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

			GHT OFFICE USE ONLY	Return completed workbook by
STATEM	ENT OF ACCOUNT	FOR COPYRIG	email to	
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
-	ems (Short Form)		\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab	of this workbook.	2/28/2023	ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	202	22 Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
в	Instructions: Give the full legal name of the owner of subsidiary, not that of the parent corpor		ary of another corporation, give the full corpora	te title of the
Owner	List any other name or names under whi	ch the owner conducts the business of the	e cable system.	
		e accounting period, only the owner on the yment covering the entire accounting perio	e last day of the accounting period should subm od.	iit a single
	Check here if this is the system's first fili	ng. If not, enter the system's ID number as	signed by the Licensing Division.	061699
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		

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
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM
SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM
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)
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 IDENTIFICATION OF CABLE SYSTEM:
QUEHANA STATE CORRECTIONAL INSTITUTION
MAILING ADDRESS OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)
 (Number, sueer, rurai roure, 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	FORM SA1-2E. PAGE 1b.							
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SAILZE, PAGE ID. SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	061699							
D Area Served	nstructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a eparate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete inincorporated 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 ommunity." Please use it as the first community on all future filings. Jote: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified ity.								
	CITY OR TOWN	STATE							
First Community	KARTHAUS	PA							
community	(QUEHANA SCI)								
Add Rows as Necessary									

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	CEQUEL COMMUNICATIONS LLC												
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIB	ERS AND RA	TES								
E	In General: The information in s	pace E should c	over all	categories of	secondary								
	system, that is, the retransmission												
Secondary Transmission	about other services (including p last day of the accounting period						iose existir	ng on the					
Service: Sub-							le svstem.	broken					
scribers and	Number of Subscribers: 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	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 charged for each category of service. Include both the amount of the charge and the												
	unit in which it is generally billed.	-	-	•			-						
	3 ,	· · ·	,		iy stanuar		within a pa						
	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 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	ind rates, in the	right-ha	nd block. A tw	o- or three	e-word description	on of the se	ervice is					
	sufficient.	OCK 1			T		BLOCK	(2					
		NO. OF						NO. OF) JF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI				
	Residential:												
	Service to first set		0	-									
	Service to additional set(s)												
	• FM radio (if separate rate)												
	Motel, hotel												
	Commercial		40	42.41									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	ONS: RATES									
F	In General: Space F calls for rat												
I	not covered in space E, that is, t service for a single fee. There ar												
Services	furnished at cost or (2) services				0		0()						
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. Block 2: List any services that your cable system furnished or offered during the accounting period that were not												
Rates	listed in block 1 and for which a				-								
	brief (two- or three-word) descrip												
		BLOCK 2											
		BI OC	BLOCK 1										
	CATEGORY OF SERVICE	r		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVIC	E RATE				
	CATEGORY OF SERVICE Continuing Services:	RATE (CATEG	ORY OF SER		RATE	CATEG		E RATE				
		RATE (CATEG nstalla			RATE	CATEG		E RATE				
	Continuing Services:	RATE (CATEG nstalla • Mote	tion: Non-res		RATE	CATEGO		E RATE				
	Continuing Services: • Pay cable	RATE (CATEG nstalla • Mote • Com	tion: Non-res el, hotel		RATE	CATEGO		E RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE (CATEG nstalla • Mote • Com • Pay	tion: Non-res el, hotel imercial	idential	RATE	CATEGO		E RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE (CATEG nstalla • Mote • Com • Pay • Pay	tion: Non-res el, hotel mercial cable	idential	RATE	CATEGO		E RATE				
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE (CATEG nstalla • Mote • Com • Pay • Pay • Fire	tion: Non-res el, hotel mercial cable cable-add'l ch	idential	RATE	CATEG		E RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE (CATEG nstalla • Mote • Com • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection	idential	RATE	CATEG		E RATE				
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	RATE (CATEG nstalla • Mote • Com • Pay • Pay • Fire • Burg Other s	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential	RATE	CATEG		ERATI				
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE (CATEG nstalla • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	idential	RATE	CATEG		E RATI				
	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)	RATE (CATEG nstalla • Mote • Com • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	idential	RATE	CATEG		E RATI				

