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 COPYRIC	GHT OFFICE USE ONLY	 Return completed workbook by email to
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)	2		<u>coplicsoa@copyright.gov</u>
-	. ,		\$	For additional information, contact the U.S. Copyright
General instru	uctions are located	03/01/2022		Office Licensing Division at
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COV	ERED BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2022/2			
		20212 Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
В	Instructions: Give the full legal name of the ov of the subsidiary, not that of the	vner of the cable system. If the owner is a subs parent corporation.	idiary of another corporation, give the full corp	porate title
Owner	List any other name or names un	der which the owner conducts the business of	the cable system.	
				ubmit a
		uring the accounting period, only the owner on royalty fee payment covering the entire accour		ubmit a
	Check here if this is the system's	first filing. If not, enter the system's ID number	assigned by the Licensing Division.	037113
	LEGAL NAME OF OWNER/	MAILING ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATION	S LLC		
	BUSINESS NAME(S) OF OW	NER OF CABLE SYSTEM (IF DIFFEREN	Г)	
	SUDDENLINK COMMUNICA	TIONS		
	MAILING ADDRESS OF OW	NER OF CABLE SYSTEM		
	3027 S SE LOOP 323			
	(Number, street, rural route, apartment,	or suite number)		
	(City, town, state, zip)			
С		ny business or trade names used to ide . In line 2, give the mailing address of th		
System	IDENTIFICATION OF CABLE SYS			
-,	¹ HAMLIN, TX			
	MAILING ADDRESS OF CABLE	SYSTEM:		
	2 (Number, street, rural route, apartment,			
	 (Number, street, rural route, apartment, 	or suite number)		
	(City, town, state, zip code)			

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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Nume	CEQUEL COMMUNICATIONS LLC	037
D	Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including sing It you list will serve as a form of system identification hereafter kno illings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	HAMLIN	TX
Community		
dd Rows as Necessary		

	1							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							
	CEQUEL COMMUNICA	TIONS LLC							03711
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND RA	ATES				
E	In General: The information in s	•		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						nose exis	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	ı, broken	
scribers and	down by categories of secondar	-					•		
Rates	each category by counting the n	•	<i>.</i>	0 , (s charged	
	separately for the particular server Rate: Give the standard rate of					•	,	no 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	t in space E, th	e form l	ists the categor	ies of sec	ondary 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								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, 1						,.		
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the s	service is	
		OCK 1					BLOCK	< 2	
		NO. OF		DATE	CAT			NO. OF	RATE
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		88	34.99					
			00	34.55					
	 Service to additional set(s) FM radio (if separate rate) 								
	· · · /								
	Motel, hotel Commercial		11	45.95					
	Converter			45.95					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for ra	· · · · · ·				ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services	•			•		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	2		alged en a ran	anie hei h	regram zacie,	
Transmissions:	Block 1: Give the standard ra			•		• •			
Rates	Block 2: List any services that	• •			-				
	listed in block 1 and for which a brief (two- or three-word) descri				snea. Lisi	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:	INAIL		tion: Non-res		INTE	CAILO	SIT OF SERVICE	
	Pay cable	17.00		el, hotel	aomai				
	Pay cable—add'l channel	19.00		nmercial					
	Fire protection			cable					
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential		-	protection					
	First set	99.00		glar protection					
	Additional set(s)	25.00		services:					
		_0.00		connect		40.00			
	• FM radio (if separate rate)								
	FM radio (if separate rate) Converter								
	• FM radio (if separate rate) • Converter		• Dis	connect					
	,		• Dis • Out		266	25.00 99.00			

Accounting Period:	2021/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		037113
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over 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. t the community to which the station	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KIDZ-1	42		
				ABILENE, TX
	KPCB-1	17	I	SNYDER, TX
Rows as Necessary	KRBC-1	9	N	ABILENE, TX
	KRMA-1	6	E	DENVER, CO
	KTAB-1	32	N	ABILENE, TX
	KTXS-1	12	N	SWEETWATER, TX
	KTXS-2	12.2	I-M	SWEETWATER, TX
	KXVA-1	15	I	ABILENE, TX

CEQUEL CO	MMUNICA	TIONS	LLC					SYSTEM I 0371
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be rece t the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under of stem whenever it is received a ived 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. ion (the community to which th	at the system's he system's FM ant this point, see pa sed by the cable he station is licer	eadend, and (: enna, during c ge (v) of the g system as a s ised by the FC	2) it can certain s leneral ii eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2021/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					037113
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ifv everv nor	nnetwork televi	s <i>ion program.</i> broadcast by	a distant stat	ion. that vou	r cable svst	em carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of th	ne general ins	tructions in t	ne paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did yoι	ur cable systen	n carry, on a substitute ba	sis, any nonr	etwork telev	ision progr	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
5 5	Note: If your answer is "No	" leave the	rest of this pa	ge blank If your answer is	s "Yes " vou r	nust complet	-	
	log in block 2.	, loure ale	root of the pu	go blank. If your another le	, 100, your	nuot complet	to the prog	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	titute progra	am on a separa		s wherever po	ossible, if the	ir meaning) is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.		depet live ant	n "Vee." Otherwise enter "	Ne."			
				er "Yes." Otherwise enter " asting the substitute progr				
				he community to which the		ensed by th	e FCC or, i	in
	the case of Mexican or Car							
		•	when your sys	stem carried the substitute	e program. Us	se numerals,	with the m	nonth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by your	r cable svster	n. List the tir	nes accura	atelv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	"D" :(()						
	to delete under FCC rules a			n was substituted for progr				
	was substituted for progran	nming that y						gram
	effect on October 19, 1976.		-			-		
					14/11			
	SI	JBSTITUT	E PROGRAM			N SUBSTIT AGE OCCU		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S					REASON FOR
		Yes or No	CALL SIGN		5. MONTH	6. TIN	/IES	7. REASON FOR DELETION
				4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		
				4. STATION'S LOCATION			/IES	
				4. STATIONS LOCATION			/IES	
				4. STATIONS LOCATION			/IES	
		 					/IES	
				4. STATIONS LOCATION			/IES	
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	Sì	STEM ID# 037113
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, se	,998.55
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	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 th accounting period is \$52.00.	is six-month	
	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 \$137,10	00)	
	1. Base amount under statutory formula		
	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		<u> </u>
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	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	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037113
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	. 8
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	903) 579-3152
	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)	
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 of 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 here 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)] 	e B; or e system as identified wner 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: 2/1/2022	

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 filing, a determination that would be made by a court of law.

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	03711
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name	-
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer

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