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.	

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	DUNTING 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)
Periou		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		CHARLESTON, AR
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	-	
		(City, town, state, zip code)
L		

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2022/1							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	FORM SA1-2E. PAGE 1b. SYSTEM ID# 002913						
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 Community	CHARLESTON	AR						
Add Rows as Necessary								

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CEQUEL COMMUNICATIONS LLC									
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RAT	TES					
E	In General: The information in s					transmission se	ervice of th	ne cable		
	system, that is, the retransmission									
Secondary	about other services (including p						ose existir	ng on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						e system	broken		
scribers and	down by categories of secondary	•					· ·			
Rates	each category by counting the n							charged		
	separately for the particular servi							a and the		
	Rate: Give the standard rate c unit in which it is generally billed.	-	-	•			-			
	category, but do not include disc	· · ·	,		yotandar		mann a pe			
	Block 1: In the left-hand block			-		•				
	systems most commonly provide that applies to your system. Note									
	categories, that person or entity			U U		•				
	subscriber who pays extra for ca					• •	•			
	first set" and would be counted o	0			()					
	Block 2: If your cable system I	-		•						
	printed in block 1 (for example, ti with the number of subscribers a									
	sufficient.	na rates, in the	, ngn-ne							
	BLC	DCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI	
	Residential:						-			
	 Service to first set 		43	50.00						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		11	45.95						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES						
F	In General: Space F calls for rat									
F	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•					• • • •			
Other Than	amount of the charge and the un									
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 SER		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-resi	dential					
	• Pay cable	17.00		tel, hotel						
	Pay cable—add'l channel Fire protection	19.00		mmercial (cable						
	Fire protection Purglar protection		,	/ cable / cable add'l ch	annal					
	•Burglar protection Installation: Residential		· ·	<pre>/ cable-add'l ch protection</pre>	annei					
	First set	99.00		glar protection						
	Additional set(s)	25.00		giar protection services:						
	• FM radio (if separate rate)	25.00		connect		40.00				
	• Converter			connect		40.00				
				let relocation		25.00				
				ve to new addre		99.00				
			· IVIC/		:55	33.00				

ccounting Period: 2	2022/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID 00291				
	CEQUEL COMMUNICATIONS LLC							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station herr station was carried <i>only</i> on • List the station here, and	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the a)(2) and (4), or 76.63 (referring to 76.6' s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations,	(1) stations carried only on a part- ie carriage of certain network program (e)(2) and (4))]; and (2) certain state with the system on a substitute basis and also	time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other				
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	rogram services such as HBO, ES	PN, etc. Identify each				
	"WETA-2" as the same on	d with a station according to its over-the the form.	e-air designation. For example, rep	port multistream				
		el number the FCC assigned to the tele	vision station for broadcasting over	r the air in its community				
	· · · · · · · · · · · · · · · · · · ·	RC is channel 4 in Washington, D.C. a case whether the station is a network s	station, an independent station, or	a noncommercial				
		ering the letter "N" (for network), "N-M" (for network), "N-M" (for network), "N-M" (for network), "I and the second						
		, "E" (for noncommercial educational), o erms, see page (iv) of the general instru		tional multicast).				
	Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the station	5				
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	he community with which the station	n is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KAFT-1	9	Е	FAYETTEVILLE, AR				
	KFSM-1	5	N	FORT SMITH, AR				
Add Rows as Necessary	KFTA-1	24	I	FORT SMITH, AR				
	KHBS-1	40	N	FORT SMITH, AR				
	KHBS-2	40.2	I-M	FORT SMITH, AR				
	KNWA-1	51	N	ROGERS, AR				
	KXNW-1	25	Ι	EUREKA SPRINGS, AR				

EGAL NAME OF								SYSTEM I 0029
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				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 Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	the sys be recein the Cop sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. In is AM or FM. hal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM ante is point, see page ed by the cable se e station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se sed 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	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL OIGH		0/0		UALL DIGN		0/0	LOCATION OF STATION	

Accounting Perio	d: 2022/1						FORM	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					002913
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
Substitute	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	-			-	· · ·		
Special	 During the accounting peri 				s. anv nonne	twork television	program	ı
Statement and Program Log	broadcast by a distant stat	-		,,,	-, ,		YES	× NO
Program Log	,							
	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.		M0					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever no	ssible if their m	eaning is	
	clear. If you need more space						cannig io	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							I.
	"NBA Basketball: 76ers vs.	Bulls."						
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		ansed by the EC	Corin	
	the case of Mexican or Can						001, 11	
	Column 5: Give the mon	th and day		em carried the substitute p			the mon	ith
	first. Example: for May 7 giv					1 :	1 - 1	
	to the nearest five minutes.			gram was carried by your o				у
	stated as "6:00–6:30 p.m."	Example: a	program carrie					
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	inning that y	our system wa	s permitted to delete unde		and regulations		
								[
		UBSTITUT	E PROGRAM			EN SUBSTITU [.] IAGE OCCURI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME	S	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						+		
						+		
						<u>+</u>		
						<u> </u>		
						<u>+</u>		
						<u>+</u>		
						_		
						_		
						_		
						_		
						_		
						_		
	L					-		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 002913
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.	nission service Imount, see	5,092.51 sss 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 \$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 t accounting period is \$52.00.	his 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 \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID: 00291:
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which th	You must give (1) the numbers, and (2) the cable system atal number of channels on which the television broadcast station atal number of activated channels adcast services	's total number of acti nich the cable ons	vated channels during the		7 57
N Individual to Be Contacted		TO BE CONTACTED IF FUR		N IS NEEDED (Identify an	individual	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	-			
	Email	RODNEY.HA	SKINS@ALTICEUS	A.COM	Fax (optional	
	CERTIFICATION	I (This statement of account	must be certified and	signed in accordance with	Copyright Office regulations)	
O Certification		ned, hereby certify that (Check			as identified in line 1 of space E	3; or
		in line 1 of space B and that	the owner is not a corp	oration or partnership; or	gent of the owner of the cable s the legal entity identified as owr	-
	are true, comp	ed the statement of account an lete, and correct to the best of ction 1001(1986)]			ments of fact contained herein ade in good faith.	
			Enter an electronic s	n Dannenbaum ignature on the line above to g an "/s/ signature" (e.g., /s/		
		Typed or printe	ed name: ALAN	DANNENBAUM		
		Title:	SVP, PROGRA	AMMING d 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	002913
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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	Q Interest Assessment
X	
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) * 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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