standard rate of unit in which it is generally billed	-				-		
	category, but do not include disc	• •	,			s within a		
	Block 1: In the left-hand block		•		econdary 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			•		•		
	first set" and would be counted of					ider Servi		
	Block 2: If your cable system	0		()		e different f	rom those	
	printed in block 1 (for example, t	iers of service	s that include	one or more seco	ondary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-hand b	lock. A two- or th	ree-word descript	ion of the s	service is	
	sufficient.	DCK 1				BLOCK	۲ D	
	DLC	NO. OF	:			BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS R	ATE CA	TEGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:							
	Service to first set		0	-				
	 Service to additional set(s) 		0	0				
	 FM radio (if separate rate) 							
	Motel, hotel							
	Commercial		35	42.41				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC		NOISSIMAN	S. BATES				
-	In General: Space F calls for ra	· · · · · ·			all your cable sys	stem's serv	rices that were	
F	not covered in space E, that is, t				,	,		
. .	service for a single fee. There are	•		Ũ		0.0		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		usually blice	. If any fates are	charged on a van		ogram basis,	
ransmissions:	Block 1: Give the standard rat		the cable syst	em for each of th	e applicable servi	ces listed.		
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	vices in the	e form of a					
	brief (two- or three-word) description and include the rate for each.							
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			Non-residential				
	• Pay cable	-	• Motel, ho					
	Pay cable—add'l channel		Commerce					
	Fire protection		Pay cable Day cable					
	•Burglar protection		-	e-add'l channel				
			Fire prote					
	Installation: Residential			rotection				
	• First set	-	÷ .				ľ	
	• First set • Additional set(s)		Other servic	es:				
	 First set Additional set(s) FM radio (if separate rate) 		Other servic	ct	-			
	• First set • Additional set(s)	-	Other service • Reconne • Disconne	e s: ct ect	-			
	 First set Additional set(s) FM radio (if separate rate) 	-	Other servic • Reconne • Disconne • Outlet rel	e s: ct ect				

	•			
ame	LEGAL NAME OF OWNER OF			SYSTEM ID#
				063670
G mary mitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: 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 Column 1 : List each station multicast stream associated "WETA-2" as the same on t Column 2 : Give the channel 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	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- lles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. 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	t (1) stations carried only on a part-ti he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFYI-1	20	E	
	WISH-1	8	Ν	INDIANAPOLIS, IN INDIANAPOLIS, IN
as Necessary	WISH-1 WNDY-1	8 23	N	INDIANAPOLIS, IN
as Necessary			N I N	
s Necessary	WNDY-1	23		INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WNDY-1 WRTV-1	23 6	I N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
5 Necessary	WNDY-1 WRTV-1 WTHR-1	23 6 13 4.2	I N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
s Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13	I N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
3 Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	I N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
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as Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	I N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
as Necessary	WNDY-1 WRTV-1 WTHR-1 WTTV-2	23 6 13 4.2	I N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN

EGAL NAME OI								SYSTEM I 0636
	t every radio s	station ca	arried on a separate and discronnerally 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 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 the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C stem 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 ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
0411 01011		0.7				0.7		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						7		

						1010	VI SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 063670
							003070
	SUBSTITUTE CARRIAG	E: SPECIAL STAT	EMENT AND PROGRAM LC	DG			
I			<i>television program,</i> broadcast b ler specific present and former F				
Substitute			ided in this log, see page (v) of				
Carriage:	1. SPECIAL STATEMEN			0		•••	
Special Statement and	• During the accounting pe	riod, did your cable s	ystem carry, on a substitute ba	asis, any noni	network telev	<u>vis</u> ion prog	r <u>am</u>
Program Log	broadcast by a distant sta	ation?				YES	× NO
	Note: If your answer is "No	o", leave the rest of t	is page blank. If your answer i	is "Yes," you ı	must comple	te the prog	gram
	log in block 2.			-			-
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	a distant station and egulations, or authori ries like "movies" or . Bulls." m was broadcast live sign of the station b adcast station's loca nadian stations, if an nth and day when yo ive "5/7." nes when the substitu . Example: a program ter "R" if the listed pr	television program ("substitut hat your cable system substitut zations. See page (v) of the ge basketball." List specific progra- , enter "Yes." Otherwise enter oadcasting the substitute prog ion (the community to which th y, the community with which th ur system carried the substitut te program was carried by you h carried by a system from 6:0 opgram was substituted for prog	ited for the pro- eneral instruct am titles, for e "No." gram. he station is li- he station is li- he station is id e program. U- ur cable syste 1:15 p.m. to 6 gramming that	ogramming c tions for furth example, "I L censed by th lentified). se numerals, m. List the tin 5:28:30 p.m. t your system	of another er informa ove Lucy" e FCC or, , with the r mes accur should be n was <i>requ</i>	station tion. or in nonth ately <i>iired</i>
		mming that your syst	en was permitted to delete un				ogram
	was substituted for program effect on October 19, 1976	mming that your syst		der FCC rules		ions in	ogram
	effect on October 19, 1976	UBSTITUTE PROG	em was permitted to delete uno	der FCC rules WHE CARRI	N SUBSTIT	UTE RRED	ogram 7. REASON FOF DELETION
	effect on October 19, 1976	mming that your syst	em was permitted to delete uno	der FCC rules	s and regulat	UTE RRED	7. REASON FOR
	effect on October 19, 1976	UBSTITUTE PROG	em was permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FO
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	effect on October 19, 1976	UBSTITUTE PROG	em was permitted to delete uno	der FCC rules WHE CARRI 5. MONTH	s and regulat N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	7. REASON FOR

Accounting Period:	2021/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
	CEQUEL COMMUNICATIONS LLC 063670
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
	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 0.00
	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# 063670
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 . on which the cable system carried television broadcast stations and nonbroadcast services .	7 20
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	(903) 579-3152
	Address Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 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 E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 own 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)] 	ystem as identified ner of the cable system
	X /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 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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

ounting Period: 202	21/1			FORM SA1-2E.	PAGE
AL NAME OF OWNE	R OF CABLE SYSTEM:			SYST	
	NICATIONS LLC			06	367
The Satellite Horr lowing sentence: "In determ service of scribers ar	TEMENT CONCERNING GROSS RECEIPTS ne Viewer Act of 1988 amended Title 17, section 111(d)(ining the total number of subscribers and the gross amou providing secondary transmissions of primary broadcast nd amounts collected from subscribers receiving secondar tion on when to exclude these amounts, see the note on	1)(A), of the Cop unts paid to the transmitters, the ary transmission	pyright Act by adding the fol- cable system for the basic e system shall not include sub ns pursuant to section 119."	- Special State Concerning G Receipts Excl	ross
located in the pap			gonoral moraciono		
-	nting period, did the cable system exclude any amounts of carriers to satellite dish owners?	of gross receipt	s for secondary transmissions	5	
YES. Enter th	e total here and list the satellite carrier(s) below	<u>\$</u>			
Name Mailing Address	Name Mailing	Address			
INTEREST AS	SESSMENT				
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