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 COPYRIC	FOR COPYRIGHT OFFICE USE ONLY					
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>				
Cable Systems (Short Form) General instructions are located in the first tab of this workbook.	2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.				
A ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	YY/(Period))					
2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
2	D222 Barcode Data Filing Period (optional	- see instructions)					
Accounting							

		2022/2 Period	i 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20222 Barco	de Data Filing Period (optional -	see instructions)	
Accounting Period					
Fellou					
В		Instructions: Give the full legal name of the owner of the cable subsidiary, not that of the parent corporation.	system. If the owner is a subsidia	ry of another corporation, give the full corporate title of th	e
Owner		List any other name or names under which the ov	mer conducts the business of the	cable system.	
		If there were different owners during the account statement of account and royalty fee payment co	••••••	last day of the accounting period should submit a single d.	
		Check here if this is the system's first filing. If not,	enter the system's ID number as	signed by the Licensing Division.	061262
		LEGAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF CABL	E SYSTEM (IF DIFFERENT)		
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF CABLI	SYSTEM		
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)			
		TYLER, TX 75701			
		(City, town, state, zip)			
С				fy the business and operation of the system unle system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		PUEBLO UNIT			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite number)			
		(City, town, state, zip code)			
	I	נסוגי, וסאוו, סומופ, בוף נסעפי			

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#							
Name	CEQUEL COMMUNICATIONS LLC	061262							
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	PUEBLO	CO							
Community	(PUEBLO UNIT)								
Add Rows as Necessary									

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	CEQUEL COMMUNICAT	IONS LLC						_	06126				
E	SECONDARY TRANSMISSION In General: The information in s					transmission se	ervice of th	ie cable					
	system, that is, the retransmission	on of television a	and rad	io broadcasts b	y your sys	stem to subscrib	ers. Give i	nformation					
Secondary	about other services (including p						ose existi	ng on the					
Transmission	last day of the accounting period						o ovotom	brokon					
Service: Sub- scribers and	<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in												
Rates	down by 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												
	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).												
	Rate: Give the standard rate c	-	-	•			-						
	unit in which it is generally billed.	· ·	,		y standaro	l rate variations	within a pa	articular rate					
	category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable												
	systems most commonly provide			•		•							
	that applies to your system. Note												
	categories, that person or entity				••		•						
	subscriber who pays extra for ca					in the count und	er "Servic	e 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												
	<b>Block 2:</b> 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 and rates, in the right-hand block. A two- or three-word description of the service is												
	sufficient.	0.014.4					<b>DI 00</b>	<u> </u>					
	BLO	OCK 1 NO. OF					BLOC	NO. OF					
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE				
	Residential:												
	<ul> <li>Service to first set</li> </ul>		0	-									
	<ul> <li>Service to additional set(s)</li> </ul>												
	<ul> <li>FM radio (if separate rate)</li> </ul>												
	Motel, hotel												
	Commercial		31	42.41									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES									
F	In General: Space F calls for rat		'										
Г	not covered in space E, that is, t												
Services	service for a single fee. There ar furnished at cost or (2) services	•	-	•									
Other Than	amount of the charge and the ur												
Secondary	enter only the letters "PP" in the			<b>,,</b>				· g					
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) descrip				ied. List t	nese otner servi	ces in the	form of a					
				BLOCK 2									
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVIC	E RATE				
	Continuing Services:			tion: Non-resi		TUTE	0,1120						
	• Pay cable	-	• Mot	el, hotel									
	• Pay cable—add'l channel	-		nmercial									
	Fire protection			cable									
	•Burglar protection		-	cable-add'l cha	annel								
	Installation: Residential		-	protection									
	First set	-		glar protection									
	Additional set(s)	- (		services:									
	• FM radio (if separate rate)			connect		-							
	• Converter			connect									
				let relocation									
	1		Jui										
			• Mov	ve to new addre	ss	_							

