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

STATEMENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook.	03/01/2022	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20212 Barcode Data Filing Period (optional - see instructions)	
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
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 accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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	1	IDENTIFICATION OF CABLE SYSTEM:	
		TONOPAH CONSERVATION CAMP MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Accounting Period:		FORM SA1-2E. PAGE 1b.
Construction: Construc	Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D "a separate and distinct community or municipal entity (including unicorporated communities within unicorporated areas and including single. Access the first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Image: Community of Community and the provide areas and including single. Community and you may be including single. Served the infinite and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Community Image: Community of Community and the provide areas and including single. Community and the provide areas and including single. Served the including single. Served	Name		063283
Served Served	D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
First Community TONOPAH NV Add Rows as Necessary			home parks should be reported in parentheses below the
First Community TONOPAH NV Add Rows as Necessary			
Community (TONOPAH CONS CAMP)	F 1		
Address Netest 			
	Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							06328
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
- .	system, that is, the retransmission								
Secondary Transmission	about other services (including p						iose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny standar	d rate variations	within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmiss	ion servic	e that cable	
	systems most commonly provide	e to their subscr	ibers. C	Give the numbe	er of subsc	ribers and rate for	or each list	ted category	
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					In the count und	ier "Servic	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-h	and block. A tv	vo- or three	e-word description	on of the se	ervice is	
	sufficient.				1				
	BL	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		25	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat								
I	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	,		5		5 ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				SHEU. LISI			IOTTI OF A	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	-	• Mot	tel, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection			/ cable					
	•Burglar protection			/ cable-add'l ch	nannel				
	Installation: Residential			protection					
	First set	-		glar protection					
	Additional set(s)	-		services:					
	• FM radio (if separate rate)			connect		_			
	Converter			connect					
				let relocation		_			
	1		Jui			-			
			• Mo	ve to new addr	000	_			

Name	LEGAL NAME OF OWNER O			SYSTEM ID
	CEQUEL COMMUNIC			06328
G Primary ransmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, id 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 r • Do not list the station here station was carried only on • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast; For the meaning of these t Column 4: Give the locatio	TELEVISION entify every television station (including tr em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. BPN, etc. Identify each cort multistream r the air in its community a noncommercial cendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC-1	15		
		8	N	LAS VEGAS, NV
	KLAS-1	10	F	LAS VEGAS, NV
as Necessary	KLVX-1		E	LAS VEGAS, NV
	KSNV-1	3	N	
	KTNV-1	13	N .	
	KVCW-1	33	I	LAS VEGAS, NV
		5		
	KVVU-1	5	l	HENDERSON, NV
		5		
		5		

CEQUEL CO	OMMUNICA	TIONS	S LLC					0632
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eccivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate	it is carried b monitoring, to prmation about rm. dentify the cal state whether the radio state this by placing	by the sy be rece ut the Co I sign of the stati tion's sig g a chec	III-Band FM Carriage: Under stem whenever it is received eived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column.	at the system's h e system's FM ar this point, see p ssed by the cable	headend, and tenna, during age (v) of the system as a	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
			tion (the community to which , the community with which th			CC or, i	in the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	_C					063283
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM I	DG			
I I	In General: In space I, identi					tion that you	ır cahle syste	m carried on a
•	substitute basis during the ad							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of t	he general instr	ructions in th	ne paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special	 During the accounting peri 	iod, did you	r cable system	carry, on a substitute ba	sis, any nonne	twork televi	ision program	1 <u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No,	" loovo tho	root of this pag	o blonk, lf vour onowor is	"Voo " vou mi		_	-
		leave the	rest of this page	e blank. Il your answer is	s res, you mu	ust complet	e the program	п
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			e line. Use abbreviations	s wherever pos	ssible if the	ir meaning is	
	clear. If you need more space				,			
	Column 1: Give the title							
	period, was broadcast by a							
	under certain FCC rules, req Do not use general categori							1.
	"NBA Basketball: 76ers vs.	Bulls."						
	Column 2: If the program							
	Column 3: Give the call s Column 4: Give the broa	sign of the s	station broadca	sting the substitute progr	am. A station is lice	prood by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day	when your syst	em carried the substitute	e program. Use	e numerals,	with the mor	ith
	first. Example: for May 7 giv							
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	program came	o by a system nom 0.01	. 15 p.m. to 0.2	20.30 p.m. s		
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for prog	ramming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system was	s permitted to delete und	er FCC rules a	and regulation	ons in	
								1
	0		E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
			[_	
			+					
			+				<u> </u>	
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							_	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name		S	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063283
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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 a 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.	ission service amount, see	5,300.00 ss 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 \$2 • 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 accounting period is \$52.00.	this six-mon	
	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 \$137,1	00)	
	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)	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 Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC		SYSTEM ID 06328
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	rs, and (2) the cable system's al number of channels on which d television broadcast stations al number of activated channe cable system carried televisio	s	
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual unt.)	
for Further Information	Name	RODNEY HASKINS		Telephone (903) 579-3152
	Address	3027 S SE LOOP 32	3	
		(Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	rtment, or suite number)	
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM Fax (optional)	
0			nust be certified and signed in accordance with Copyright Office	regulations)
Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line	1 of space B; or
	in	line 1 of space B and that the	ration or partnership) I am the duly authorized agent of the owner of owner is not a corporation or partnership; or	
		cer or partner) I am an officer line 1 of space B.	(if a corporation) or a partner (if a partnership) of the legal entity ider	tified as owner of the cable system
		te, and correct to the best of m	d hereby declare under penalty of law that all statements of fact conta y knowledge, information, and belief, and are made in good faith.	ained herein
			X /s/ Alan Dannenbaum	ient.
		Typed or printe		
		Title: (Title of	SVP, PROGRAMMING official position held in corporation or partnership)	
		Date:	2/1/2022	

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unting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06328
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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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	P Special Statement Concerning Gross Receipts Exclusior
YES. Enter the total here and list the satellite carrier(s) below	
Name 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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