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	AMOUNT	 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)	
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:	
		ROTAN, TX MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Nume	CEQUEL COMMUNICATIONS LLC	037144
D Area Served	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo city.	I communities within unincorporated areas and including single, discrete II serve as a form of system identification hereafter known as the "first
		1
First Community	CITY OR TOWN ROTAN	STATE TX
Add Rows as Necessary		
·····,		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							SA1-2E. PAGE			
Name	CEQUEL COMMUNICATIONS LLC											
	SECONDARY TRANSMISSION				TES							
E	In General: The information in s					/ transmission se	ervice of th	e cable				
	system, that is, the retransmission											
Secondary	about other services (including p						iose existi	ng on the				
Transmission 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	•					, ,					
Rates	each category by counting the n			•								
	separately for the particular serv											
	Rate: Give the standard rate c	-	-	•			-					
	unit in which it is generally billed. category, but do not include disc	· ·	,		ly standard		within a pa					
	Block 1: In the left-hand block				ies of seco	ondary transmiss	sion servic	e that cable				
	systems most commonly provide											
	that applies to your system. Note			0		0						
	categories, that person or entity subscriber who pays extra for ca						•					
	first set" and would be counted o					In the count und	lei Servic					
		0			()	service that are	different fr	om those				
		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	nd rates, in the	right-ha	and block. A tw	o- or three	e-word description	n of the se	ervice is				
	sufficient.	OCK 1					BLOC	< 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBERS	6 RATI			
	Residential:	CODOCIVIDE			UAT		(VIOL	GOBOCITIBEIT				
	Service to first set		35	50.00								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		7	45.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		ISMISS	IONS: RATES								
F	In General: Space F calls for rat					your cable syst	em's servi	ces that were				
F	not covered in space E, that is, t											
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •					
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.											
ransmissions:	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 brief (two- or three-word) description and include the rate for each.											
		BLO						BLOCK 2				
		DLO					0.175.0	ORY OF SERVIC	E RATE			
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG					
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEG	URT OF SERVIC				
		RATE 17.00	Installa			RATE	CATEG	ORT OF SERVIC				
	Continuing Services:		Installa • Mot	tion: Non-res		RATE	CATEG					
	Continuing Services: • Pay cable	17.00	Installa • Mot • Con	ition: Non-res el, hotel		RATE	CATEG					
	Continuing Services: • Pay cable • Pay cable—add'l channel	17.00	Installa • Mot • Con • Pay	tion: Non-res el, hotel nmercial	idential	RATE	CATEG					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	17.00	Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	17.00	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial r cable r cable-add'l ch	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	17.00 19.00	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	17.00 19.00 99.00	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential	RATE						
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.00 19.00 99.00	Installa • Mot • Con • Pay • Pay • Fire • Burq Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	······						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	17.00 19.00 99.00	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential	······						

nting Period:	2022/2			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM					
	CEQUEL COMMUNIC	ATIONS LLC		0371					
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable syste FCC rules and regulations	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	 stations carried only on a part-termination of the part-termination of the programmer of	ime basis under ams [sections					
Primary nsmitters: elevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations:							
	• Do <i>not</i> list the station her station was carried <i>only</i> or	e in space G—but do list it in space I (th							
	basis. For further informati Column 1: List each statio	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	see page (v) of the general instruc ogram services such as HBO, ES	tions. PN, etc. Identify each					
	"WETA-2" as the same on Column 2: Give the chann	el number the FCC assigned to the telev	.						
	Column 3: Indicate in eacl	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" (fi	• •						
	(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. Column 4: 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					
	KERA-1	13	Е	DALLAS, TX					
	KIDZ-1	42	I	ABILENE, TX					
ows as Necessary	KPCB-1	17	I	SNYDER, TX					
	KRBC-1	9	N	ABILENE, TX					
	KTAB-1	32	N	ABILENE, TX					
		12	N	SWEETWATER, TX					
	N 1 X S-1								
	KTXS-1		I-M						
	KTXS-2	12.2	I-M	SWEETWATER, TX					
			I-M I						
	KTXS-2	12.2	I-M I	SWEETWATER, TX					
	KTXS-2	12.2	I-M I	SWEETWATER, TX					
	KTXS-2	12.2	I-M I	SWEETWATER, TX					
	KTXS-2	12.2	I-M I	SWEETWATER, TX					
	KTXS-2	12.2	I-M I	SWEETWATER, TX					
	KTXS-2	12.2	I-M I	SWEETWATER, TX					
	KTXS-2	12.2	I-M I	SWEETWATER, TX					

