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

STATEME	NT OF ACCOUNT	FOR COPYRIC	FOR COPYRIGHT OFFICE USE ONLY				
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>			
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 COVERED		ED BY THIS STATEMENT: (YY	YY/(Period))				
		Poriod 1 - January 1 June 30	Pariad 2 - July 1 December 31				

		2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20222 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
Periou		
		Instructions:
В		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		<b>RUCTIONS:</b> 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:
		FRACKVILLE STATE CORRECTIONAL INSTITUTION
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town state zin code)
		(City, town, state, zip code)

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	062825
D Area Served	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m city.	mmunity" is the same as a "community unit" as defined in FCC rules: "a d communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First Community	FRACKVILLE (FRACKVILLE SCI)	PA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							SA1-2E. PAGE
Name	CEQUEL COMMUNICAT	IONS LLC							06282
	SECONDARY TRANSMISSION								
E	In General: The information in s					transmission se	ervice of th	ne 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 Number of Subscribers: Both						o svetom	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n			0 / 1					
	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 standard	a 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			0					
	that applies to your system. Note			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					in the count und	er "Servic	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	that inc	lude one or mo	re second	ary transmission	ns), list the	em, together	
	with the number of subscribers a	ind rates, in the	right-ha	and block. A two	o- or three	-word descriptio	n of the se	ervice is	
	sufficient.	OCK 1					BLOC	()	
		NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		274	42.41					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES					
F	In General: Space F calls for rat	e (not subscribe	er) infor	mation with res	pect to all	your cable syste	em's servi	ces that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•	2				0 ( )		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-		· g ,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that				-				
	listed in block 1 and for which a s brief (two- or three-word) descrip				nea. List t	nese other servi	ces in the	IOF OF A	
	, , ,	BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVIC	E RATE
	Continuing Services:			tion: Non-resi					
	• Pay cable	-	• Mot	el, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	-		glar protection					
	<ul> <li>Additional set(s)</li> </ul>	- (		ervices:					
	• FM radio (if separate rate)			connect		-			
	• Converter		• Disc	connect					
				let relocation		-			
	1		2.46						
			• Mov	ve to new addre	SS	-			

ting Period: 2	2022/2			FORM SA1-2E. F	
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTE	
	CEQUEL COMMUNIC	ATIONS LLC		06	282
	PRIMARY TRANSMITTERS:				
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 the e)(2) and (4), or 76.63 (referring to 76.61	<ol> <li>(1) stations carried only on a part- e carriage of certain network progr</li> </ol>	time basis under rams [sections	
Ismitters:	substitute program basis, a Substitute Basis Stations	: With respect to any distant stations ca ules, regulations, or authorizations:			
	station was carried only or	e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried			
	<b>Column 1:</b> List each statio multicast stream associate	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	ogram services such as HBO, ES	PN, etc. Identify each	
	of license. For example, W	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	Ŭ		
	educational station, by enter (for independent multicast)	n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	or network multicast), "I" (for indep r "E-M" (for noncommercial educat	endent), "I-M"	
	Column 4: Give the location	on of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station	5	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WBRE-1	28	N	WILKES BARRE, PA	
	WNEP-1	16	N	SCRANTON, PA	
s as Necessary	WOLF-1	56	I	HAZLETON, PA	
	WSWB-1	38	I	SCRANTON, PA	
	WVIA-1	44	E	SCRANTON, PA	
	WYOU-1			······	
		22	N	SCRANTON, PA	
	W100-1	22	N	SCRANTON, PA	
		22	N	SCRANTON, PA	
			N	SCRANTON, PA	
			N	SCRANTON, PA	
			N	SCRANTON, PA	
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			N	SCRANTON, PA	
			N	SCRANTON, PA	
			N	SCRANTON, PA	
			N	SCRANTON, PA	

EGAL NAME OF									SYSTEM 062
	every radio s	station ca	rried on a separate and discrence of the second s					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 idgnal, 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 location	I-Band FM Carriage: Under ( tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. In is AM or FM. hal was electronically process at 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	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio	d: 2022/2						FOR	VI SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					062825
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identification substitute basis during the acception of the programming the second statement of the se	counting pe	riod, under spe	cific present and former FC	C rules, regula	tions, or auth	orizations. F	For a further
Carriage:	1. SPECIAL STATEMENT	-			5		I	
Special	During the accounting period	-			s. anv nonnet	work televisi	on program	ı
Statement and	broadcast by a distant stat				-,,			× NO
Program Log	,						YES	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lee abbreviations i	wherever nos	sible if their	meaning is	
	clear. If you need more space Column 1: Give the title	ce, please a of every nor	add additional r nnetwork televi	ows to the tables. sion program ("substitute p	program") tha	t, during the	accounting	
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
		n was broad		· "Yes." Otherwise enter "N sting the substitute progra				
		dcast statio	n's location (th	e community to which the	station is lice		FCC or, in	
			when your syst	em carried the substitute p	orogram. Use	numerals, w	ith the mon	ith
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	cable system	l ist the time	e accuratel	NV.
	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.					-		
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM			AGE OCCU		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. TII FROM –	MES - TO	DELETION
						_	-	
						_		
						_	-	
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Accounting Period:	2022/2	FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 06282
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service nount, see	9,836.17
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.	63,800.	
	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 th accounting period is \$52.00.	is 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 \$137,10	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 \$527,6	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	4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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 of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:			SYSTEM ID# 062825
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, and (2) the cable system otal number of channels on wh ried television broadcast station otal number of activated channel ne cable system carried televis	ions	g the accounting period.	6 52
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	RTHER INFORMATION IS NEEDED (Identify count.)	y an individual	
for Further Information	Name	RODNEY HASKINS		Telephone (903)	579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	-		
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM	Fax (optional	
0	CERTIFICATIO	N (This statement of account i	must be certified and signed in accordance	with Copyright Office regulations)	
Certification			x one, <i>but only one</i> , of the boxes.) r <b>partnership)</b> I am the owner of the cable sys	stem as identified in line 1 of space B; or	
	(Age		pration or partnership) I am the duly authoriz the owner is not a corporation or partnership;		s identified
	X (Off	<b>icer or partner)</b> I am an officer in line 1 of space B.	r (if a corporation) or a partner (if a partnershi	p) of the legal entity identified as owner of the	cable system
	are true, comp		nd hereby declare under penalty of law that all my knowledge, information, and belief, and ar		
	1		X /s/ Alan Dannenbaum		
			Enter an electronic signature on the line abo Enter signature using an "/s/ signature" (e.g.		
		Typed or printe	ed name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partners)	ship)	
		Date:		2/28/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06282
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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> </ul> </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
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	
<ul> <li>in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6</li></ul>	

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