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 ACCOUN	T FOR COPYRIG	GHT OFFICE USE ONLY	 Return completed workbook by email to 				
	ary Transmissions by	DATE RECEIVED	AMOUNT	-				
	ems (Short Form)			<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 C	OVERED BY THIS STATEMENT: (Y	YYY/(Period))					
l I								
1	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
l I								
l I		20212 Barcode Data Filing Period (optional	soo instructions)					
1								
Accounting Period								
	:							
В	Instructions: Give the full legal name of the subsidiary, not that o	he owner of the cable system. If the owner is a subsi f the parent corporation.	idiary of another corporation, give the full corp	porate title				
Owner	List any other name or name	List any other name or names under which the owner conducts the business of the cable system.						
l I	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a							
l I	single statement of account and royalty fee payment covering the entire accounting period.							
l I	Check here if this is the syst	em's first filing. If not, enter the system's ID number	assigned by the Licensing Division.	063134				
l I								
l I	LEGAL NAME OF OWN	NER/MAILING ADDRESS OF CABLE SYSTEM						
l I	CEQUEL COMMUNICAT	TONS LLC						
l I	BUSINESS NAME(S) OF	OWNER OF CABLE SYSTEM (IF DIFFERENT	Γ)					
l I	SUDDENLINK COMMUN	IICATIONS						
1	MAILING ADDRESS OF	OWNER OF CABLE SYSTEM						
l I	3027 S SE LOOP 3							
l	TYLER, TX 75701	tment, or suite number)						
	(City, town, state, zip)	<u> </u>						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	IDENTIFICATION OF CABLE SYSTEM:							
1		000						
1	MAILING ADDRESS OF CA	BLE SYSTEM:						
1	2 (Number, street, rural route, apart	tment, or suite number)						
1								
	(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 ID#
	CEQUEL COMMUNICATIONS LLC	063134
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	ated communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or i identified city.	nobile home parks should be reported in parentheses below the
		07475
First	CITY OR TOWN	STATE NY
Community	(WESTCHESTER DOC)	
Rows as Necessary		

									1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF C		SYSTEM ID									
	CEQUEL COMMUNICA	TIONS LLC							06313			
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	BERS AND R	ATES							
E	In General: The information in s											
Secondary	system, that is, the retransmission											
Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31 as the case may be)											
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).											
	Rate: Give the standard rate of					•	,	ge and the				
	unit in which it is generally billed	-	-	•				-				
	category, but do not include disc											
	Block 1: In the left-hand block systems most commonly provide			-		-						
	that applies to your system. Not							0,				
	categories, that person or entity			-		-						
	subscriber who pays extra for ca					d in the count un	der "Servi	ice to the				
	first set" and would be counted of Block 2: If your cable system	0			· · ·	convice that are	different	from those				
	printed in block 1 (for example, 1	-										
	with the number of subscribers a					,		, 0				
	sufficient.											
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	1			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SER	VICE	SUBSCRIBERS	RATE			
	Residential:											
	 Service to first set 		0	-								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		18	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA		IONS: RATE	s							
-	In General: Space F calls for ra					III your cable sys	tem's ser	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	•			•		• •	,				
Other Than												
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.											
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services 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 separate charge was made or established. List these other services in the form of a											
	brief (two- or three-word) description and include the rate for each.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		DRY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE			
				ion: Non-res								
	Continuing Services:		• Mote	el, hotel								
	• Pay cable	-		mercial								
		-	• Com									
	• Pay cable		• Com • Pay	cable								
	• Pay cable • Pay cable—add'l channel		• Pay	cable cable-add'l ch	annel							
	Pay cable Pay cable—add'l channel Fire protection		• Pay • Pay		annel							
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	- - - -	• Pay • Pay • Fire	cable-add'l ch	annel							
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	· · · · · · · · · · · · · · · · · · ·	• Pay • Pay • Fire • Burg Other s e	cable-add'l ch protection lar protection ervices:	annel							
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Burg Other so • Reco	cable-add'l ch protection lar protection e rvices: onnect	annel	······						
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Burg Other s • Reco • Disc	cable-add'l ch protection lar protection ervices: onnect onnect	annel	· · · · · · · · · · · · · · · · · · ·						
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Burg Other so • Reco • Disc • Outle	cable-add'l ch protection lar protection e rvices: onnect								

counting Period:	2021/2			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID						
Nume	CEQUEL COMMUNIC	ATIONS LLC		063134						
	PRIMARY TRANSMITTERS: TELEVISION									
G 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, <i>except</i> (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), 76.61(e)(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: > Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> 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. <i>Do not</i> 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 network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For t									
	1. CALL SIGN	dian stations, if any, give the name of th	ae community with which the statio	4. LOCATION OF STATION						
	WABC-1	7	N	NEW YORK, NY						
	WCBS-1	2	Ν	NEW YORK, NY						
dd Rows as Necessary	WFUT-1	68	 	NEWARK, NJ						
	WNBC-1	4	Ν	NEW YORK, NY						
	WNET-1	13	E	NEWARK, NJ						
	WNJU-1	47	I	LINDEN, NJ						
	WNYN-1	39	l	NEW YORK, NY						
	WNYW-1	5	I	NEW YORK, NY						
	WPIX-1	11	l	NEW YORK, NY						
	WWOR-1	9	I	SECAUCUS, NJ						
	WXTV-1	41		PATERSON, NJ						
				T C C C C C C C C C C C C C C C C C C C						

EGAL NAME OI									SYSTEM 063
	t every radio s	station ca	arried on a separate and disc enerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Ic	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be rece It the Co	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM.	at s s	the system's he ystem's FM ante	adend, and (enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stat this by placing ive the statior	ion's sig g a chec n's locati	nal was electronically proces k mark in the "S/D" column. ion (the community to which t the community with which th	the	e station is licen	sed by the FC			
	AM or EM	8/D				AM or EM	8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	╞	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								·	
			·					·	

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063134
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion, that yo	our cable sys	tem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorization	ns. For a further
Substitute	explanation of the programm				he general ins	structions ir	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per		ur cable systen	n carry, on a substitute ba	sis, any nonr	network tel		
Program Log	broadcast by a distant sta	tion?				Ļ	YES	X NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			ato lino. Lleo obbroviatione	whorover p	osciblo if t	hoir mooning	, ic
	clear. If you need more spa				s wherever p		nen meaning	, 15
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.		depet live ant	n "Vee." Otherwise enter "	No."			
				er "Yes." Otherwise enter ' asting the substitute progr				
	Column 4: Give the broa	adcast stati	on's location (t	he community to which the	e station is lie		the FCC or,	in
	the case of Mexican or Car			community with which the stem carried the substitute			ls with the n	oonth
	first. Example: for May 7 giv	ve "5/7."						
	Column 6: State the time to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	Example.	a program can	led by a system nom 0.01	. 15 p.m. to d	.20.30 p.m		
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976.		,			ana regu		
					\//LIE	N SUBST		
	S	UBSTITUT	E PROGRAM			AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION
							_	
							<u> </u>	
							<u> </u>	
							_	
							_	
			·					
			·					
					 		=	

Accounting Period:	2021/2	FORM SA1	-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	CEQUEL COMMUNICATIONS LLC		063134
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service mount, se	550.94 s 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 \$26 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00.		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 \$527,60	0)	
	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)	l,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	6	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# 063134
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	11 22
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 on 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)] 	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.

nting Period: 2021/2	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
UEL COMMUNICATIONS LLC	06313
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 Exclusior
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name	_
Mailing Address Mailing Address	
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 Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	—
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
D number	
ID number First community served	

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