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 Period		20222 Barcode Data Filing Period (optional - see instructions)	
B		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	
Owner		subsidiary, not that of the parent corporation. 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:	
		ROCKDALE, TX MAILING ADDRESS OF CABLE SYSTEM:	
	~		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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Accounting Period:	2022/2								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	037025							
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	ROCKDALE	TX							
Community									
Add Rows as Necessary									

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RAT	ES							
E	In General: The information in s	pace E should	cover al	I categories of s	secondary							
<u> </u>	system, that is, the retransmission											
Secondary Transmission	about other services (including p	<i>,</i> , ,	,		,		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 category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).											
	separately for the particular servi Rate: Give the standard rate c							e and the				
	unit in which it is generally billed.	-	-	•			-					
	category, but do not include disc	ounts allowed f	or adva	nce payment.			•					
	Block 1: In the left-hand block	•		•		•						
	systems most commonly provide that applies to your system. Note											
	categories, that person or entity			-		-						
	3				• •		•					
	subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the 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, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers a											
	sufficient.											
	BLO	DCK 1					BLOCK		Т			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT			
	Residential:						-					
	Service to first set		254	50.00								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		11	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES								
F	In General: Space F calls for rat											
•	not covered in space E, that is, the service for a single fee. There are											
Services	furnished at cost or (2) services	•	,		,		0()					
Other Than	amount of the charge and the un	it in which it is										
Secondary	enter only the letters "PP" in the rate column.											
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											
	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) description and include the rate for each.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			ation: Non-resi	dential							
	• Pay cable	17.00		tel, hotel								
	• Pay cable—add'l channel	19.00		nmercial								
	Fire protection		5	/ cable								
	•Burglar protection		-	/ cable-add'l cha	annel							
	Installation: Residential	00.00		e protection								
	First set	99.00		glar protection								
	Additional set(s) EM radio (if separate rate)	25.00		services:		40.00						
	 FM radio (if separate rate) Converter 			connect		40.00						
	- Converter			connect let relocation		25.00						
			- Out	Iner Leincarioli		25.00	L					
			• Mov	ve to new addre	99	99.00						

Nama	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC	CATIONS LLC		037					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: elevision	 In General: In space G, identify every television station (including translator stations and low power television stations) 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, on a substitute brogram basis, on a substitute basis onder 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, "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercia								
		2. B'CAST CHANNEL NUMBER							
	KCEN-1	6	N	TEMPLE, TX					
	KEYE-1	42	N	AUSTIN, TX					
ows as Necessary	KLRU-1	18	E	AUSTIN, TX					
ws as necessary	KNCT-1	46		BELTON, TX					
	KTBC-1	7	· · · · ·	AUSTIN, TX					
	KWKT-1	44		WACO, TX					
	KWTX-1	10	N	WACO, TX					
	KXXV-1	25	N						
			N	WACO, TX					
	KYLE-1	28		BRYAN, TX					

EGAL NAME OF									SYSTEM 037
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.									н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether to the radio stat this by placing Sive 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 (tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically process (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 I 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	
		5,6			5.122 01011		5,6		
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				-					

Accounting Perio	d: 2022/2						FORI	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	C					037025
	SUBSTITUTE CARRIAGE	: SPECIA	STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identif	y every non	network televisi	on program, broadcast by	a <i>distant</i> stati	on, that your c	able system	carried on a
	substitute basis during the ac	counting pe	riod, under spe	cific present and former FC	C rules, regul	ations, or auth	norizations. F	For a further
Substitute Carriage:	explanation of the programmi				general instr		paper SA1-2	2 101111.
Special	1. SPECIAL STATEMENT							_
Statement and	During the accounting peri		cable system	carry, on a substitute bas	is, any nonne			
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 program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE					::		
	In General: List each substiclear. If you need more space				wherever po	ssidie, ii their	meaning is	
	Column 1: Give the title of				program") th	at, during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							1.
	"NBA Basketball: 76ers vs.		les of baske	ibali. List specific prograf		ample, TLU	ve Lucy Of	
	Column 2: If the program							
	Column 3: Give the call s						F00 i	
	Column 4: Give the broat the case of Mexican or Cana						FCC or, in	
	Column 5: Give the mon					,	vith the mor	nth
	first. Example: for May 7 giv	e "5/7."						
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m. sr	ioula be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that	your system v	was require	d
	to delete under FCC rules a	nd regulatic	ons in effect du	ring the accounting period	; enter the le	tter "P" if the	listed progra	
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete unde	er FCC rules	and regulation	ns in	
	effect off October 19, 1976.							
					WH	EN SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM		CARF	RIAGE OCCL		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. TI FROM –		DELETION
						-	_	
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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# 037025
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	3,772.44
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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 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 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 \$ 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	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 me		

Accounting Period:	2022/2					FORM S	A1-2E. PAGE 7.	
Name		OWNER OF CABLE SYSTEM:					SYSTEM ID# 037025	
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	ers, and (2) the cable system otal number of channels on wh ried television broadcast station otal number of activated channel are cable system carried televis	ons	nnels during the a	ccounting period.	9 165		
N Individual to Be Contacted		TO BE CONTACTED IF FUR	THER INFORMATION IS NEED	DED (Identify an ir	ndividual			
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152		
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)						
	Email	RODNEY.HAS	SKINS@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 B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system 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 herein 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)] 							
		Typed or printe Title:	X /s/ Alan Danne Enter an electronic signature of Enter signature using an "/s/ signature and name: ALAN DANNE SVP, PROGRAMMING Title of official position held in corpora	n the line above to o gnature" (e.g., /s/ J ENBAUM				
		Date:			2/28/2023			

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Accounting Period: 2022/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	037025
 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
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 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	
 * 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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