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		ACCOUNT	FOR COPYRIG	<ul> <li>Return completed workbook by email to</li> </ul>						
for Seconda			DATE RECEIVED	AMOUNT	-					
Cable Syste	-	-			<u>coplicsoa@copyright.gov</u>					
				\$	For additional information, contact the U.S. Copyright					
General instru			03/01/2022		Office Licensing Division at					
in the first tab	of this work	kbook.		ALLOCATION NUMBER	(202) 707-8150.					
Α	ACCOUNT	ING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))						
			1							
	2021/	/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		20212	Barcode Data Filing Period (optional -	see instructions)						
Accounting		20212								
Accounting Period										
	Instru	ctions:								
В		ne full legal name of the owner of t subsidiary, not that of the parent o		iary of another corporation, give the full corp	orate title					
Owner	List an	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 f	ee payment covering the entire account	ng period.	062450					
	Check	here if this is the system's first filin	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	063458					
	LEG	AL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM							
	CEQU	JEL COMMUNICATIONS LLC								
	BUSI	NESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)							
	SUDE	DENLINK COMMUNICATIONS								
		ING ADDRESS OF OWNER OF	CABLE SYSTEM							
		7 S SE LOOP 323 er, street, rural route, apartment, or suite n	umber)							
		ER, TX 75701 wn, state, zip)								
С				tify the business and operation of the						
			2, give the mailing address of the	e system, if different from the address	given in space B					
System	1 IDENTIFICATION OF CABLE SYSTEM: BENNER STATE CORRECTIONAL INSTITUTION									
		INER STATE CORREC								
	2 (Numbe	r, street, rural route, apartment, or suite n	umber)							
	(City, to	wn, state, zip code)								

Privacy Act Notice: Section 111 of little 17 of the United States Code autorizes the Copyingti Office to collect the personally identifying information (PII) requested on thit 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
Name	CEQUEL COMMUNICATIONS LLC	0634
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	
	CITY OR TOWN	STATE
First Community	BELLEFONTE (BENNER SCI)	
Add Rows as Necessary		

									SA1-2E. P			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					5	YSTEM			
	CEQUEL COMMUNICA	TIONS LLC							063	40		
_	SECONDARY TRANSMISSION		IBSCRI	BERS AND R	ATES							
E	In General: The information in space E should cover all categories of secondary transmission service of the cable											
	system, that is, the retransmissi											
Secondary Transmission	about other services (including partices						hose exist	ing on the				
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and	down by categories of secondar	•										
Rates	each category by counting the n			0,0				charged				
	separately for the particular service					•	,					
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-	•				-				
	category, but do not include disc	• •	,		iny stanua		s wiu iir a					
	Block 1: In the left-hand block				ries 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											
						service that are	different f	rom those				
	<b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	vo- or thre	e-word descripti	on of the s	service is				
	sufficient.	OCK 1					BLOCK	· •				
		NO. OF					BLUCF	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SER	VICE	SUBSCRIBER	s RA	AT		
	Residential:											
	<ul> <li>Service to first set</li> </ul>		0	-								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		491	42.41								
	Converter											
	Residential											
	Non-residential		ľ									
			T						I			
	SERVICES OTHER THAN SEC				-							
F	In General: Space F calls for ra		,		•	, ,						
•	not covered in space E, that is, t service for a single fee. There a											
Services	furnished at cost or (2) services	•			0		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 rate charged by the cable system for each of the applicable services listed.											
Rates	<b>Block 2:</b> 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.											
								BLOCK C				
							CATEC	BLOCK 2		ATE		
		BLO				DATE						
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER		RATE	CATEG					
	Continuing Services:		CATEG	tion: Non-res		RATE	CATEGO					
	Continuing Services: • Pay cable		CATEC Installa • Mot	<b>ition: Non-res</b> el, hotel		RATE	CATEGO					
	Continuing Services: • Pay cable • Pay cable—add'l channel		CATEG Installa • Mot • Cor	<b>ition: Non-res</b> el, hotel nmercial		RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mot • Cor • Pay	<b>tion: Non-res</b> el, hotel nmercial <sup>r</sup> cable	idential	RATE	CATEGO					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEG Installa • Mot • Cor • Pay • Pay	ttion: Non-res el, hotel nmercial r cable r cable-add'l ch	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		CATEG Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-res el, hotel nmercial r cable r cable-add'l ch protection	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	tion: Non-res el, hotel nmercial cable-add'l ch protection glar protection services: connect	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential annel	RATE						

ccounting Period:	2021/2			FORM SA1-2E. PAGE 3							
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 063458							
	CEQUEL COMMUNICATIONS LLC										
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th	t (1) stations carried only on a part-tii he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program 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 independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the							
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION										
	WATM-1	23	N								
	WJAC-1	6	<b>N</b>	JOHNSTOWN, PA							
ld Rows as Necessary	WKBS-1	47	<b> </b>	ALTOONA, PA							
	WPCW-1	19	<b>I</b>	PITTSBURGH, PA							
	WPSU-1	3	E	CLEARFIELD, PA							
	WTAJ-1	10	N	ALTOONA, PA							
	WWCP-1	8	I	JOHNSTOWN, PA							

	F OWNER OF (								SYSTEM 0634
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						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: Column 4: Colum	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	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 stem whenever it is received ived at the headend, with the pyright Office regulations on 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	at s s th	the system's he ystem's FM ante is point, see pag ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s leneral ii eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter Radio
			the community with which th				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				ŀŀ					
				1				·	

Accounting Perio	od: 2021/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063458
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion, that vour	cable svst	em carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or au	thorizatior	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	structions in the	e paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any noni	network televis	sion progr	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	." leave the	rest of this pa	de blank. If vour answer is	s "Yes." vou i	nust complete	e the proa	
	log in block 2.	,	·····	g	, <b>,</b>			
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if thei	r meaning	j is
	clear. If you need more spa							
	Column 1: Give the title 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.			······································	(NI_ 2			
				er "Yes." Otherwise enter ' asting the substitute progr				
				he community to which the		censed by the	FCC or,	in
	the case of Mexican or Car			2		,		
	first. Example: for May 7 give		when your sys	stem carried the substitute	e program. U	se numerals,	with the m	nonth
	1 , 0		e substitute pro	ogram was carried by you	r cable syste	m. List the tim	es accura	ately
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."		1:					ine el
	to delete under FCC rules a			n was substituted for progr				
	was substituted for program							9
	effect on October 19, 1976.							
	SI	UBSTITUT	E PROGRAM			AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
		+						
						_		
						_		
						_		
						_		
						—		
			·					

Accounting Period:	2021/2	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Hamo			063458
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	015.56 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 \$ • 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.	nis 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	- ·	52.00
		, , , , , , , , , , , , , , , , , , , ,	
	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 \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063458
M Channels	<ul> <li>CHANNELS</li> <li>Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state is subscribers, and (2) the cable system's total number of activated channels during the accounting period.</li> <li>1. Enter the total number of channels on which the cable system carried television broadcast stations</li></ul>	tations 7 50
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 Tele	ephone (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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regule</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe 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)]</li> </ul>	of space B; or ne cable system as identified ed as owner 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	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
EQUEL COMMUNICATIONS LLC	06345
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.	Receipts Exclusion
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?	
XNO	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served	

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