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

STATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ems (Short Form) uctions are located of this workbook.	9/15/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) 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 of the subsidiary, not that of the parent		idiary of another corporation, give the full cor	porate title
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.	
	If there were different owners during th single statement of account and royalty		the last day of the accounting period should s nting period.	ubmit a
	Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	061728
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	1	
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFEREN)	Γ)	
	SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER O			
	3027 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite TYLER, TX 75701 (City, town, state, zip)	number)		
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM: DENVER WOMENS CORR			

MAILING ADDRESS OF CABLE SYSTEM:

City, town, state, zip code)

2 (Number, street, rural route, apartment, or suite number)

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061728
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	y" is the same as a "community unit" as defined in FCC rules: nmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	DENVER (DENVER WOMENS CORR)	СО
ld Rows as Necessary		

	1							FOF	RM SA1-2	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM								
	CEQUEL COMMUNICA	TIONS LLC							(6172
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in s									
0	system, that is, the retransmission									
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	• • •			•		nose exis	ing on the		
Service: Sub-	Number of Subscribers: Bot	`				,	le system	ı, broken		
scribers and	down by categories of secondar	,		0 / 1						
Rates	each category by counting the n		,	0,0		1 0		charged		
	separately for the particular server Rate: Give the standard rate of					•	,	be and the		
	unit in which it is generally billed	-	-	•				-	е	
	category, but do not include disc							•		
	Block 1: In the left-hand block	•		-		•				
	systems most commonly provide that applies to your system. Not								y	
	categories, that person or entity			-		-			al	
	subscriber who pays extra for ca	able service to	addition	al sets would b	e includeo	I in the count un	der "Servi	ce to the		
	first set" and would be counted o	0			· · ·					
	Block 2: If your cable system printed in block 1 (for example, f	-							-	
	with the number of subscribers a					,		, 0		
	sufficient.	*	0			•				
	BLO	OCK 1					BLOCK		- 1	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	RS	RATE	CATE	GORY OF SER	VICE	NO. OF SUBSCRIE		RATI
	Residential:									
	Service to first set		0	-						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		24	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				3				•	
-	In General: Space F calls for ra					ll your cable sys	tem's ser	vices that we	re	
F	not covered in space E, that is, t	those services	that are	not offered in o	ombinatio	on with any seco	ndary trar	smission		
	complete for a simple for Thomas		ne. vou) services		
. .	service for a single fee. There a	•			•		0 (,		
Services Other Than	furnished at cost or (2) services	or facilities furr	nished to	nonsubscribe	rs. Rate ir	formation shoul	d include	both the		
Services Other Than Secondary	5	or facilities furr nit in which it is	nished to	nonsubscribe	rs. Rate ir	formation shoul	d include	both the	8,	
Other Than	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra	or facilities furr nit in which it is rate column. te charged by t	hished to usually he cable	o nonsubscribe billed. If any ra e system for ea	rs. Rate ir tes are ch ch of the	formation should arged on a varia	d include able per-p es listed.	both the rogram basis	З,	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha	or facilities furr nit in which it is rate column. te charged by t t your cable sys	hished to usually he cable stem fur	o nonsubscribe billed. If any ra e system for ea nished or offer	rs. Rate ir tes are ch ch of the ed during	nformation should arged on a varia applicable servic the accounting p	d include able per-p es listed. eriod that	both the rogram basis were not	5,	
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counting Period: 2	2022/1				FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID#			
	CEQUEL COMMUNIC	ATIONS LLC			061728			
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	carried by your cable syste 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 her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie 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	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a such he Special Statement and Program d both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form. t the community to which the station	time basis under tams [sections ations carried on a lostitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION O					
	KBDI-1	12	E	BROOMFIELD, CO				
	KCEC-1	14		DENVER, CO				
Add Davies an Names and	KCNC-1	4	N	DENVER, CO				
dd Rows as Necessary	KDVR-1	31	I	DENVER, CO				
	KMGH-1	7	N	DENVER, CO				
	INNOTI-T		I N					
	KUSA 1	٥	N					
	KUSA-1	9	N	DENVER, CO				
	KUSA-1	9	N	DENVER, CO				
	KUSA-1	9	N	DENVER, CO				
	KUSA-1	9	N					
	KUSA-1	9	N					
	KUSA-1	9	N					
	KUSA-1	9	N					
	KUSA-1	9	N					
	KUSA-1	9	N	DENVER, CO				
	KUSA-1	9	N	DENVER, CO				
	KUSA-1	9		DENVER, CO				
		9		DENVER, CO				
		9		DENVER, CO				
		9		DENVER, CO				
		9		DENVER, CO				
		9						
		9						

