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 COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
	\$						
9/15/2022	ALLOCATION NUMBER						

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20221 Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
	Instructions:							
В	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	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:							
	LAUGHLIN, NV							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(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.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	033265
	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
D	separate and distinct community or municipal entity (including unincorporated communincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	
_	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne narks should he renorted in narentheses helow the identified
Area Served	city.	the parks should be reported in parentileses below the identified
Serveu		
	CITY OR TOWN	STATE
First	LAUGHLIN	NV
Community		
Add Rows as Necessary		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 033265

F

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 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 service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

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 and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,332	50.00					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	17	45.95					
Converter							
Residential							
Non-residential							
				·····			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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 service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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 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 2							
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE								
Continuing Services:		Installation: Non-residential							
Pay cable	17.00	Motel, hotel							
Pay cable—add'l channel	19.00	Commercial							
Fire protection		• Pay cable							
•Burglar protection									
Installation: Residential		Fire protection							
• First set	99.00	Burglar protection							
 Additional set(s) 		Other services:							
• FM radio (if separate rate)		Reconnect	40.00						
Converter		Disconnect							
		Outlet relocation	25.00	ľ					
		Move to new address	99.00						

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 033265

PRIMARY TRANSMITTERS: TELEVISION



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, except (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), 76.61(e)(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 *not* 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 *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* 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 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.

Column 4: 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBLR-1	39	I	LAS VEGAS, NV
KBLR-2	39.2	I-M	LAS VEGAS, NV
KBLR-HD1	39	I-M	LAS VEGAS, NV
KINC-1	15	I	LAS VEGAS, NV
KINC-2	15.2	I-M	LAS VEGAS, NV
KINC-HD1	15	I-M	LAS VEGAS, NV
KLAS-1	8	N	LAS VEGAS, NV
KLAS-2	8.2	I-M	LAS VEGAS, NV
KLAS-HD1	8	N-M	LAS VEGAS, NV
KLVX-1	10	E	LAS VEGAS, NV
KLVX-2	10.2	E-M	LAS VEGAS, NV
KLVX-4	10.4	E-M	LAS VEGAS, NV
KLVX-HD1	10	E-M	LAS VEGAS, NV
KSNV-1	3	N	LAS VEGAS, NV
KSNV-3	3.3	I-M	LAS VEGAS, NV
KSNV-HD1	3	N-M	LAS VEGAS, NV
KTNV-1	13	N	LAS VEGAS, NV
KTNV-3	13.3	I-M	LAS VEGAS, NV
KTNV-HD1	13	N-M	LAS VEGAS, NV
KVCW-1	33	l	LAS VEGAS, NV
KVCW-2	33.2	I-M	LAS VEGAS, NV
KVCW-3	33.3	I-M	LAS VEGAS, NV
KVCW-HD1	33	I-M	LAS VEGAS, NV
KVCW-HD2	33.2	I-M	LAS VEGAS, NV
KVVU-1	5	l	HENDERSON, NV
KVVU-2	5.2	I-M	HENDERSON, NV
KVVU-HD1	5	I-M	HENDERSON, NV

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

033265

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	1	 			T		

Accounting Perio	ing Period: 2022/1 FORM SA1-2E.									
	LEGAL NAME OF OWNER OF		SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC									
I	GUBSTITUTE CARRIAGE: SPECIAL STATEMENT 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 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.									
Substitute					ie generai insi	ructions in t	ne paper SA1	-2 form.		
Carriage: Special	1. SPECIAL STATEMENT									
Statement and	During the accounting per	-	ir cable system	carry, on a substitute ba	sis, any nonr	etwork tele I	vision progra			
Program Log	broadcast by a distant stati	on?					YES	NO		
	Note: If your answer is "No,	" leave the	rest of this pag	ge blank. If your answer is	s "Yes," you r	nust comple	ete the progra	am		
	log in block 2.									
	2. LOG OF SUBSTITUTE PROGRAMS 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 categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program.									
	Column 4: Give the broathe case of Mexican or Can	adian statio	ons, if any, the	community with which the	e station is ide	entified).				
	Column 5: Give the mon first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Us	se numerals	s, with the mo	onth		
	Column 6: State the time		substitute pro	gram was carried by you	r cable syster	n. List the ti	imes accurat	ely		
	to the nearest five minutes.							,		
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	ar "R" if the	listed program	was substituted for prog	ramming that	vour eveter	m was requir	ed		
	to delete under FCC rules a									
	was substituted for program		our system wa	s permitted to delete und	er FCC rules	and regula	tions in			
	effect on October 19, 1976.									
					WH	EN SUBST	TTUTE			
	S	UBSTITUT	E PROGRAM		CARF	RIAGE OCC	CURRED	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. FROM	TIMES — TO	DELETION		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC				SYSTEM I					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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.	system's s ion of how	econdary transmi to compute this a	ssion service mount, see						
		cocipis.		(Amount of §	gross 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600.	63,800.						
	BLOCK 1: GROSS RECEIPTS OF \$1:	37,100 OF	RLESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00.	ty fee that y	ou must pay for th	is six-month						
	Line 1. Royalty fee for accounting period									
	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 ii	nes 1 and 2	2	• •						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but n	nore than \$137,1	100)						
	Base amount under statutory formula	\$	263,800.00							
	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 \$26	63,800 (bu	t less than \$527	,600)						
	Enter the amount of gross receipts from space K	. \$	381,476.04							
	Base amount under statutory formula	\$	263,800.00	•						
	3. Subtract line 2 from line 1	\$	117,676.04	•						
	4. Multiply line 3 by .01		\$	1,176.76						
	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			\$	2,495.76					
	FILING FEE AND TOTAL REMITTANCE D	UE								
Filing Fee and	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		¢	2,495.76						
otal Remittance Due				•	•					
	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	· 					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,515.76					
	EFT Trace # or TRANSACTION ID #									
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the									

Accounting Period:	2022/1							FC	ORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM: UNICATIONS LLC							SYSTEM ID# 033265
M Channels	1. Enter the total system carried 2. Enter the total on which the carried.	u must give (1) the number of and (2) the cable system's the number of channels on which television broadcast stations number of activated channel able system carried television cast services	total num	nber of activated chable	nnels during the a	ccounting period		27 533	
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of account		ORMATION IS NEE	DED (Identify an ir	ndividual			
for Further Information	Name	RODNEY HASKINS					Telephone	(903) 579-3152	
		3027 S SE LOOP 323 (Number, street, rural route, apartm		uite number)					
		TYLER, TX 75701 (City, town, state, zip)	,						
	Email		KINS@A	ALTICEUSA.COM		Fax (optional			
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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 herein								
	are true, complete, [18 U.S.C., Section	, and correct to the best of my n 1001(1986)]	/ Knowledg	ge, information, and b	elief, and are made	in good faith.			
				/s/ Alan Danne electronic signature o gnature using an "/s/ si	n the line above to		ent.		
		Typed or printed	name:	ALAN DANNE	NBAUM				
				PROGRAMMING al position held in corpora					
		Date:				8/24/2022	2		

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	033265
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."	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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address Mailing Address	
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	Interest Assessment
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	_
* 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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