This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	′/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

STATEM	ENT	OF ACCOUNT	FOR COPYRIGE	Return completed workbook by email to		
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
Cable Syste General instru in the first tab	uctions	are located	9/15/2022	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.		
A	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY	Y/(Period)) Period 2 = July 1 - December 31		
Accounting Period		20221	Barcode Data Filing Period (optional - :	see instructions)		
В		Instructions: Give the full legal name of the owner of th subsidiary, not that of the parent corporat		y of another corporation, give the full corpora	te title of the	
Owner		List any other name or names under which	the owner conducts the business of the c	able system.		
		If there were different owners during the a statement of account and royalty fee payn		ast day of the accounting period should subm I.	-	
		Check here if this is the system's first filing	;. If not, enter the system's ID number assi	gned by the Licensing Division.	063880	
	-	1				
		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 3027 S SE LOOP 323				
		(Number, street, rural route, apartment, or suite no TYLER, TX 75701 (City, town, state, zip)	umber)			
	INST		ess or trade names used to identif	y the business and operation of the sy	stem unless these	
С				system, if different from the address gi		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		NORTH BRANCH CORREC MAILING ADDRESS OF CABLE SYSTEM				
		MAILING ADDRESS OF CABLE SYSTEM				
	2	(Number, street, rural route, apartment, or suite n	umber)			
	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	063880						
D Area Served	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil- city.	A "community" is the same as a "community unit" as defined in FCC rules: brated communities within unincorporated areas and including single, disc list will serve as a form of system identification hereafter known as the "fin						
Served								
	CITY OR TOWN	STATE						
First Community	CUMBERLAND (NORTH BRANCH CORRECTIONAL)	MD						
2								
Add Rows as Necessary								

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICATIONS LLC										
	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIB	ERS AND RAT	ES						
E	In General: The information in s	pace E should c	over all	categories of s	secondary						
	system, that is, the retransmission										
Secondary Transmission	about other services (including p last day of the accounting period				-		iose existir	ng on the			
Service: Sub-	Number of Subscribers: Both						e svstem.	broken			
scribers and	down by categories of secondary										
Rates	each category by counting the nu	umber of billings	in that	category (the r	number of	persons or orga	inizations o				
	separately for the particular serv							a and the			
	Rate: Give the standard rate c unit in which it is generally billed.	-	-	•			-				
	category, but do not include disc	· · ·	,		y stanuart		within a pa				
	Block 1: In the left-hand block				es of seco	ondary transmiss	ion service	e that cable			
	systems most commonly provide										
	that applies to your system. Note			-		-					
	categories, that person or entity subscriber who pays extra for ca						•				
	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	nd rates, in the	right-ha	nd block. A two	o- or three	-word descriptio	n of the se	ervice is			
	sufficient.	OCK 1					BLOCK	(2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI		
	Residential:										
	Service to first set		0	-							
	• Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel			10.11							
	Commercial		66	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	ONS: RATES							
F	In General: Space F calls for rat										
•	not covered in space E, that is, t service for a single fee. There ar										
Services	furnished at cost or (2) services		,	·	,		0()				
Other Than											
Secondary	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.										
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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										
	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.										
	· · · ·	BLOC	K 1					BLOCK 2			
	CATEGORY OF SERVICE			ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:	1	Installa	tion: Non-resi	dential						
	• Pay cable	-	• Mot	el, hotel							
	• Pay cable—add'l channel	-	• Con	nmercial							
	Fire protection		• Pay	cable							
	•Burglar protection		• Pay	cable-add'l cha	annel						
	Installation: Residential		• Fire	protection							
	• First set	-	• Burg	lar protection							
	 Additional set(s) 	- 0		ervices:							
	• FM radio (if separate rate)		• Rec	onnect		-					
	• Converter		• Disc	onnect							
			• Outl	et relocation		-					
	1										
			• Mov	e to new addre	SS	-					

