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	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	ems (S	Short Form)	8/30/21	\$	For additional information, contact the U.S. Copyright
General instru			0/00/21		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this	s workbook		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)	
Accounting Period			1		
		Instructions:			
В		Give the full legal name of the owner of the title of the subsidiary, not that of the pare		sidiary of another corporation, give the full	corporate
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.	
		If there were different owners during the single statement of account and royalty for		n the last day of the accounting period shoul nting period.	ld submit a
		Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	063729
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
		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 no TYLER, TX 75701	umber)		
	INST	(City, town, state, zip)	ass or trade names used to ide	entify the business and operation of t	he system unless these
С				he system, if different from the addre	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		CLAYTON WORK CAMP			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
Privacy Act Notic	ce: Sectio	n 111 of title 17 of the United States Code aut	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this

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.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	06372
D	Instructions: List each separate community served by the cable system. A "comi "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	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	
		1
First	CITY OR TOWN CLAYTON	STATE IL
Community	(CLAYTON WORK CAMP)	
dd Rows as Necessary		
	ากการการการการการการการการการการการการกา	

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						
	CEQUEL COMMUNICAT	FIONS LLC							06372
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	• • •					inose exis	ting on the	
Service: Sub-	Number of Subscribers: Both	·				,	ble system	ı, broken	
scribers and	down by categories of secondar	, y transmission	service	. In general, yo	u can con	npute the numbe	er of subso	ribers in	
Rates	each category by counting the n		0	0) (,	s charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	ac and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				ing standa		5 Within a		
	Block 1: In the left-hand block				ries of sec	ondary transmis	ssion 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								
	Block 2: If your cable system	0			()	service that are	different	from those	
	printed in block 1 (for example, t					,	,.	, 0	
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the	service is	
	sufficient. BLC	DCK 1					BLOCK	< 2	
		NO. OF		DATE	0.4.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		0						
	Service to additional set(s)		0	- 0					
	• FM radio (if separate rate)		v	U					
	,								
	Motel, hotel Commercial		3	42 44					
	Converter		3	42.41					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	•	,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			0		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions:	Block 1: Give the standard rat							twore not	
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip				Shea. Eist				
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	-	• Mot	el, hotel					
	• Pay cable—add'l channel	-	• Cor	nmercial					
	Fire protection		•Pay	cable					
	•		-	v cable-add'l ch	annel				
	 Burglar protection 		• Fire	protection					
	•Burglar protection Installation: Residential								
	•	-		glar protection					
	Installation: Residential		• Bur	glar protection					
	Installation: Residential • First set		• Bur Other s	• •		-			
	Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec	services:					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Dise	services: connect					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Dis • Out	services: connect connect	ess				

counting Period: 2				FORM SA1-2E. PAGE 3.
Name				SYSTEM ID# 063729
	CEQUEL COMMUNIC			003723
G Primary ansmitters: elevision	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 statior 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 enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations s' call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-tir the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- tarried by your cable system on a sub- the Special Statement and Program Le ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fur- (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KHQA-1	7	N	HANNIBAL, MO
	WGEM-1	10	N	QUINCY, IL
Necessary	WHOI-1	19	Ν	PEORIA, IL

EGAL NAME OI								SYSTEM 0637
	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 or 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 it the Co sign of e the static 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 pyright 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 ne 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 ii eparate a	be expected, ated intervals. hstructions 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	
OALL SIGIN		3/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
			·					

Accounting Perio								
Name								SYSTEM ID
	CEQUEL COMMUNICA	ATIONS LLC	C					063729
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM L	.OG			
	In General: In space I, ident							
.	substitute basis during the a							
Substitute Carriage:	explanation of the programn 1. SPECIAL STATEMEN				r the general in	structions in	the paper of	5A 1-2 101111.
Special	During the accounting pe				oasis anv noni	network tele	evision proc	nram
Statement and Program Log	broadcast by a distant sta	-	000000				YES	× NO
• •	-		aat af thia na	an blank if your analys		∟ Investeement	-	
	Note: If your answer is "No log in block 2.	, leave the re	est of this pa	ige blank. If your answe	is res, you	must compi	ete trie pro	gram
	In General: List each subsciear. If you need more space of the space o	ace, please ace of every nonr a distant statio egulations, or ries like "movi . Bulls." m was broadc sign of the station nadian station nth and day w ive "5/7." nes when the s c. Example: a p	dd additional network telev on and that y authorization ies" or "bask cast live, ente cation broadc n's location (t yhen your sy substitute pro	rows to the tables. vision program ("substitu our cable system substi ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter asting the substitute pro- the community to which scommunity with which stem carried the substitu- ogram was carried by ye	ute program") t tuted for the pro- general instruct ram titles, for o or "No." ogram. the station is li the station is li the program. U our cable syste	hat, during ogramming ions for furi example, "I censed by t entified). se numeral m. List the	the accour of another ther informa Love Lucy the FCC or s, with the times accu	ting station ation. ' or , in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the left to delete under FCC rules was substituted for program	ter "R" if the lis and regulatior mming that yo	ns in effect d	uring the accounting pe	riod; enter the	letter "P" if t	the listed p	
	Column 7: Enter the lett to delete under FCC rules	ter "R" if the lis and regulatior mming that yo	ns in effect d	uring the accounting pe	riod; enter the nder FCC rules	letter "P" if t	the listed p ations in	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulatior mming that yo b. UBSTITUTE	ns in effect d our system w PROGRAM	uring the accounting pe as permitted to delete u	riod; enter the nder FCC rules WHE CARRI	N SUBSTI	the listed p ations in TUTE URRED	7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d our system w	uring the accounting pe as permitted to delete u	riod; enter the nder FCC rules WHE CARRI 5. MONTH	N SUBSTI	the listed p ations in	rogram
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulatior mming that yo b. UBSTITUTE 2. LIVE? 3.	ns in effect d bur system w PROGRAM . STATION'S	uring the accounting pe as permitted to delete u	riod; enter the nder FCC rules WHE CARRI 5. MONTH	N SUBSTI AGE OCC	the listed p ations in TUTE URRED IMES	7. REASON FO
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Accounting Period:	2021/1 FORM SA1-	2E. PAGE 6.
Name		STEM ID#
	CEQUEL COMMUNICATIONS LLC	063729
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. form	595.00 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	0.00
	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	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 \$ 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)	
	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 #	
	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# 063729
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	3 49
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	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	 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 (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 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)] 	system as identified vner 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 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.

0	2021/1	FORM SA1-2E. PAGE
L NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM II
QUEL COMM	UNICATIONS LLC	06372
The Satellite He lowing sentence "In deter service of scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: 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." nation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
During the acco	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?	
X NO		
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT olete 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
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For an explana	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. he amount of late payment or underpayment	Q Interest Assessme
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