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

				Return completed workbook by						
STATEME	ENT OF ACCOUNT	FOR COPYRIC	email to							
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov						
Cable Syste	ems (Short Form)		\$	For additional information, contact the U.S. Copyright						
	ctions are located			Office Licensing Division at (202) 707-8150.						
in the first tab	of this workbook.	9/15/2022	ALLOCATION NUMBER							
				]						
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
		1								
	20221 Barcode Data Filing Period (optional - see instructions)									
Accounting										
Period										
В	Instructions: Give the full legal name of the owner of th subsidiary, not that of the parent corporat	•	ary of another corporation, give the full corporate	title of the						
Owner	List any other name or names under which	n the owner conducts the business of the	e cable system.							
	If there were different owners during the a statement of account and royalty fee payn		e last day of the accounting period should submit a od.	i single						
	Check here if this is the system's first filing	g. If not, enter the system's ID number as	ssigned by the Licensing Division.	014656						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									

		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		<b>RUCTIONS:</b> 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	4	IDENTIFICATION OF CABLE SYSTEM:
	I	IDABEL, OK
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
		L - Al - and - and - b - and - a

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#
Name	CEQUEL COMMUNICATIONS LLC	014656
D Area Served	Instructions: List each separate community served by the cable system. A "cor separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m city.	nmunity" is the same as a "community unit" as defined in FCC rules: "a d communities within unincorporated areas and including single, discrete ill serve as a form of system identification hereafter known as the "first
Gerved		
	CITY OR TOWN	STATE
First	IDABEL	OK
Community	MCCURTAIN COUNTY	ОК
Add Rows as Necessary		
Add Rows as Necessary		

E Ir Secondary Transmission Service: Sub- scribers and Rates e u u ca s fil fil p w	CEQUEL COMMUNICAT SECONDARY TRANSMISSION in General: The information in sp system, that is, the retransmissio about other services (including pa ast day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servit Rate: Give the standard rate of 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. Note categories, that person or entity s subscriber who pays extra for cate first set" and would be counted on Block 2: If your cable system h printed in block 1 (for example, the with the number of subscribers ar sufficient. BLC CATEGORY OF SERVICE	SERVICE: SUI bace E should of an of television ay cable) in spac (June 30 or De blocks in space transmission sumber of billings ce at the rate in arged for each (Example: "\$20 bunts allowed fi in space E, the to their subscr where an inco should be coun ble service to a nce again unden as rate catego ers of services	cover al and rad ace F, n ecembe e E call service. s in that ndicated n catego 0/mth"). or adva e form lis- ibers. G lividual ted as a dditiona er "Servi ries for that inc	Il categories of s lio broadcasts by not here. All the r 31, as the case for the number In general, you t category (the n d—not the number or of service. In Summarize any nce payment. sts the categorie Give the number or organization i a subscriber in e al sets would be ice to additional secondary trans-	econdary y your sys facts you e may be) of subscr can comp umber of ber of sets clude bot y standard es of seco of subscr is receivir each applii included set(s)."	stem to subscrib state must be th between the number persons or orga receiving servic the amount of drate variations ondary transmiss ribers and rate for g service that fa cable category. in the count und service that are of ary transmission	ers. Give in ose existin e system, t of subscrib nizations cl ze). the charge within a pa ion service or each liste ills under d Example: a er "Service different fro is), list ther n of the ser	e cable oformation g on the poroken poers in harged and the rticular rate e that cable ed category ifferent residential t to the m those m, together rvice is	01465		
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	sufficient. BLC	DCK 1 NO. OF									
F		NO. OF						0			
	CATEGORY OF SERVICE						BLOCK				
			RS	RATE	CATE	EGORY OF SEF	VICE	NO. OF SUBSCRIBERS	RATE		
R	Residential:										
	<ul> <li>Service to first set</li> </ul>		190	50.00							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
N	Motel, hotel										
c	Commercial		31	45.95							
c	Converter										
	Residential										
	Non-residential										
s	SERVICES OTHER THAN SECC	ONDARY TRAN	SMISS	SIONS: RATES							
	n General: Space F calls for rate										
	not covered in space E, that is, th service for a single fee. There are										
	furnished at cost or (2) services of			•			• • •				
	amount of the charge and the uni										
	enter only the letters "PP" in the rate column.										
Transmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not										
	BIOCK 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										
b	orief (two- or three-word) descript										
		BLOO	CK 1					BLOCK 2			
	ATEGORY OF SERVICE			GORY OF SERV		RATE	CATEGO	ORY OF SERVICE	RATE		
c	Continuing Services:			ation: Non-resid	dential						
	• Pay cable	17.00		tel, hotel							
	Pay cable—add'l channel     Eiro protoction	19.00		nmercial ( coblo							
	Fire protection			/ cable	mmal						
	•Burglar protection		-	<pre>/ cable-add'l cha e protection</pre>							
"	• First set	99.00		glar protection							
	Additional set(s)	••••••		services:							
	• FM radio (if separate rate)	20.00		connect		40.00					
	Converter			connect							
				tlet relocation		25.00					
				ve to new addre	ss	99.00					

