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 COPYRIGH	HT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
9/15/22	\$
	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	COUNTING PERIOD COVERED BY THIS ST	TATEMENT: (YYYY/(Period))	
	2022/1 Period 1 = Janu	ary 1 - June 30 Period 2 = July 1 - December 31	
	20221 Barcode Data F	iling Period (optional - see instructions)	
Accounting Period			
В	Instructions: Give the full legal name of the owner of the cable system. of the subsidiary, not that of the parent corporation.	If the owner is a subsidiary of another corporation, give the full corporate title	
Owner	List any other name or names under which the owner con	ducts the business of the cable system.	
	If there were different owners during the accounting period single statement of account and royalty fee payment covers.	od, only the owner on the last day of the accounting period should submit a ring the entire accounting period.	
	Check here if this is the system's first filing. If not, enter th	e system's ID number assigned by the Licensing Division.	062596
	LEGAL NAME OF OWNER/MAILING ADDRESS O	F CABLE SYSTEM	
	CEQUEL COMMUNICATIONS LLC		
	BUSINESS NAME(S) OF OWNER OF CABLE SYST	EM (IF DIFFERENT)	
	SUDDENLINK COMMUNICATIONS		
	MAILING ADDRESS OF OWNER OF CABLE SYST	EM	
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)		
	TYLER, TX 75701 (City, town, state, zip)		
С	, 0	names used to identify the business and operation of the system ualing address of the system, if different from the address given in	
System	IDENTIFICATION OF CABLE SYSTEM:		
	FOREST STATE CORRECTIONAL INS  MAILING ADDRESS OF CABLE SYSTEM:	TITUTION	
	MAILING ADDRESS OF CABLE STSTEM:		
	(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. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	0625
	Instructions: List each separate community served by the cable system	. A "community" is the same as a "community unit" as defined in FCC rul
<b>D</b>		corporated communities within unincorporated areas and including singl
D		ty that you list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all ful	
	Note: Entities and properties such as hotels, apartments, condominium	
Area	identified city.	is, or mobile nome parks should be reported in parentheses below the
Served	identified city.	
		<u> </u>
	CITY OR TOWN	STATE
First	MARIONVILLE	PA
Community	(FOREST SCI)	
Rows as Necessary		
nows as inecessary		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 062596

## CEQUEL COMMUNICATIONS LLC

## Ε

### 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		BLOCI	BLOCK 2		
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	0	-				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	594	42.41				
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 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE	E
Continuing Services:		Installation: Non-residential			
• Pay cable	-	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	-	Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	-	Burglar protection			
<ul><li>Additional set(s)</li></ul>	-	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 062596

### **CEQUEL COMMUNICATIONS LLC**

G

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
KDKA-1	2	N	PITTSBURGH, PA
WKBS-1	47	<u> </u>	ALTOONA, PA
WPCW-1	19	<u> </u>	PITTSBURGH, PA
WPGH-1	53	<u> </u>	PITTSBURGH, PA
WPXI-1	11	N	PITTSBURGH, PA
WQED-1	13	E	PITTSBURGH, PA
WTAE-1	4	N	PITTSBURGH, PA
	11111		
	***************************************		
	<mark>•</mark>		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 062596

### **CEQUEL COMMUNICATIONS LLC**

PRIMARY TRANSMITTERS: RADIO

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.

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.

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).

	T =	I o:-	I	1	I	I o:-	
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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Accounting Perio	od: 2022/1						FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
	CEQUEL COMMUNICA	TIONS L	LC					062596		
<b> </b> Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televi eriod, under sp	ision program, broadcast by pecific present and former F	<i>i</i> a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatio	ns. For a further		
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and Program Log	broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.  2. LOG OF SUBSTITUTE	BBOCBA	MC							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please of every no distant state gulations, or ies like "mo Bulls." In was broasign of the adcast stating and and and the and cay we "5/7." es when the Example: a er "R" if the and regulati	add additional onnetwork teletion and that your authorization ovies" or "bask dcast live, entrastation broadcon's location (from your sy the when your sy the substitute program carries is listed program carries on in effect designation and the substitute program carries on in effect designation and the substitute program carries on the substitu	rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the ge etball." List specific program "Yes." Otherwise enter deasting the substitute program was carried by you ried by a system from 6:01 m was substituted for proglaring the accounting period	e program") the dofor the program titles, for each of the program.  "No."  ram.  e station is lide station is ide program.  r cable system of the program.  "To the program of the program	hat, during ogramming ions for fu example, " censed by entified). se numera m. List the 5:28:30 p.r. t your syst letter "P" if	g the account g of another rther informa I Love Lucy"  the FCC or, als, with the retimes accur in. should be seem was required.	ting station ation. or in month rately		
	effect on October 19, 1976.				T WHE	N SUBST	TITUTE	<u> </u>		
	SI	JBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED			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		
		100 01 110	O/ LEE OI OI V	1. CIMILOTO ECOMINOT	7 IND BY	TROM	_			
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ccounting Period:	2022/1			FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			S	YSTEM ID 06259
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the si (as identified in space E) during the accounting period. For a further explanation 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 re	ystem's son of how	secondary trar to compute th	nsmission servic nis amount, se	1,234.12
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 the sepage (vi) of the general instructions located in the paper SA1-2 form for more information.	but less th	han \$527,600		
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00.  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 line				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	ore than \$137	,100)	
	Base amount under statutory formula	\$	263,800.00	<u>)                                    </u>	
	2. Enter amount of gross receipts from space K	\$	151,234.12	2_	
	3. Subtract line 2 from line 1	\$	112,565.88	3_	
	Enter the amount of gross receipts from space K		\$	151,234.12	
	5. Enter the amount from line 3		\$	112,565.88	
	6. Subtract line 5 from line 4		\$	38,668.24	
	7. Multiply line 6 by .005 (enter figure here)			\$	193.34
	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 a	ınd 8		\$	193.34
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,6	800 (but	less than \$52	7,600)	
	Enter the amount of gross receipts from space K			_	
	2. Base amount under statutory formula	\$	263,800.00	<u>)                                    </u>	
	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	5, and 6 .		•	
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	193.34	
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			\$	213.34
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2 form and the Ex		-		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062596
<b>M</b> 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.	7
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name RODNEY HASKINS  Telephone (903) 57	0 2452
Information	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 B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as 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 owner of the 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)]	
	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	1341341341341341341341341341341341341341

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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	SYSTEM ID: 062596
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	062596
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 sub- scribers 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	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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address 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 Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)