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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	Return completed workbook by email to	
DATE RECEIVED	 coplicsoa@copyright.gov 	
9/15/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20221 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)
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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.

Accounting Period:	2022/1							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	FORM SA1-2E. PAGE 1b. SYSTEM ID# 010031						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	QUANAH	TX						
Community								
Add Rows as Necessary								

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	CEQUEL COMMUNICATIONS LLC												
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RAT	ES								
E	In General: The information in s					transmission se	ervice of th	ne cable					
	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 (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	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in												
Rates		down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular serve Rate: Give the standard rate c							o and the					
	unit in which it is generally billed.	-	-	•			-						
	category, but do not include disc	· ·	,		yotandan		mann a p						
	Block 1: In the left-hand block			-		-							
	systems most commonly provide that applies to your system. Note												
	categories, that person or entity			0		•							
	subscriber who pays extra for ca						•						
	first set" and would be counted o	nce again unde	er "Servi	ice to additional	set(s)."								
	Block 2: If your cable system I	-		•									
	printed in block 1 (for example, ti with the number of subscribers a												
	sufficient.	nu rates, in the	nym-na	and DIOCK. A two	- or three	-word descriptio							
	BLC	DCK 1					BLOC						
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI				
	Residential:												
	 Service to first set 		59	50.00									
	 Service to additional set(s) 												
	• FM radio (if separate rate)												
	Motel, hotel												
	Commercial		14	45.95									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC		SMISS	ONS: RATES									
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission												
•	not covered in space E, that is, the service for a single fee. There are												
Services	furnished at cost or (2) services	•		•			• • • •						
Other Than	amount of the charge and the un		usually I	billed. If any rat	es are cha	arged on a varia	ble per-pro	ogram basis,					
Secondary	enter only the letters "PP" in the rate column.												
ransmissions: Rates	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												
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		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	E RATE				
	Continuing Services:	47.00		ation: Non-resi	aential								
	• Pay cable	17.00		tel, hotel									
	Pay cable—add'l channel	19.00		nmercial									
	Fire protection			/ cable	annel								
	•Burglar protection Installation: Residential			/ cable-add'l cha	annei								
	First set	00.00		e protection									
	Additional set(s)	99.00 25.00		glar protection									
	• FM radio (if separate rate)	25.00		connect		40.00							
	• FM radio (if separate rate) • Converter			connect		40.00							
	- Converter			connect		25.00							
			• Out	iel leiucalion		25.00							
			• Mos	ve to new addre		99.00							

				FORM SA1-2E. P.						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM 010						
Italiio	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary	carried by your cable syste FCC rules and regulations	General: In space G, identify every television station (including translator stations and low power television stations) ried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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								
ansmitters: elevision	Substitute Basis Stations basis under specific FCC r	s explained in the next paragraph. With respect to any distant stations caules, regulations, or authorizations:								
	station was carried <i>only</i> on • List the station here, and	also in space I, if the station was carried	both on a substitute basis and als	so on some other						
	Column 1: List each statio	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form.	rogram services such as HBO, ES	PN, etc. Identify each						
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. n case whether the station is a network s	station, an independent station, or	a noncommercial						
	(for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list dian stations, if any, give the name of th	r "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station	tional multicast). n is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KAUZ-1	6	Ν	WICHITA FALLS, TX						
	KAUZ-2	6.2	I-M	WICHITA FALLS, TX						
ows as Necessary	KFDX-1	3	N	WICHITA FALLS, TX						
			1							
	KJBO-1	3								
	KJBO-1 KJTI -1	3	I	WICHITA FALLS, TX						
	KJTL-1	18	I N	WICHITA FALLS, TX						
	KJTL-1 KSWO-1	18 7	і і N	WICHITA FALLS, TX LAWTON, OK						
	KJTL-1	18	I N E	WICHITA FALLS, TX						
	KJTL-1 KSWO-1	18 7		WICHITA FALLS, TX LAWTON, OK						
	KJTL-1 KSWO-1	18 7		WICHITA FALLS, TX LAWTON, OK						
	KJTL-1 KSWO-1	18 7		WICHITA FALLS, TX LAWTON, OK						
	KJTL-1 KSWO-1	18 7		WICHITA FALLS, TX LAWTON, OK						
	KJTL-1 KSWO-1	18 7		WICHITA FALLS, TX LAWTON, OK						
	KJTL-1 KSWO-1	18 7		WICHITA FALLS, TX LAWTON, OK						
	KJTL-1 KSWO-1	18 7		WICHITA FALLS, TX LAWTON, OK						

