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

-	IENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
	lary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General inst	tems (Short Form) ructions are located b 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	D BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYYY/(Period)) Period 2 = July 1 - December 31	
	2022	Barcode Data Filing Period (optiona	- see instructions)	

		20221 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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.
		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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	4	IDENTIFICATION OF CABLE SYSTEM:
	1	CASA GRADE TRANSITIONAL HOUSING
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063267
D	Instructions: List each separate community served by the cable system. A "cou" a separate and distinct community or municipal entity (including unincorporated servers)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future film	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	LAS VEGAS	NV
Community	(CASA GRADE TRANS)	
	ากทางสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามาร	
Rows as Necessary		

	1							FORM SA1			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						TEM ID		
	CEQUEL COMMUNICAT	TIONS LLC							06326		
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RA	TES						
E	In General: The information in s	•		-		•					
<u> </u>	system, that is, the retransmission					,					
Secondary Fransmission	about other services (including particular to a service of the accounting period						nose exisi	ing on the			
Service: Sub-	Number of Subscribers: Bot						ole system	ı, broken			
scribers and	down by categories of secondar										
Rates	each category by counting the n			0 , (1 0		s charged			
	separately for the particular serv					•	,	no and the			
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-			
	category, but do not include disc	· · ·	,		ny stanua		s wiu iir a	particular rate			
	Block 1: In the left-hand block				ies of sec	condary transmis	sion servi	ce that cable			
	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 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, t										
	with the number of subscribers a	and rates, in th	e right-h	and block. A tw	o- or thre	ee-word descripti	on of the	service is			
	sufficient.	OCK 1			BLOCK 2						
		NO. OF					BLUUR	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		0	-							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		21	42.41							
	Converter										
	Residential										
	Non-residential		ľ								
			T						I		
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S						
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 ur		usually	billed. If any ra	tes are cl	harged on a varia	able per-p	rogram basis,			
Secondary	enter only the letters "PP" in the										
Fransmissions: Rates	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										
Rates	-	• •			-	• •					
	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.										
		BLO	CK 1				BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:			tion: Non-resi							
	• Pay cable	-	• Mot	el, hotel							
	Pay cable—add'l channel	-	• Cor	nmercial							
	Fire protection		• Pay	cable							
	•Burglar protection		-	cable-add'l ch	annel						
	Installation: Residential		-	protection							
	• First set	-	• Bur	glar protection							
	 Additional set(s) 	-		ervices:							
			• Rec	connect		-					
	 FM radio (if separate rate) 			Johneel							
	FM radio (if separate rate)Converter			connect							
	, , ,		• Dis			-					
	, , ,		• Diso • Out	connect	ess						

counting Period: 2	2022/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Hamo	CEQUEL COMMUNIC	ATIONS LLC		063267
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 informatic Column 1: List each station	entify every television station (including m during the accounting period, except n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed 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
	"WETA-2" as the same on t	5	e-air designation. For example, repo	rt multistream
	of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the locatio	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. a case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of the	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatic uctions in the paper SA1-2 form. t the community to which the station i	noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC-1	15	I	LAS VEGAS, NV
	KLAS-1	8	N	LAS VEGAS, NV
Rows as Necessary	KLVX-1	10	E	LAS VEGAS, NV
	KSNV-1	3	Ν	LAS VEGAS, NV
	KTNV-1	13	Ν	LAS VEGAS, NV
	KVCW-1	33	I	LAS VEGAS, NV
	KVVU-1	5	I	HENDERSON, NV

CEQUEL CO	F OWNER OF (SYSTEM I 0632
	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 For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat	y the sys be rece it the Co I sign of the static ion's sig	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark is the "S(0" column	at the system's system's FM a this point, see p	headend, and (ntenna, during o age (v) of the g	2) it can certain s jeneral ii	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	live the station	n's locati	k mark in the "S/D" column. ion (the community to which th the community with which the			CC or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
						·	·	
						·	·	
						·		
							·	
					1			
						·		

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				063267
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident						
	substitute basis during the a explanation of the programm						
Substitute Carriage:					ne general in		A 1-2 10111.
Special	 1. SPECIAL STATEMEN • During the accounting per 	-				actwork tolovision prog	rom
Statement and			a cable system	i carry, on a substitute ba	515, any nom		
Program Log	broadcast by a distant sta					YES	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you i	nust complete the proo	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE			ata lina. Llao abbraviationa	wherever p	oosible, if their meenin	a io
	In General: List each subst clear. If you need more spa				s wherever p		y is
				vision program ("substitute	e program") t	hat, during the account	ing
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor						
	"NBA Basketball: 76ers vs.						
				er "Yes." Otherwise enter "			
				asting the substitute progr he community to which th		censed by the ECC or	in
	the case of Mexican or Car						
		,	when your sys	stem carried the substitute	e program. U	se numerals, with the r	nonth
	first. Example: for May 7 giv		a substituta pro	ogram was carried by you	r cable svete	m List the times accur	ately
	to the nearest five minutes.						atery
	stated as "6:00–6:30 p.m."						
	Column 7: Enter the lett to delete under FCC rules a			n was substituted for progr			
	was substituted for program						ogram
	effect on October 19, 1976.			·		0	
							T
	SI	JBSTITUT	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 F0	ORM SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063267
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	service
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 \$263,80 • 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	0
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-m accounting period is \$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	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0.00
		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)	2.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	5.00
	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 Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inforr	•

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063267
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 .	7 20
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 X (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)] 	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	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06326
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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	_
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	_
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	

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