	2022/1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID 06388					
	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, WC Column 3: Indicate in each (for independent multicast) For the meaning of these to Column 4: Give the location	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	(1) stations carried only on a part-t ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sult ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESF e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep- or "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WUSA-1	9	N	WASHINGTON, DC					
	WTTG-1	5	I	WASHINGTON, DC					
ows as Necessary	WRC-1	4	N	WASHINGTON, DC					
ows as ivecessary	WJLA-1	7	N	WASHINGTON, DC					
		•	I						
	WHUT-1	32	<u> </u>	WASHINGTON, DC					
	WHUT-1 WDCW-1	32 50	1	WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	 	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1	32 50	1	WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1 1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1 1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1 1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1 1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1 1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1 1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1 1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1 1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1 1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1 1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					
	WHUT-1 WDCW-1 WETA-1	32 50 26	1	WASHINGTON, DC WASHINGTON, DC WASHINGTON, DC					

CEQUEL CO	OWNER OF C							SYSTEM I 0638
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	the sys be recein the Cop sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. on is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2022/1						FORM	I SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					063880
	SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identit							
Substitute	substitute basis during the ac explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special	 During the accounting peri 	od, did youi	r cable system	carry, on a substitute basis	s, any nonne	twork television p	orogram	
Statement and Program Log	broadcast by a distant stat	ion?					res	× NO
	Note: If your anowar is "No.	" loovo tho	root of this pag	o blank. If your anowar is "				
	Note: If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	res, you mu	ust complete the	program	1
	log in block 2. 2. LOG OF SUBSTITUTE		M0					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their me	aning is	
	clear. If you need more space							
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, reg							
	Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."					,	
				"Yes." Otherwise enter "N				
				sting the substitute program e community to which the		need by the ECC	or in	
	the case of Mexican or Can						, 01, 111	
				em carried the substitute p			the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ý
	stated as "6:00–6:30 p.m."	Example. a	program carrie	eu by a system nom 0.01.1	5 p.m. to 0.2	.0.30 p.m. should	i De	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	requirea	1
	to delete under FCC rules a							ım
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete undel	r FCC rules a	and regulations in	1	
					WHE	EN SUBSTITUT	E	
	S		E PROGRAM			IAGE OCCURR 6. TIMES		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	FROM —	то	
						_		
						_		
						_		
						_		
1		L	l		L	—		

Accounting Period:	2022/1 FOR	M SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063880
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 total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission server (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	of
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-mon	th
	accounting period is \$52.00.	lun
	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
		F2 00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	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 \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	<u> </u>
	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)	0
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.0	0
	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 Copyrig See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more informations in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM:				SYSTEM ID# 063880
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	You must give (1) the number ers, and (2) the cable system otal number of channels on w ried television broadcast stati otal number of activated chan he cable system carried televi oadcast services	's total number of a hich the cable ons nels sion broadcast stati	activated channels during th		8 28
N Individual to Be Contacted		TO BE CONTACTED IF FUR		ION IS NEEDED (Identify a	n individual	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, ap TYLER, TX 75701 (City, town, state, zip)		ir)		
	Email	RODNEY.HA	SKINS@ALTICEL	JSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified ar	nd signed in accordance wit	h Copyright Office regulations)	
O Certification		ned, hereby certify that (Check			n as identified in line 1 of space	B; or
		in line 1 of space B and that	the owner is not a c	orporation or partnership; or	agent of the owner of the cable s	
	are true, comp	ed the statement of account ar plete, and correct to the best of action 1001(1986)]			tements of fact contained herein nade in good faith.	
			Enter an electron	lan Dannenbaum ic signature on the line above sing an "/s/ signature" (e.g., /:		-
		Typed or print	ed name: ALA	N DANNENBAUM		
		Title:	SVP, PROG	RAMMING held in corporation or partnership)	
		Date:			8/23/2022	

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counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	063880
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
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 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	
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	
(interest charge) * 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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	

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