EGAL NAME OF									SYSTEM I 0100
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					ied on an	н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t	it is carried by nonitoring, to rmation abour m. lentify the call tate whether t the radio stat his by placing	y the sys be receivent t the Cop sign of e the station ion's sign a check	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the	at f sy his	the system's hea vstem's FM anter s point, see page d by the cable sy	idend, and (2) nna, during ce e (v) of the ge ystem as a se) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd 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	
				1					
				1			t	+	

Accounting Perio	d: 2022/1					F	ORM SA1-2E. PAGE 5			
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LL	_C				010031			
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special	 During the accounting peri 	od, did you	r cable system	carry, on a substitute basis	s, any nonnet	work television proc	Iram			
Statement and Program Log	broadcast by a distant stat		,			YES				
Program Log	-									
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	ist complete the pro	gram			
	log in block 2. 2. LOG OF SUBSTITUTE	DDOCDA	Me							
	In General: List each subst			te line. Use abbreviations v	wherever nos	sible if their meanin	a is			
	clear. If you need more space	ce, please a	add additional r	ows to the tables.						
	period, was broadcast by a			sion program ("substitute p						
	under certain FCC rules, reg									
	Do not use general categori									
	"NBA Basketball: 76ers vs.	Bulls."		· "Yes." Otherwise enter "N						
				sting the substitute program						
		•		e community to which the		nsed by the FCC or,	in			
	the case of Mexican or Can									
			when your syst	em carried the substitute p	orogram. Use	numerals, with the	month			
	first. Example: for May 7 giv					1 :-+ + +:				
	to the nearest five minutes.			gram was carried by your o						
	stated as "6:00–6:30 p.m."		program carrie	eu by a system nom 0.01.1	15 p.m. to 0.2	o.oo p.m. should be				
		er "R" if the	listed program	was substituted for progra	mming that y	our system was <i>req</i>	uired			
	to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period;	enter the let	ter "P" if the listed pr				
	was substituted for program	ming that y	our system wa	s permitted to delete under	r FCC rules a	nd regulations in				
	effect on October 19, 1976.									
					WHF	N SUBSTITUTE				
	S	UBSTITUT	E PROGRAM			AGE OCCURRED	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. TIMES FROM — TO	DELETION			
						-				
						-				

Accounting Period:	2022/1	FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 01003
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 at 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 mount, see	8,156.58
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.	63,800.	
	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.	iis 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 \$137,1)	JU)	
	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		
	3. Subtract line 2 from line 1		
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$	52.00	
Total Remittance 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:	2022/1				FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: MMUNICATIONS LLC	:		SYSTEM ID# 010031
M Channels	to its subscrit 1. Enter the t system ca 2. Enter the t on which ti	bers, and (2) the cable system otal number of channels on w rried television broadcast stati otal number of activated chan he cable system carried televi	ions	accounting period.	7 57
N Individual to Be Contacted		TO BE CONTACTED IF FUR	RTHER INFORMATION IS NEEDED (Identify an count.)	individual	
for Further Information	Name	RODNEY HASKINS	3	Telephone (903) 57	/9-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, ap. TYLER, TX 75701 (City, town, state, zip)			
	Email	RODNEY.HA	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified and signed in accordance with	Copyright Office regulations)	
O Certification			< one, <i>but only one</i> , of the boxes.) r 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	oration or partnership) I am the duly authorized a the owner is not a corporation or partnership; or er (if a corporation) or a partner (if a partnership) of		
	 I have examir are true, com 	in line 1 of space B.	nd hereby declare under penalty of law that all state f my knowledge, information, and belief, and are ma	ements of fact contained herein	
			X /s/ Alan Dannenbaum		
		Typed or print	ed name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partnership)		
		Date:		8/24/2022	

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Accounting Period: 2022/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	010031
 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? 	P Special Statement Concerning Gross Receipts Exclusion
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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 x 0.00274 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 \$	
(interest charge)	
 * 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 Accounting period	

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