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

003044

				Return completed workbook by	
STATEME	INT OF ACCOUNT	FOR COPYRIG	email to		
for Seconda	ry Transmissions by	DATE RECEIVED AMOUNT		coplicsoa@copyright.gov	
Cable Syste	ms (Short Form)				
			\$	For additional information, contact the U.S. Copyright	
	ctions are located			Office Licensing Division at (202) 707-8150.	
in the first tab of this workbook.		2/28/2023	ALLOCATION NUMBER	-	
A Accounting Period		BY THIS STATEMENT: (YYY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31		
В	Instructions: Give the full legal name of the owner of th subsidiary, not that of the parent corporat		ry of another corporation, give the full corporat	e title of the	
Owner	List any other name or names under which	n the owner conducts the business of the	cable system.		
	If there were different owners during the a	accounting period, only the owner on the	e last day of the accounting period should subm	it a single	

in there were amered a many the accounting period, only the owner on the last day of the accounting period should basin
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.

	-	SPIRIT LAKE, ID MAILING ADDRESS OF CABLE SYSTEM:
System	1	IDENTIFICATION OF CABLE SYSTEM:
С		<b>RUCTIONS:</b> 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.
		(City, town, state, zip)
		TYLER, TX 75701
		(Number, street, rural route, apartment, or suite number)
		3027 S SE LOOP 323
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		SUDDENLINK COMMUNICATIONS
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		CEQUEL COMMUNICATIONS LLC
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

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						
Next	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#					
Name	CEQUEL COMMUNICATIONS LLC	003044					
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	SPIRIT LAKE	ID					
Community	TWIN LAKES	ID					
Add Rows as Necessary							
Add nows as necessary							

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICATIONS LLC										
	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIP	FRS 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 last day of the accounting period						iose existii	ng on the			
Service: Sub-	Number of Subscribers: Both						e system,	broken			
scribers and	down by categories of secondary	/ transmission s	service.	In general, you	can comp	oute the number	of subscri	bers in			
Rates	each category by counting the nu							charged			
	separately for the particular serv Rate: Give the standard rate c							e and the			
	unit in which it is generally billed.	-	-	•			-				
	category, but do not include disc	· ·	,		,						
	Block 1: In the left-hand block			-		•					
	systems most commonly provide that applies to your system. Note										
	categories, that person or entity			U U		•					
	subscriber who pays extra for ca					• •	•				
	first set" and would be counted o	0			· · ·						
		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									
	printed in block 1 (for example, the with the number of subscribers a										
	sufficient.		ngin-na	and block. A two		-word descriptio					
	BLO	OCK 1					BLOC				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI		
	Residential:						-				
	Service to first set		134	50.00							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		7	45.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATES							
F	In General: Space F calls for rat										
I	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										
Services	3	•					• • • •				
Other Than	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,										
Secondary	enter only the letters "PP" in the rate column.										
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not										
Hatoo	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:			tion: Non-resid	dential						
	• Pay cable	17.00		el, hotel							
	Pay cable—add'l channel      Fina masteration	19.00		nmercial							
	Fire protection			cable							
	•Burglar protection			cable-add'l cha	annel						
	Installation: Residential			protection							
	• First set	99.00		glar protection							
	• Additional set(s)	25.00		ervices:		10.00					
	• FM radio (if separate rate)			onnect		40.00					
	Converter		• Disc	connect							
			<u> </u>	at val c +'		05.00					
				let relocation ve to new addre		25.00 99.00					

ounting Period: 2	2022/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM ID 00304					
	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph.	(1) stations carried only on a part- ne carriage of certain network progr	time basis under rams [sections					
Television	Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or	With respect to any distant stations caules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis.	ne Special Statement and Program	h Log)—if the					
	basis. For further information <b>Column 1:</b> List each station	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 the form.	see page (v) of the general instruc rogram services such as HBO, ES	ctions. PN, etc. Identify each					
	of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" ( "E" (for noncommercial educational) of	station, an independent station, or for network multicast), "I" (for indep	a noncommercial bendent), "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. <b>Column 4:</b> 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.								
	1. CALL SIGN     2. B'CAST CHANNEL NUMBER     3. TYPE OF STATION		4. LOCATION OF STATION						
	KAYU-1	28	I	SPOKANE, WA					
	KHQ-1	6	N	SPOKANE, WA					
d Rows as Necessary	KHQ-2	6.2	I-M	SPOKANE, WA					
	KREM-1	2	N	SPOKANE, WA					
	KSPS-1	7	E	SPOKANE, WA					
	KUID-1	12	E	MOSCOW, ID					
	KXLY-1	4	N	SPOKANE, WA					

EGAL NAME OF									SYSTEM 003
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether is the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. on is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	t ti sys nis ed	e system's hea stem's FM anter point, see page by the cable sy 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	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL UIGIN		5,0		1	UNEL UIGH		5,0		
				╞					
				╞					
				F					
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Accounting Perio	d: 2022/2					FOF	RM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C				003044
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG			
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC0	C rules, regulation	ons, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Special	<ul> <li>During the accounting peri</li> </ul>	-		-	s. anv nonnetw	ork television progra	m
Statement and	broadcast by a distant stat				-,,		
Program Log	-					YES	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you must	t complete the progra	am
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			e line. Lise abbreviations v	wherever possil	ble, if their meaning i	e
	clear. If you need more space	ce, please a	add additional r	ows to the tables.			
				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 progra e community to which the		ed by the ECC or in	
	the case of Mexican or Can						
				em carried the substitute p			onth
	first. Example: for May 7 giv						
				gram was carried by your o			ely
	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 6:28:	30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that you	ır system was <i>require</i>	ed
	to delete under FCC rules a						
	was substituted for program	ming that y	our system wa	s permitted to delete under	r FCC rules and	d regulations in	
	effect on October 19, 1976.						
						ISUBSTITUTE	
	s	UBSTITUT	E PROGRAM			GE 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. TIMES FROM — TO	DELETION
						_	
						_	
						_	
						_	
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						_	
						_	
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 003044
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	5,561.28 sss 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 \$ • 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.	263,800.	
	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 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		0.00
	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)	1,319.00	
	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		
	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:	:		SYSTEM ID# 003044
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 wh ried television broadcast station otal number of activated channe ne cable system carried televis	ions	accounting period.	7
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	RTHER INFORMATION IS NEEDED (Identify an count.)	individual	
for Further Information	Name	RODNEY HASKINS	3	Telephone (903) 57	9-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)			
	Email	RODNEY.HA	SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account i	must be certified and signed in accordance with	Copyright Office regulations)	
O Certification			k one, <i>but only one</i> , of the boxes.) <b>r partnership)</b> I am the owner of the cable system	as identified in line 1 of space B; or	
		in line 1 of space B and that icer or partner) I am an officer	oration or partnership) I am the duly authorized a t the owner is not a corporation or partnership; or er (if a corporation) or a partner (if a partnership) of		
	are true, comp		nd hereby declare under penalty of law that all state f my knowledge, information, and belief, and are m		
	1		X /s/ Alan Dannenbaum		
			Enter an electronic signature on the line above tr Enter signature using an "/s/ signature" (e.g., /s,		
		Typed or printe	ted name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partnership)		
		Date:		2/28/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	003044
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: <ul> <li>"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? X NO YES. Enter the total here and list the satellite carrier(s) below.</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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. 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	
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	
<ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please</li> </ul>	
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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