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	DUNTING 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
		About in start and links construct in other mode of
		(Number, street, rural route, apartment, or sulte number) TYLER, TX 75701 (City, Iown, state, zin)
	INCT	TYLER, TX 75701 (City, town, state, zip)
С		TYLER, TX 75701
C System	names	TYLER, TX 75701 (City, town, state, zip) RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
•		TYLER, TX 75701         (City, town, state, zp)         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.         IDENTIFICATION OF CABLE SYSTEM:         CANON CITY COMPLEX
•	names	TYLER, TX 75701         (City, town, state, zip)         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.         IDENTIFICATION OF CABLE SYSTEM:
•	names	TYLER, TX 75701         (City, town, state, zip)         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.         IDENTIFICATION OF CABLE SYSTEM:         CANON CITY COMPLEX         MAILING ADDRESS OF CABLE SYSTEM:
•	names 1	TYLER, TX 75701         (City, town, state, zp)         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.         IDENTIFICATION OF CABLE SYSTEM:         CANON CITY COMPLEX
•	names 1	TYLER, TX 75701         (City, town, state, zip)         RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         IDENTIFICATION OF CABLE SYSTEM:         CANON CITY COMPLEX         MAILING ADDRESS OF CABLE SYSTEM:

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Accounting Period:		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	CEQUEL COMMUNICATIONS LLC	061270						
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	CANON CITY	СО						
Community	(CANON CITY COMPLEX)							
Add Rows as Necessary								

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICATIONS LLC											
	SECONDARY TRANSMISSION		SCRIB		.ES							
E	In General: The information in s					rtransmission se	ervice of th	ne cable				
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be).											
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											
	separately for the particular serv							-				
	Rate: Give the standard rate c	-	-	•			-					
	unit in which it is generally billed category, but do not include disc	· ·	,		y standaro	d rate variations	within a pa	articular rate				
	Block 1: In the left-hand block				es of seco	ondary transmiss	ion servic	e that cable				
	systems most commonly provide			Ű		-						
	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 a											
	sufficient.											
	BLO	OCK 1 NO. OF					BLOC	K 2 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	SMISS	IONS: RATES								
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were											
Г	not covered in space E, that is, those services that are not offered in combination with any secondary transmission											
Services	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services											
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:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	<b>Block 2:</b> 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.											
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SERV	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVIC	E RATE			
	Continuing Services:			tion: Non-resi		TUTE	0,1120					
	• Pay cable			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)	- 0		ervices:								
	• FM radio (if separate rate)			onnect		_						
	Converter			connect								
				let relocation								
			Juli	oc i olocation		_						
			• Mov	ve to new addre	22							

unting Period:	-			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER C			SYSTEM II 06127						
	CEQUEL COMMUNICATIONS LLC     0612/0       PRIMARY TRANSMITTERS:     TELEVISION									
<b>G</b> Primary ansmitters:	In General: In space G, idd carried by your cable syster FCC rules and regulations 76.59(d)(2) and (4), 76.61(	<b>General:</b> In space G, identify every television station (including translator stations and low power television stations) ried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 part-time basis, as explained in the next paragraph.								
Television	Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and	: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th	e Special Statement and Program	Log)—if the						
	Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	rogram services such as HBO, ESF -air designation. For example, repo vision station for broadcasting over	PN, etc. Identify each ort multistream the air in its community						
	educational station, by ento (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	<b>Column 3:</b> 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 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						
	KKTV-1	11	Ν	COLORADO SPRINGS, CO						
	KOAA-1	5	N	COLORADO SPRINGS, CO						
ows as Necessary	KRDO-1	13	N	COLORADO SPRINGS, CO						
	KTSC-1	8	Е	COLORADO SPRINGS, CO						
	KVSN-1	48	I	PUEBLO, CO						
	KXRM-1	21	I	COLORADO SPRINGS, CO						

EGAL NAME OF									SYSTEM 0612
PRIMARY TRANSMITTERS: RADIO n 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) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. dentify the call tate whether 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 location	I-Band FM Carriage: Under C 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 processor c mark in the "S/D" column. on (the community to which the the community with which the	t th sys nis ed	e 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 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	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGIN		3/0	LOCATION OF STATION	1	UNLL SIGIN		3/0	LOCATION OF STATION	
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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					061270	
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG					
I	In General: In space I, identif								
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 STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	<ul> <li>During the accounting peri</li> </ul>	od, did youi	r cable system	carry, on a substitute basis	s, any nonne	twork television	program	1	
Statement and Program Log	broadcast by a distant stat	ion?					YES	× NO	
i rogram zog	Neter If your analysis "No.	" loovo tha	reat of this new	a blank. If your anawar is "	Vee "veu mu				
	<b>Note:</b> If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	res, you mu	ust complete the	program	11	
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	MS						
	In General: List each substi			e line. Use abbreviations v	wherever pos	sible. if their me	anina is		
	clear. If you need more space						<u>-</u>		
				sion program ("substitute p					
	period, was broadcast by a under certain FCC rules, reg								
	Do not use general categori							1.	
	"NBA Basketball: 76ers vs.	Bulls."				1 2	,		
				"Yes." Otherwise enter "N					
				sting the substitute program e community to which the		nsed by the EC(	Cor in		
	the case of Mexican or Cana						0 01, 111		
	Column 5: Give the mon	th and day		em carried the substitute p			the mon	ith	
	first. Example: for May 7 giv					1.			
	to the nearest five minutes.			gram was carried by your o				У	
	stated as "6:00–6:30 p.m."		program carrie		10 p.m. to 0.2	.0.00 p.m. shour	u be		
				was substituted for progra					
	to delete under FCC rules a							am	
	was substituted for program effect on October 19, 1976.	iming mar y	our system was	s permitted to delete under	FUC fulles a	ind regulations in	n		
						EN SUBSTITUT			
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCURF 6. TIMES		<ol> <li>REASON FOR DELETION</li> </ol>	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO		
						_			
						_			
						_			
1	L	L							

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 061270
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 pss 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		
	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	1 340 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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		<u> </u>
	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# 061270
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	ions	ring the accounting period.	6 24
N Individual to Be Contacted		TO BE CONTACTED IF FUR	RTHER INFORMATION IS NEEDED (Ide count.)	ntify an individual	
for Further Information	Name	RODNEY HASKINS	5	Telephone (903)	) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, ap			
		TYLER, TX 75701 (City, town, state, zip)			
	Email		SKINS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATIO	N (This statement of account	must be certified and signed in accordan	ce with Copyright Office regulations)	
O Certification	• I, the undersig	ned, hereby certify that (Check	x one, <i>but only one</i> , of the boxes.)	system as identified in line 1 of space B; or	
	(Age		pration or partnership) I am the duly auth the owner is not a corporation or partnersh	orized agent of the owner of the cable system ip; 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 partner	ship) of the legal entity identified as owner of th	he cable system
	are true, comp		nd hereby declare under penalty of law that my knowledge, information, and belief, and		
			X /s/ Alan Dannenbaum	above to certify this statement.	
		Typed or print	ed name: ALAN DANNENBAU	Μ	
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or part	nership)	
		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	061270
<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> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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 Assessment
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
<ul> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.</li> </ul>	
Owner   Address   ID number First community served Accounting period	

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