EGAL NAME O								SYSTEM I 0617
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of	it is carried by monitoring, to prmation abou	y the sys be rece	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t	t the system's he system's FM ant	eadend, and (2 enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio
Column 1: lo Column 2: S Column 3: lf signal, indicate	dentify the call tate whether t the radio stat this by placing	the static ion's sig g a chec	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th					
lexican or Car	adian stations		the community with which the	e station is identif	ied).	- ,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2022/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				061728
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every no	nnetwork televi	s <i>ion program,</i> broadcast by	a distant sta	tion, that your cable sys	tem carried on a
	substitute basis during the a						
Substitute Carriage:	explanation of the programm				ne general ins	structions in the paper S	A I-2 Iorm.
Special	1. SPECIAL STATEMEN	-			·	· · · · · · · · · · · · · · · · · · ·	
Statement and	During the accounting per		Ir cable systen	n carry, on a substitute ba	sis, any nonr		
Program Log	broadcast by a distant sta	tion?				YES	NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must complete the proo	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				s wherever p	ossible, if their meaning	g is
				/ision program ("substitute	e program") ti	hat. during the account	ina
	period, was broadcast by a	distant sta	tion and that yo	our cable system substitut	ed for the pro	ogramming of another	station
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I Love Lucy"	or
			dcast live, ente	er "Yes." Otherwise enter "	'No."		
				asting the substitute progr			
	the case of Mexican or Car			he community to which the			IN
				stem carried the substitute			nonth
	first. Example: for May 7 giv					·	
	Column 6: State the time to the nearest five minutes.			ogram was carried by you			ately
	stated as "6:00–6:30 p.m."		a program can	ied by a system norm 0.01	. 15 p.m. to 0	.20.30 p.m. should be	
	Column 7: Enter the lett			n was substituted for prog			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976.	•	your system wa				
	SI	UBSTITUT	E PROGRAM			N SUBSTITUTE	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
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT		
			·				
						_	
						_	
							"
			·				
						_	
						—	
		[_	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 061728
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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 amount, se	,164.46
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 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 \$137,10	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 \$527,6	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 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 paper SA1-2 form and the Excel instructions tab for more 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 paper SA1-2 form and the Excel instructions tab for more 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 paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more tables and the paper SA1-2 form and the Excel instructions tab for more tables and tables are tables as the paper SA1-2 form and the Excel instructions tab for more tables are tables as tables are tables as tables as tables are tables as tables are tables as tables are tables as tables as tables are tables as tables as tables as tables as tables as tables as tables are tables as tables as tables are tables as tab		

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		NNER OF CABLE SYSTEM:			SYSTEM ID# 061728
M Channels	to its subscribers, 1. Enter the total n	and (2) the cable system's number of channels on whic	total numl h the cabl	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	6
	on which the cab	number of activated channel ole system carried television st services	broadcas	st stations	21
N Individual to Be Contacted		BE CONTACTED IF FURTH pout this statement of accou		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone	9 (903) 579-3152
		3027 S SE LOOP 32 : (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	• I, the undersigned	d, hereby certify that (Check	one, <i>but or</i>	rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space	
	in lin X (Officer in lin • I have examined t	e 1 of space B and that the of r or partner) I am an officer (ie 1 of space B. the statement of account and , and correct to the best of m	owner is n (if a corpo I hereby d	Partnership) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as c eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	wwner of the cable system
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		8/23/2022	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06172
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	P Special Statement Concerning Gross Receipts Exclusion
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?	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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	
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 \$	_
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	
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	_
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	
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