unting Period: 2	2022/1			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM IE 01465						
	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ransmitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	(1) stations carried only on a part- ne carriage of certain network progr	time basis under rams [sections						
Television	Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or	: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th	ne Special Statement and Program	h Log)—if the						
	basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on	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.	see page (v) of the general instruc rogram services such as HBO, ES e-air designation. For example, rep	ctions. PN, etc. Identify each port multistream						
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast)	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 the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the 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 OF STATION						
	KMSS-1	33	I	SHREVEPORT, LA						
	KOET-1	3	Е	EUFAULA, OK						
Rows as Necessary	KSLA-1	12	N	SHREVEPORT, LA						
· · · · · · · · · · · · ,	KTAL-1	6	N	TEXARKANA, TX						
	KTBS-1	3	N	SHREVEPORT, LA						
	KTEN-1	10	N	ADA, OK						
			N							

EGAL NAME OF									SYSTEM 014
	every radio s	station ca	arried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether is the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the	t ti sys nis ed	he system's hea stem's FM anter point, see page I by the cable sy station is licens	idend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC	) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3/0	LOCATION OF STATION	1	UALL SIGN		3/0	LOCATION OF STATION	
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Accounting Perio	d: 2022/1						FORM	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					014656
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG				
I	In General: In space I, identiti substitute basis during the ac	counting pe	riod, under spec	cific present and former FC	C rules, regula	ations, or authoriz	zations. F	or a further
Substitute	explanation of the programmi	-			general instru	uctions in the pap	ber SA1-2	2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	<ul> <li>During the accounting peri</li> </ul>	-	r cable system	carry, on a substitute basi	s, any nonne	twork television	program	
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	'Yes," you m	ust complete the	e progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	ssible, if their me	eaning is	
	clear. If you need more space Column 1: Give the title			sion program ("substitute p	orogram") tha	at. during the ac	countina	
	period, was broadcast by a	distant stati	on and that you	ur cable system substituted	d for the prog	gramming of ano	other stat	ion
	under certain FCC rules, re							1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Love L	_ucy" or	
			lcast live, enter	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call s	sign of the s	tation broadca	sting the substitute progra	m.			
				e community to which the			C or, in	
	the case of Mexican or Can Column 5: Give the mon			em carried the substitute p			the mon	th
	first. Example: for May 7 giv		when your byou		orogram. Ooc			
				gram was carried by your o				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	28:30 p.m. shoul	d be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that y	/our system was	required	4
	to delete under FCC rules a							
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	and regulations i	n	
	effect on October 19, 1976.							
					WH	EN SUBSTITUT	ГЕ	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCURF	RED	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	S TO	DELETION
						_		
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Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 014656							
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 mount, see	4,134.45							
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 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	· \$	52.00							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)								
	1. Base amount under statutory formula									
	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)									
	6. Interest charge. Enter the amount from line 4, space Q, page 8									
	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:	2022/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC				SYSTEM ID# 014656
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	You must give (1) the numbers, and (2) the cable system tal number of channels on w ied television broadcast stati tal number of activated chan e cable system carried televia	's total number of activa nich the cable ons	ted channels during the	]	6 147
N Individual to Be Contacted		TO BE CONTACTED IF FUR		S NEEDED (Identify an i	ndividual	
for Further Information	Name	RODNEY HASKINS			Telephone	903) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, app TYLER, TX 75701 (City, town, state, zip)	-			
	Email	RODNEY.HA	SKINS@ALTICEUSA.	СОМ	Fax (optional	
	CERTIFICATION	I (This statement of account	must be certified and sig	ned in accordance with	Copyright Office regulations)	
O Certification		ned, hereby certify that (Check			as identified in line 1 of space B;	or
		in line 1 of space B and that	the owner is not a corpor	ation or partnership; or	gent of the owner of the cable sys	
	are true, compl	ed the statement of account ar lete, and correct to the best of ction 1001(1986)]			ments of fact contained herein de in good faith.	
			Enter an electronic sigr	Dannenbaum nature on the line above to n "/s/ signature" (e.g., /s/		
		Typed or print	ed name: ALAN D	ANNENBAUM		
		Title:	SVP, PROGRAM			
		Date:			8/24/2022	

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.

Accounting Period: 2022/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	014656
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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	<b>Q</b> 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         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)	
<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> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please</li> </ul>	
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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