This form is effective be	ginning with the Ja	anuary 1 to June 30,	2017, accounting per	iod (2017/1)
If you are filing for a prior	accounting period, c	contact the Licensing	Division for the correct	form.

SA1-2E Short Form

				Return completed workbook by
STATEM	ENT OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	email to
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
	ems (Short Form)	0/45/0000	\$	For additional information, contact the U.S. Copyright
	of this workbook.	9/15/2022	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.
	of this workbook.		ALLOCATION NOWBER	_
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2022	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t subsidiary, not that of the parent corpora	•	ary of another corporation, give the full corpora	te title of the
Owner	List any other name or names under whic	h the owner conducts the business of the	e cable system.	
	If there were different owners during the statement of account and royalty fee pay		e last day of the accounting period should subm od.	it a single 003698

Chock here if this is the system's first filing. If not enter the system's ID number assigned by the Licensing Divisio

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)
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
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
SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Number, street, rural route, apartment, or sulte number) TYLER, TX 75701
MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701
3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701
(Number, street, rural route, apartment, or suite number) TYLER, TX 75701
TYLER, TX 75701
C 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:
MONAHANS, TX
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	FORM SA1-2E. PAGE 1b.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	003698
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	mmunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	MONAHANS	TX
Community		TX TX
Add Rows as Necessary	WARD COUNTY(PORTION)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								SA1-2E. PAGE
Name									00369
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or De	ecember	31, as the cas	e may be)			0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
Rates	separately for the particular servi							onargea	
	Rate: Give the standard rate c	-	-	-			-		
	unit in which it is generally billed. category, but do not include disc				y standaro	rate variations	within a p	articular rate	
	Block 1: In the left-hand block				es of seco	ndary transmiss	ion servic	e that cable	
	systems most commonly provide	to their subsci	ibers. G	live the number	of subsci	ibers and rate fo	or each lis	ted category	
	that applies to your system. Note			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	and block. A two	o- or three	-word description	on of the s	ervice is	
		OCK 1					BLOC	K 2	
		NO. OF		B 4 7 5				NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAII	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:		225	50.00					
	 Service to first set Service to additional set(s) 		235	50.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		32	45.95					
	Converter		52	43.33					
	Residential								
	Non-residential								
			······						
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat								
I	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	it in which it is							
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat		a aabla	avetars for and	h of the e	nnliachla ann iar	a liatad		
Fransmissions: Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s	• •			-				
	brief (two- or three-word) descrip	tion and includ	e the rat	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVIC	E RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable	17.00		el, hotel					
	Pay cable—add'l channel	19.00		nmercial					
	Fire protection		-	cable					
	•Burglar protection		-	cable-add'l cha	annel				
	Installation: Residential			protection					
	• First set	99.00		glar protection					
	 Additional set(s) 	25.00		services:		10.00			
						40.00			
	• FM radio (if separate rate)			connect		10.00			
			• Disc	connect					
	• FM radio (if separate rate)		• Diso • Out			25.00 99.00			

	LEGAL NAME OF OWNER OF	OF CABLE SYSTEM:		SYSTEM ID						
Name	CEQUEL COMMUNIC	CATIONS LLC		00369						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, is Substitute Basis Stations basis under specific FCC i • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESF e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KMID-1	2	N	MIDLAND, TX						
	KMLM-1	42	I	ODESSA, TX						
ws as Necessary	KOSA-1	7	N	ODESSA, TX						
	KOSA-2	7.2	I-M	ODESSA, TX						
	KPBT-1	36	Е	ODESSA, TX						
	KPEJ-1	24	I	ODESSA, TX						
		7.5	I-M							
	KTLE-1		1-141	ODESSA, TX						
	KILE-1 KUPB-1	18	 							
	KUPB-1	18	I	MIDLAND, TX						
			I N							
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						
	KUPB-1	18	I	MIDLAND, TX						

	F OWNER OF C								SYSTEM II 0036
n General: Lis		tation ca	rried on a separate and discre					ied on an	н
eceivable if (1) in the basis of for detailed inf aper SA1-2 fo Column 1: 1 Column 2: 5 Column 3: 1 ignal, indicate Column 4: 0) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be receivent t the Cop sign of e he statio ion's sign g a check h's locatio	I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t the syst his p sed	e system's hea em's FM anter point, see page by the cable sy tation is license	idend, and (2) ina, during ce e (v) of the gen estem as a sep 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		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>							
	+								
	+								
	+								
	+								
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		t							

Accounting Perio	d: 2022/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					003698
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG				
	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Substitute Carriage:	1. SPECIAL STATEMENT				general mou			-2 10111.
Special	During the accounting per				is any nonne	otwork telev	vision progra	m
Statement and	broadcast by a distant stati		i cable system	carry, on a substitute bas	is, any norm			
Program Log	-				<i></i>		YES	
	Note: If your answer is "No,	" leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complet	te the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever po	ssible, if the	eir meaning i	s
	clear. If you need more spa				millior of po		in mouning i	0
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for ex	xample, "I L	ove Lucy" or	ſ
	"NBA Basketball: 76ers vs.			«X " OU ' · · · · ·				
				r "Yes." Otherwise enter "N asting the substitute progra				
				ne community to which the		ensed by the	e FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Us	e numerals,	with the mo	nth
			substitute pro	gram was carried by your	cable system	n. List the tin	nes accurate	ely
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	was substituted for progra	amming that	vour eveter	was require	ad
	to delete under FCC rules a							
	was substituted for program	iming that y						
	effect on October 19, 1976.							
					WHE	EN SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCCI	URRED	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. T FROM -	IMES — TO	DELETION
							_	
							_	
						-	_	
						-	_	
							_	
						·	_	
							_	
							_	
							_	
							_	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 003698
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	sion service nount, see	7,763.20 ss 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 \$26 • 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.	33,800.	
	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 this accounting period is \$52.00.	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 \$137,10		_
	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		
	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 Due	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 #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the section of the general instructions in the paper SA1-2 form and the Excel instructions tab for more the section of the general instructions in the paper SA1-2 form and the Excel instructions tab for more the section of the general instructions in the paper SA1-2 form and the Excel instructions tab for more the section of		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 003698
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 . on which the cable system carried television broadcast stations and nonbroadcast services .	9 143
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	(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	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 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 B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 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, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	tem as identified
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM	
	SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/24/2022	

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counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	003698
 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 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
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
xLine 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 <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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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