EGAL NAME OF									SYSTEM 037
	every radio s	station ca	rried on a separate and discre					ied on an	н
eceivable if (1) in the basis of r for 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 to 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 locatio	I-Band FM Carriage: Under (tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. In is AM or FM. hal was electronically process to 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	adend, and (2) nna, during ce e (v) of the ge ystem as a se 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	
		0,0					2,0		
				-					
				-					
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Accounting Perio	d: 2022/2						FORM SA1-2E. PAGE 5		
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	.C				037144		
	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 FC	C rules, regula	tions, or authorizatio	ns. For a further		
Carriage:									
Special	al								
Statement and									
Program Log	2					YE			
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	"Yes," you mu	st complete the pro	gram		
	log in block 2.								
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Line obbroviations i	whorever pee	aible, if their meanir	a io		
	clear. If you need more space				wherever pos	sible, il their meanir	ig is		
				sion program ("substitute p	program") that	t, during the accour	Iting		
	period, was broadcast by a								
	under certain FCC rules, reg								
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy	" or		
	"NBA Basketball: 76ers vs.		least live enter	"Yes." Otherwise enter "N	lo "				
				sting the substitute progra					
		•		e community to which the		nsed by the FCC or	, in		
	the case of Mexican or Can								
			when your syst	em carried the substitute p	program. Use	numerals, with the	month		
	first. Example: for May 7 giv					1.1.0			
	to the nearest five minutes.			gram was carried by your o					
	stated as "6:00–6:30 p.m."		program carrie	eu by a system nom 0.01.	15 p.m. to 0.20	5.50 p.m. should be			
		er "R" if the	listed program	was substituted for progra	mming that yo	our system was <i>req</i>	uired		
	to delete under FCC rules a	nd regulatio	ons in effect du	ring the accounting period	; enter the lett	er "P" if the listed p			
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations in			
	effect on October 19, 1976.								
					WHE	N SUBSTITUTE			
	S	UBSTITUT	E PROGRAM			AGE 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 — T	DELETION		
		163 01 140	CALL SIGN	4. STATION S LOCATION		-			
						_			
1						-			

Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 037144
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.	ission service mount, see	2,187.02
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 \$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		
	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	1.319.00	
l	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 me		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:			SYSTEM ID# 037144
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 static otal number of activated channel ne cable system carried televis	's total number of activated channels of nich the cable ons	Γ	8
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acco	THER INFORMATION IS NEEDED (In ount.)	dentify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone (903) 579-3152
	Address	(Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	-		
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM	Fax (optional	
0	CERTIFICATIO	N (This statement of account r	nust be certified and signed in accord	ance with Copyright Office regulations)	
Certification			one, <i>but only one</i> , of the boxes.)	ole system as identified in line 1 of space B;	or
		nt of owner other than corpo	ration or partnership) I am the duly au	thorized agent of the owner of the cable sy	
	X (Off		the owner is not a corporation or partner (if a corporation) or a partner (if a partn	rsnip; or hership) of the legal entity identified as owne	er of the cable system
	are true, comp		d hereby declare under penalty of law th my knowledge, information, and belief, a	at all statements of fact contained herein and are made in good faith.	
	1		X /s/ Alan Dannenbau	m	
			Enter an electronic signature on the lir Enter signature using an "/s/ signature		
		Typed or printe	ed name: ALAN DANNENBA	UM	
		Title:	SVP, PROGRAMMING	artnership)	
		Date:		2/28/2023	

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counting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	037144
 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 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below.	
Name 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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