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 COPYRIC	 Return completed workbook b email to 						
-		ransmissions by	DATE RECEIVED	AMOUNT	-					
		Short Form)			<u>coplicsoa@copyright.gov</u>					
				\$	For additional information, contact the U.S. Copyright					
General instructions are located			03/01/2022		Office Licensing Division at					
in the first tab	o of this	s workbook.		ALLOCATION NUMBER	(202) 707-8150.					
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(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			-							
Period										
		Instructions:								
В		Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full corp	orate title					
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		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		1 IDENTIFICATION OF CABLE SYSTEM: NE NEW MEXICO CORRECTIONAL FACILITY								
	1									
		MAILING ADDRESS OF CABLE SYSTEN	1:							
	2	(Number, street, rural route, apartment, or suite r	number)							
		(City, town, 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 ID:						
Name	CEQUEL COMMUNICATIONS LLC	063686						
D	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified rity.							
Area Served								
	CITY OR TOWN	STATE						
First Community	CLAYTON (NE NEW MEXICO CORRECTIONAL FACILITY)	NM NM						
dd Rows as Necessary								
		ากการการการการการการการการการการการการกา						

Name	LEGAL NAME OF OWNER OF C	SYSTEM ID 06368																
	CEQUEL COMMUNICA	TIONS LLC							00	0000								
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	TES													
E	In General: The information in s																	
Secondary	system, that is, the retransmissi																	
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	• • •			-		iose exis	ung on the										
Service: Sub-	Number of Subscribers: Bot	`				,	le system	n, 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					I in the count un	der "Servi	ce to the										
	first set" and would be counted of	0			· · ·	a am dia a that and	differenti											
	Block 2: 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					•	,											
	sufficient.		-															
	BLO	OCK 1 NO. OF					BLOCK											
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SER	VICE	NO. OF SUBSCRIBE	RS	RAT								
	Residential:				-		-											
	Service to first set		0	-														
	• Service to additional set(s)																	
	• FM radio (if separate rate)																	
	Motel, hotel																	
	Commercial		34	42.41														
	Converter																	
	Residential																	
	Non-residential																	
	SERVICES OTHER THAN SEC		Nemie		2			•										
-	In General: Space F calls for ra					ll your cable sys	tem's serv	vices that were										
F	not covered in space E, that is,																	
	service for a single fee. There a	•			•		• •	,										
Comilana			lisned ic) nonsubscribe			a include											
Services Other Than	furnished at cost or (2) services		usually				ble per-p	looram basis										
Services Other Than Secondary	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the	nit in which it is	usually				ble per-p	rogram basis,	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra	nit in which it is rate column. te charged by t	he cable	billed. If any ra system for ea	tes are ch ch of the a	arged on a varia applicable servic	es listed.	-										
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	nit in which it is rate column. te charged by t t your cable sys	he cable stem fur	billed. If any ra system for ea nished or offer	tes are ch ch of the a ed during	arged on a varia applicable servic the accounting p	es listed. eriod that	t were not										
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a	nit in which it is rate column. te charged by t t your cable sys separate charg	he cable stem fur je was n	billed. If any ra system for eanished or offer nade or establi	tes are ch ch of the a ed during	arged on a varia applicable servic the accounting p	es listed. eriod that	t were not										
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	nit in which it is rate column. te charged by t t your cable sys separate charg ption and includ	he cable stem fur je was n de the ra	billed. If any ra system for eanished or offer nade or establi	tes are ch ch of the a ed during	arged on a varia applicable servic the accounting p	es listed. eriod that	t were not e form of a	0									
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ccounting Period:	2021/2			FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
	CEQUEL COMMUNIC	ATIONS LLC		063686						
	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), 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. • • Do <i>not</i> list the station 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, or a noncommercial educational, by entering the letter "N" (for network station, an independent station, or a noncommercial educational, by entering the letter "N" (for network station, an independent station, or a noncommercial educational, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, ill the community to which the station, or a noncommercial educational by the Commercial educational, by entering the letter "N" (for network station, an independent multicast). For the meaning o									
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION									
	KACV-1	2	E	AMARILLO, TX						
	KAMR-1	4	N	AMARILLO, TX						
d Rows as Necessary	KCIT-4			AMARILLO, TX						
tows as necessary	KEYU-3	31.3	••••••••••••••••••••••••••••••••••••••	AMARILLO, TX						
	KEDA-1	10	N	AMARILLO, TX						
	KNVA-1	54		AUSTIN, TX						
	KNVA-1 KVII-1	7	N	AMARILLO, TX						

CEQUEL CO	F OWNER OF (SYSTEM 0636
	t every radio s	station 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 for Column 1: Io Column 2: S	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t	y the sys be rece It the Co sign of the statio	II-Band FM Carriage: Under (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	it the system's h system's FM an his point, see pa	eadend, and (: enna, during c ge (v) of the g	2) it can certain s eneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitter: Radio
Column 4: G	live the statior	n's locati	k mark in the "S/D" column. on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
					1			

Accounting Peric	od: 2021/2					FOR	M SA1-2E. PAGE 5.					
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#					
Name	CEQUEL COMMUNICA	ATIONS L	LC				063686					
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I O	G							
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or authorizatio	ns. For a further					
Carriage:					ie general inc							
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 											
Statement and	broadcast by a distant sta		al cable system	in carry, on a substitute bas	515, any nom							
Program Log	,					YES						
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete the pro	gram					
	log in block 2.											
	2. LOG OF SUBSTITUTE			ate line. Lise abbreviations	wherever n	ossible, if their meanin	a is					
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.											
	Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting											
		period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.										
	Do not use general categor	gulations, (ries like "mo	or authorization	is. See page (v) of the ger ethall " List specific progra	neral instruct	ions for further informations for further information (or					
	"NBA Basketball: 76ers vs.											
				er "Yes." Otherwise enter "								
				asting the substitute progr he community to which the		censed by the ECC or	in					
	the case of Mexican or Car											
	Column 5: Give the mor	nth and day		stem carried the substitute			month					
	first. Example: for May 7 giv		a aubatituta pre	arom was corried by your	achla avata	m List the times seeu	atoly.					
	to the nearest five minutes.			ogram was carried by your ied by a system from 6:01								
	stated as "6:00–6:30 p.m."		a program can									
				n was substituted for progr								
	to delete under FCC rules a was substituted for program						ogram					
	effect on October 19, 1976.	•	your system w									
						N SUBSTITUTE						
	SI	SUBSTITUTE PROGRAM					7. REASON FOR DELETION					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION					
						_						
							···					
			·		 							

Accounting Period:	2021/2 FORM SA1	-2E. PAGE 6.
Name		STEM ID#
Naille	CEQUEL COMMUNICATIONS LLC	063686
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.	700.00 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 \$263,800 • 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	
	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 \$	E2 00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	52.00
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	
l	2. Eiter amount of gross receipts non-space (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)	
		0.00
	8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	0.00
	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 .01 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	5. Royally due on the first \$255,000 of gross receipts (under statutory formula)	
	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	
540	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 Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063686
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 .	7
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	9 (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 X (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 her 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)] X /s/ Alan Dannenbaum 	e B; or e system as identified owner of the cable system
	Image: Second	-
	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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06368
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?	
ΧΝΟ	
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	
 * 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 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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