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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook.	DATE RECEIVED 9/15/2022	AMOUNT \$ 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 COVER	ED BY THIS STATEMENT: (YY	YY/(Period))	

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20221 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	062658
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3027 S SE LOOP 323	
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	KINGMAN AZ PRISON	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or sulte 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.

Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	CEQUEL COMMUNICATIONS LLC	06265
	Instructions: List each separate community served by the cable system. A "co	
-	"a separate and distinct community or municipal entity (including unincorpora	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future fili	
	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Area	identified city.	In the second design of the
Served	identified city.	
	CITY OR TOWN	STATE
First	GOLDEN VALLEY	AZ
Community	(KINGMAN AZ PRISON)	
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C						FORM SA1	TEM ID
Name								06265
Е	SECONDARY TRANSMISSION							
	In General: The information in s system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call for	the number of sub	oscribers to the ca	ble system	, broken	
scribers and	down by categories of secondar							
Rates	each category by counting the n		<i>,</i>	0) (,	charged	
	separately for the particular server Rate: Give the standard rate of						e and the	
	unit in which it is generally billed	-				-		
	category, but do not include disc	• •	,			5 within a p		
	Block 1: In the left-hand block				econdary transmis	sion servio	e that cable	
	systems most commonly provide	e to their subso	ribers. Give	the number of sub	scribers and rate	for each lis	ted category	
	that applies to your system. Not	te: Where an ir	idividual or o	rganization is rece	eiving service that	falls under	different	
	categories, that person or entity					•		
	subscriber who pays extra for ca					der "Servio	e to the	
	first set" and would be counted of Block 2: If your cable system					different f	om those	
	printed in block 1 (for example, 1	-		•				
	with the number of subscribers a							
	sufficient.		e ngin nana					
	BL	OCK 1				BLOCK		T
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		ATE CA	TEGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:							
	Service to first set		0	-				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
			404	42.44				
	Commercial		184	42.41				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
_	In General: Space F calls for ra				all your cable sys	stem's serv	ices that were	
F	not covered in space E, that is, t							
	service for a single fee. There a	•		•		• • • •		
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the un		usually bille	d. If any rates are	charged on a vari	able per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cable svs	tem for each of th	e annlicable servi	res listed		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a	• •						
	brief (two- or three-word) descri	•	•					
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installation	Non-residential				
	• Pay cable	-	• Motel, h	otel				
	• Pay cable—add'l channel	-	Comme					
	Fire protection		• Pay cab					
	•Burglar protection			le-add'l channel				
	Installation: Residential							
			Fire prot					
	• First set	•		protection				
	 Additional set(s) 	-	Other servi					
			 Reconne 					
	• FM radio (if separate rate)		• Reconne	ect	-			
			• Disconn		-			
	• FM radio (if separate rate)			ect				
	• FM radio (if separate rate)		• Disconn • Outlet re	ect				

ccounting Period:	2022/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		062658
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	of (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat	ime basis under ams [sections tions carried on a
Television	basis under specific FCC ru	: With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t		
	station was carried only on	a substitute basis.		
	basis. For further information	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination	, see page (v) of the general instructi	ons.
	"WETA-2" as the same on		.	
	of license. For example, WI	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	-	
	educational station, by ente	n case whether the station is a network ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	endent), "I-M"
		, "E" (for noncommercial educational), erms, see page (iv) of the general instru	,	onal multicast).
	Column 4: Give the locatio	n of each station. For U.S. stations, lis	t the community to which the station	
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAET-1	8	E	PHOENIX, AZ
	KNXV-1	15	N	PHOENIX, AZ
ows as Necessary	КРНО-1	5	Ν	PHOENIX, AZ
	KPNX-1	12	N	MESA, AZ
	KSAZ-1	10	I	PHOENIX, AZ
	KTVW-1	33	I	PHOENIX, AZ
	KTAZ-1	39	I	PHOENIX, AZ

LEGAL NAME O								SYSTEM 062
	t every radio	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of	it is carried b monitoring, to ormation abou	y the sy be rece	II-Band FM Carriage: Under stem whenever it is received a vived at the headend, with the oppyright Office regulations on	at the system's h system's FM an	neadend, and Itenna, during	(2) it ca certain	n be expected, stated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If signal, indicate	State whether the radio sta this by placin	the stati tion's sig g a cheo	each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column.	-	-			
			tion (the community to which t , the community with which th			CC or, I	n the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				·				
				·				
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		·	·	·		 	+	
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						<u> </u>	+	
						<u> </u>	+	

Accounting Perio	od: 2022/1						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					062658
	SUBSTITUTE CARRIAGE				G			
1	In General: In space I, ident	-	-			tion that vo	ur cable eve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this no	ao blank. If your anower it	- "Vee " veu v		-	
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, your	must compi	ete the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			ate line. Use abbreviations	s wherever p	ossible if th	eir meaning	nis
	clear. If you need more spa				e mierer p			5.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter				
				asting the substitute prog he community to which th		consod by t	he ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			s, with the n	nonth
	first. Example: for May 7 giv							
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01				ately
	stated as "6:00–6:30 p.m."		a program can		. 10 p.m. to c			
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976.		your system w	as permitted to delete und	ier FCC rules	s and regula	itions in	
								•
						N SUBSTI		
	SI		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	BEEEnon
		100 01 110	0/122 01011				10	
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Accounting Period:	2022/1 FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062658
K Gross Receipts		
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • 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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.	
	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 \$137,100)	
	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
		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 #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062658
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	7 26
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, <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 (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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or 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)] 	B; or system as identified wner of the cable system
	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: 8/23/2022	

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unting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	0626
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." 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?	
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.	Q
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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