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	Return completed workbook by email to	
DATE RECEIVED	coplicsoa@copyright.gov	
2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20222 Barcode Data Filing Period (optional - see instructions)
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.
		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	1	IDENTIFICATION OF CABLE SYSTEM:
		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.

Accounting Period:	2022/2							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	FORM SA1-2E. PAGE 1b. SYSTEM ID# 027673						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First Community	CALDWELL	ТХ						
Add Rows as Necessary								

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIP	SERS AND RAT	FS							
E	In General: The information in s					transmission se	ervice of th	ne cable				
	system, that is, the retransmission											
Secondary Transmission	about other services (including p						iose existii	ng on the				
Service: Sub-	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											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each 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 serv Rate: Give the standard rate c							o and the				
	unit in which it is generally billed.	-	-	•			-					
	category, but do not include disc	· · ·	,		yotandan		mann a p					
	Block 1: In the left-hand block			-		•						
	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 o	nce again unde	er "Servi	ice to additional	set(s)."							
	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, ti with the number of subscribers a											
	sufficient.	nu rates, in the	ngm-na	and DIOCK. A two	5- or three	-word descriptio	n oi the se	ervice is				
		DCK 1					BLOCK	< 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI			
	Residential:						-					
	 Service to first set 		87	50.00								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		13	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		SMISS	IONS: 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	•		•			• • • •					
Other Than	amount of the charge and the un		usually I	billed. If any rat	es are cha	arged on a varia	ble per-pro	ogram basis,				
Secondary	enter only the letters "PP" in the			avetana fan aar	h af tha a	nuliochlo comio	a listad					
ransmissions: 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											
nutoo	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) descrip	-										
		BLO	CK 1			_		BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVIC	E RATE			
	Continuing Services:	47.00		ation: Non-resi	aential							
	Pay cable Add'l channel	17.00		tel, hotel								
	Pay cable—add'l channel Fire protection	19.00		nmercial (cable								
	Fire protection Burglar protection			/ cable / cable add'l ch	annel							
	•Burglar protection Installation: Residential			v cable-add'l chat protection								
	First set	99.00		glar protection								
	Additional set(s)	25.00		services:								
	• FM radio (if separate rate)	25.00		connect		40.00						
	• Converter			connect		40.00						
	Convertor			let relocation		25.00						
	1		Jui			20.00						
			• Mov	ve to new addre	ss	99.00						

ting Period: 2	2022/2			FORM SA1-2E. PA							
Name	LEGAL NAME OF OWNER O			SYSTEM							
	CEQUEL COMMUNIC			027							
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)										
G rimary ismitters: levision	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 rr • Do <i>not</i> list the station her station was carried <i>only</i> on • 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, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to	 carried by your cable system during the accounting period, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network station, or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions 									
		on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	-	-							
	KAGS-1	23	<u>N</u>	BRYAN, TX							
	KAMU-1	15	E	COLLEGE STATION, TX							
Necessary	KBTX-1	3	<u>N</u>	BRYAN, TX							
	KBTX-2	3.2	I-M	BRYAN, TX							
	KRHD-1	40	N-M	BRYAN, TX							
	KTBC-1	7	I	AUSTIN, TX							
	KWKT-1	44	<u> </u>	WACO, TX							
	KYLE-1										
		28	<u>I</u>	BRYAN, TX							
			I	BRYAN, TX							
			I	BRYAN, TX							
			I	BRYAN, TX							
			I	BRYAN, TX							
			I	BRYAN, TX							
				BRYAN, TX							
				BRYAN, TX							
				BRYAN, TX							
				BRYAN, TX							
				BRYAN, TX							
				BRYAN, TX							

EGAL NAME OF									SYSTEM 027
	every radio s	tation ca	rried on a separate and discre					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 idgnal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. hal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis ec	he system's hea stem's FM anter point, see page by the cable sy station is licens	idend, and (2) nna, during ce e (v) of the ge vstem 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	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0.0					2.2		
				-					
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Accounting Perio	d: 2022/2						FORM	VI SA1-2E. PAGE 5		
News	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	.C					027673		
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG						
I	In General: In space I, identification substitute basis during the action	counting pe	riod, under spec	cific present and former FC	C rules, regula	ations, or authori	izations. F	For a further		
Substitute	explanation of the programmi	ng that mus	t be included in	this log, see page (v) of the	general instru	uctions in the pa	per SA1-2	2 form.		
Carriage:	1. SPECIAL STATEMENT	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant stat	ion?					YES	× NO		
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	'Yes," you m	ust complete the	e progran	n		
	log in block 2.									
	2. LOG OF SUBSTITUTE									
	In General: List each subst				wherever pos	ssible, if their me	eaning is			
	clear. If you need more space Column 1: Give the title			sion program ("substitute p	orogram") tha	at. during the ac	countina			
	period, was broadcast by a	distant stati	on and that you	ur cable system substituted	d for the prog	gramming of and	other stat	ion		
	under certain FCC rules, re							۱.		
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Love	Lucy" or			
			lcast live, enter	"Yes." Otherwise enter "N	lo."					
				sting the substitute progra						
				e community to which the			C or, in			
	the case of Mexican or Can Column 5: Give the mon			em carried the substitute p			the mon	ith		
	first. Example: for May 7 giv		······			, , ,				
				gram was carried by your o				У		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	28:30 p.m. shou	ld be			
		er "R" if the	listed program	was substituted for progra	mming that v	/our svstem was	s reauirea	d		
	to delete under FCC rules a									
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	and regulations	in			
	effect on October 19, 1976.									
					WH	EN SUBSTITU	TE			
	S		E PROGRAM			AGE OCCUR		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	6. TIME FROM —	TO			
						_				
						_				
						_				
						<u> </u>				
						-				
						<u>+</u>				
						+				
						<u> </u>				
						-				

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 027673
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 transm (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.	nission service Imount, see	7,542.95
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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 t accounting period is \$52.00.	his six-month	
	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 \$137,1	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		
	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	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC			SYSTEM ID# 027673
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	bers, 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	ons	ing the accounting period.	8 61
N Individual to Be Contacted		TO BE CONTACTED IF FUR	THER INFORMATION IS NEEDED (Ider count.)	tify an 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			
	Email	(City, town, state, zip)	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified and signed in accordance	ce with Copyright Office regulations)	
O Certification			one, <i>but only one</i> , of the boxes.) • partnership) I am the owner of the cable :	system as identified in line 1 of space B; or	
	(Age		pration or partnership) I am the duly author the owner is not a corporation or partnershi	rized agent of the owner of the cable system p; or	as identified
	X (Off	icer or partner) I am an office in line 1 of space B.	r (if a corporation) or a partner (if a partners	hip) of the legal entity identified as owner of th	he cable system
	are true, comp		nd hereby declare under penalty of law that a my knowledge, information, and belief, and		
			X /s/ Alan Dannenbaum Enter an electronic signature on the line a Enter signature using an "/s/ signature" (e		
		Typed or print	ed name: ALAN DANNENBAUI	И	
		Title:	SVP, PROGRAMMING	ership)	
		Date:		2/28/2023	

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ccounting Period: 2022/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	027673
 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? 	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 - 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	
* 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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