	2022/2			FORM SA1-2E. PAGE							
lame	LEGAL NAME OF OWNER O			SYSTEM ID 06126							
	CEQUEL COMMUNIC	-		00120							
G rimary smitters:	PRIMARY TRANSMITTERS: TELEVISION 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.										
evision	<ul> <li>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:</li> <li>Do not 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 only on a substitute basis.</li> <li>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.</li> <li>Column 1: List each station's call sign. Do not 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.</li> <li>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.</li> <li>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).</li> </ul>										
	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										
	KKTV-1	11	<u>N</u>	COLORADO SPRINGS, CO							
	KOAA-1	5	N	COLORADO SPRINGS, CO							
Rows as Necessary	KRDO-1	13	N	COLORADO SPRINGS, CO							
		· •		COLORADO SPRINGS, CO							
	KTSC-1	8	E	COLORADO SPRINGS, CO							
	KTSC-1 KVSN-1	8 48									
				COLORADO SPRINGS, CO							
	KVSN-1	48		COLORADO SPRINGS, CO PUEBLO, CO							
	KVSN-1	48		COLORADO SPRINGS, CO PUEBLO, CO							
	KVSN-1	48		COLORADO SPRINGS, CO PUEBLO, CO							

EGAL NAME OF									SYSTEM 0612
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 <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate t <b>Column 4:</b> 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 location	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	
	61 1 101	5,5			0.122 01011		5,0		
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Accounting Perio	d: 2022/2						FORM	M SA1-2E. PAGE 5		
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	.C					061262		
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG						
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT	-								
Special	<ul> <li>During the accounting peri</li> </ul>				s. anv nonne	twork television	program	1		
Statement and Program Log	broadcast by a distant stat	-	,				YES	× NO		
Flogram Log	,									
	<b>Note:</b> If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	res, you m	ust complete the	e progran	n		
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	Me							
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	eaning is			
	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.						-			
				· "Yes." Otherwise enter "Ν sting the substitute progra						
				e community to which the		ensed by the FC	C or. in			
	the case of Mexican or Can						,			
			when your syst	em carried the substitute p	program. Use	e numerals, with	n the mon	th		
	first. Example: for May 7 giv		substitute prov	gram was carried by your o	ahla system	List the times	accuratel	V		
	to the nearest five minutes.							y		
	stated as "6:00–6:30 p.m."					·				
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra						
	was substituted for program									
	effect on October 19, 1976.	0,	,	•		0				
	s	UBSTITUT	E PROGRAM			EN SUBSTITU IAGE OCCUR		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. TIME FROM —	S TO	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	STEM ID# 061262
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	7,844.28 ss 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	<b>\$</b>	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										FOF	RM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC										SYSTEM ID# 061262
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	You must give (1) the number ers, and (2) the cable system's tal number of channels on whi ied television broadcast station tal number of activated chann- e cable system carried televisi adcast services	total nun ch the ca ns els on broado	imber of able 	activated cha	unnels during	g the ad	ccounting perio	od.		6 24	
N Individual to Be Contacted		O BE CONTACTED IF FURT		FORMA	TION IS NEEI	DED (Identify	y an in	dividual				
for Further Information	Name	RODNEY HASKINS							Telephone	(903) 579	-3152	
	Address	3027 S SE LOOP 32: (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		suite numl	ber)							
	Email	RODNEY.HAS	KINS@A	ALTICE	USA.COM			Fax (option	al			
ο	CERTIFICATION	I (This statement of account m	ust be ce	ertified a	and signed in	accordance	with C	opyright Office	regulations)			
Certification	• I, the undersigr	ned, hereby certify that (Check o	one, <i>but or</i>	only one	, of the boxes.	)						
		er other than corporation or p				-						
		nt of owner other than corpor in line 1 of space B and that th	ne owner i	is not a	corporation or	partnership;	or			-		
	<ul> <li>I have examine are true, compl</li> </ul>	cer or partner) I am an officer of in line 1 of space B. ed the statement of account and lete, and correct to the best of n stion 1001(1986)]	hereby de	declare u	inder penalty o	f law that all s	statem	ents of fact cor			system	
			X	/s/ /	Alan Danne	enbaum						
					nic signature o using an "/s/ si			ertify this stater ohn Smith)	nent.			
		Typed or printed	d name:	AL	AN DANNE	NBAUM						
		Title:	·····		GRAMMIN n held in corpora		ship)					
		Date:						2/28/202	23			

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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	061262
<ul> <li>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."     </li> <li>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.</li> <li>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?</li> </ul>	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
^	
Line 2 Multiply line 1 by the interest rate* 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>(interest charge)</li> <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.	
OwnerAddress	
ID number	
First community served	
Accounting period	

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