ting Period:	2022/2			FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID							
	CEQUEL COMMUNIC	CATIONS LLC		06169							
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary	carried by your cable syste FCC rules and regulations	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	(1) stations carried only on a part- ne carriage of certain network prog	time basis under rams [sections							
Transmitters: Television	Substitute Basis Stations	as explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations:	arried by your cable system on a su	ubstitute program							
	• Do <i>not</i> list the station her station was carried <i>only</i> or	re in space G—but do list it in space I (th n a substitute basis.									
	basis. For further information Column 1: 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	see page (v) of the general instruc rogram services such as HBO, ES	ctions. PN, etc. Identify each							
	"WETA-2" as the same on Column 2: Give the chann	el number the FCC assigned to the tele									
		RC is channel 4 in Washington, D.C. h case whether the station is a network s	station, an independent station, or	a noncommercial							
	educational station, by enter	ering the letter "N" (for network), "N-M" (for network multicast), "I" (for inder	pendent), "I-M"							
		l, "E" (for noncommercial educational), o erms, see page (iv) of the general instru		tional multicast).							
	5		• •	n is licensed by the							
	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	CHANNEL NUMBER 3. TYPE OF STATION 4. LOC								
	WATM-1	23	N	ALTOONA, PA							
	WJAC-1	6	N	JOHNSTOWN, PA							
Necessary	WPCW-1	19	I	PITTSBURGH, PA							
	WPSU-1	3	Е	CLEARFIELD, PA							
	WTAJ-1	10	N	ALTOONA, PA							
	WWCP-1	8	<u>I</u>	JOHNSTOWN, PA							

EGAL NAME OF								SYSTEM I 0616
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r For detailed info paper 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 about m. lentify the call tate whether t the radio stati this by placing vive the statior	the sys be recein the Cop sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sp pyright Office regulations on thi each station carried. on is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e 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 ertain 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	
						<u> </u>		

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					061699
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
	In General: In space I, identit	y every non	network televisi	on program, broadcast by a	distant statio	on, that your cable	e system	carried on a
Substitute	substitute basis during the ac explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT	-			-			
Special	 During the accounting peri 				s. anv nonne	twork television r	oroaram	
Statement and Program Log	broadcast by a distant stat	-	,				res	× NO
Program Log	,							
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complete the	program	1
	log in block 2.		M0					
	2. LOG OF SUBSTITUTE In General: List each subst			e line. Use abbreviations v	wherever pos	sible if their me	aning is	
	clear. If you need more space						uning is	
				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 "N				
				sting the substitute progra e community to which the		need by the ECC	or in	
	the case of Mexican or Can						5 OI, III	
				em carried the substitute p			the mont	h
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				/
	stated as "6:00–6:30 p.m."	Example. a	program carrie	eu by a system nom 0.01.	15 p.m. to 0.2	.0.30 p.m. should	i De	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	required	,
	to delete under FCC rules a							m
	was substituted for program effect on October 19, 1976.	iming that y	our system was	s permitted to delete unde	r FCC rules a	and regulations in	1	
					WHE	EN SUBSTITUT	E	
	S		E PROGRAM			IAGE OCCURR		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. TIMES FROM —	то	
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 061699
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	9,296.80 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 \$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 \$ 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 Foc and			
Filing Fee and Total Remittance Due	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										FC	ORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC										SYSTEM ID# 061699
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot 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 channe e cable system carried televisi adcast services	total nun ch the ca ns els on broado	mber of a able 	activated char	nnels during	g the ad	ccounting peri	iod.		6 51	
N Individual to Be Contacted		OBE CONTACTED IF FURT t about this statement of acco		FORMAT	TION IS NEED	DED (Identif	iy an ind	dividual				
for Further Information	Name	RODNEY HASKINS							Telephone	(903) 57	9-3152	
	Address 	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		suite numb	er)							
	Email	RODNEY.HAS	KINS@A	ALTICE	USA.COM			Fax (option	al			
ο	CERTIFICATION	I (This statement of account m	iust be ce	ertified a	nd signed in a	accordance	with Co	opyright Office	e regulations)			
Certification	• I, the undersign	ned, hereby certify that (Check c	one, <i>but or</i>	only one ,	of the boxes.))						
	(Own	er other than corporation or p	oartnersh	hip) I am	the owner of t	the cable sys	stem as	s identified in li	ne 1 of space	B; or		
		in line 1 of space B and that the	ne owner i	is not a c	corporation or	partnership;	or			-		
		cer or partner) I am an officer (in line 1 of space B.								ner of the ca	ble system	
	are true, compl	d the statement of account and ete, and correct to the best of n tion 1001(1986)]										
	I		Х	/s/ A	lan Danne	nbaum						
					nic signature or Ising an "/s/ sig			ertify this state bhn Smith)	ment.			
		Typed or printed	d name:	ALA	N DANNE	NBAUM						
		Title:			RAMMING		ship)					
		Date:						2/28/20	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	061699
 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? X NO 	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	
 * 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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