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

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to	
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT		
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook.		9/15/22	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A Accounting Period		BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31		
	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.	062593
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	002333
		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)	
		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system up a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	ALBION STATE CORRECTIONAL INSTITUTION	
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	062
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co 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.	mmunities within unincorporated areas and including sing will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ALBION	PA
Community	(ALBION SCI)	
dd Rows as Necessary		
	······································	

									1-2E. PAGE
Name									
	CEQUEL COMMUNICA	TIONS LLC							06259
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Secondary	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								
Transmission	last day of the accounting period						HUSE EXIST	ing on the	
Service: Sub-	Number of Subscribers: Bot						ole system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n	•	<i>,</i>	0,0		1 0		charged	
	separately for the particular server Rate: Give the standard rate of					•	,	ne and the	
	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. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					0,	•		
	first set" and would be counted of	0			· · ·				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, 1 with the number of subscribers a						,.		
	sufficient.		c ngnt-n						
	BL	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	VICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIUD		TUTE	0/11		TIOL	COBCONDENCE	- TOTT
	Service to first set		0	-					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		458	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	· · · · · ·							
F	In General: Space F calls for ra	•	,		-				
•	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are cl	narged on a varia	able per-pi	rogram basis,	
Secondary	enter only the letters "PP" in the		ha aabl		ab af tha	annliachta ann is	an linted		
ransmissions:	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								
	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								
Rates	-	• •	je was r	nade or establ	shed. List	these other serv			
	-	separate charg			shed. List	these other serv			
	listed in block 1 and for which a	separate charg	de the ra		shed. List	these other serv		BLOCK 2	
	listed in block 1 and for which a	separate charg ption and includ BLO	de the ra CK 1			these other server		BLOCK 2 DRY OF SERVICE	RATE
	listed in block 1 and for which a brief (two- or three-word) descri	separate charg ption and includ BLO	de the ra CK 1 CATEG	ite for each.	VICE				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and includ BLO	de the ra CK 1 CATEG Installa	te for each.	VICE				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg ption and includ BLO	de the ra CK 1 CATEC Installa • Mot • Cor	ORY OF SER tion: Non-res el, hotel	VICE				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable	VICE idential				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	separate charg ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch	VICE idential				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	VICE idential				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	VICE idential				E RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	VICE idential				E RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection services: connect	VICE idential				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Diss	ORY OF SER tion: Non-res el, hotel mercial cable-add'l ch protection glar protection glar protection services: connect	VICE idential				
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg ption and includ BLO	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection services: connect	VICE idential				

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	CEQUEL COMMUNIC	ATIONS LLC		062593				
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)							
G Primary ansmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated	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 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, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each				
	of license. For example, WF	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	-					
	educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	a case whether the station is a network ering the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i	ndent), "I-M" nal multicast). s licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
			_					
	WFXP-1	66	l	ERIE, PA				
	WFXP-1 WICU-1	66 12		ERIE, PA ERIE, PA				
s as Necessary			•	ERIE, PA				
as Necessary	WICU-1	12	N	ERIE, PA ERIE, PA				
Necessary	WICU-1 WJET-1 WQLN-1	12 24	N	ERIE, PA ERIE, PA ERIE, PA				
Necessary	WICU-1 WJET-1	12 24 54	N N E	ERIE, PA ERIE, PA				
Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
s Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
s Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
ıs Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
s as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
s as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
s as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
vs as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
rs as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
rs as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
5 as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
ws as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				
vs as Necessary	WICU-1	12	N	ERIE, PA				
	WJET-1	24	N	ERIE, PA				
	WQLN-1	54	E	ERIE, PA				

LEGAL NAME O								SYSTEM I 0625
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of	it is carried by monitoring, to ormation abou	y the sys be rece	I-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 ante	eadend, and (2 enna, during o	2) it can ertain s	be expected, ated intervals.	Primary Transmitters Radio
Column 1: lo Column 2: S Column 3: lf signal, indicate	dentify the call state whether t the radio stat this by placing	the statio 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	nadian 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	

	od: 2022/1						FORM	I SA1-2E. PAGE 5.
1	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					062593
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ifv every nor	nnetwork televi	sion program broadcast by	a distant stat	tion that you	r cable svst	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	structions in t	he paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMENT		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did yoι	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork telev	<u>isi</u> on progi	ram
Program Log	broadcast by a distant sta	tion?					YES	X NO
r rogram zog	-		root of this no	ao blank. If your anowar is	- "Voo " vou r		-	
	Note: If your answer is "No	, leave life	rescortins pa	ge blank. If your answer is	s res, your	nust comple	te the plog	ran
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			ate line. Use abbreviations	s wherever po	ossible, if the	eir meaning	a is
	clear. If you need more spa	ice, please	add additional	rows to the tables.	-			-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				• *	,	
				er "Yes." Otherwise enter				
				asting the substitute progr he community to which th		ensed by th	e FCC or	in
	the case of Mexican or Car							
				stem carried the substitute			, with the m	nonth
	first. Example: for May 7 give							
	to the nearest five minutes.			ogram was carried by you ied by a system from 6:01				ately
	stated as "6:00–6:30 p.m."		a program oan			.20.00 p.m.		
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976.		your system w	as permitted to delete und		anu regulai		
								L
	0					N SUBSTIT		
			E PROGRAM		CARRI	N SUBSTIT AGE OCCL 6. TII	IRRED	7. REASON FOR DELETION
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCL	IRRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCL 6. TII	JRRED MES	

Accounting Period:	2022/1	FORM SA1-2	2E. PAGE 6.
Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYS	TEM ID#
Name	CEQUEL COMMUNICATIONS LLC		062593
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 transmi (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 amount, se	99.65 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 \$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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	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.		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 \$137,100	•	52.00
		0)	
	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 \$527,60	00)	
	1. Enter the amount of gross respirate from anona K		
	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 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 #		
	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		

Accounting Period:	1022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062593
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 and nonbroadcast services	5 49
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)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o 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 here 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)] 	e B; or e system as identified wner of the cable system
	X /s/ Alan Dannenbaum 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 Title: SVP, PROGRAMMING (Title of official position 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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	062593
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 fol- lowing 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 sub- scribers 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 Name Mailing Address Mailing Address	
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 Assessment
Line 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 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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