This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

## SA1-2E Short Form

				Return completed workbook by
STATEME	NT OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	email to
	y Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@copyright.gov</li> </ul>
	ns (Short Form)		\$	For additional information, contact the U.S. Copyright
	of this workbook.	2/28/2023	ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2022	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 corporate	e title of the
Owner	List any other name or names under whi	ich 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 submit od.	t 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.	063270
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
-	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS			
		F CABLE SYSTEM		
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite	number)		
	TYLER, TX 75701			

 

 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
 1
 IDENTIFICATION OF CABLE SYSTEM: HIGH DESERT PRISON

 MAILING ADDRESS OF CABLE SYSTEM:
 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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	063270							
D Area	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								
Served	city.								
	CITY OR TOWN	STATE							
First	INDIAN SPRINGS	NV							
Community	(HIGH DESERT PRISON)								
Add Rows as Necessary									

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICATIONS LLC										
Е	SECONDARY TRANSMISSION In General: The information in s					transmission se	ervice of th	ne cable			
_	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary		put other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken										
Service: Sub-											
scribers and Rates	down by categories of secondary each category by counting the n			•	•						
Rates	separately for the particular serv							onargea			
	Rate: Give the standard rate c							e and the			
	unit in which it is generally billed	· · ·	,		y standaro	d rate variations	within a pa	articular rate			
	category, but do not include disc Block 1: In the left-hand block				on of anon	ndon transmiss	ion convio	a that apple			
	systems most commonly provide	•		0							
	that applies to your system. <b>Not</b>										
	categories, that person or entity	should be count	ted as a	a subscriber in e	each appli	cable category.	Example:	a residential			
	subscriber who pays extra for ca					in the count und	er "Service	e to the			
	first set" and would be counted of Block 2: If your cable system					convice that are	difforont fr	om thoso			
	printed in block 1 (for example, t	•		,							
	with the number of subscribers a										
	sufficient.	,	0			•					
	BL	OCK 1					BLOCK		-		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:	0000011122			0.111			CODOCIMPEINS			
	Service to first set		0	-							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		61	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: 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 ( )				
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:	<b>Block 1:</b> 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										
	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.										
		BLOC	CK 1					BLOCK 2			
	CATEGORY OF SERVICE			ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVIC	E RATE		
	Continuing Services:		Installa	tion: Non-resi	dential						
	• Pay cable	-	• Mot	el, hotel							
	<ul> <li>Pay cable—add'l channel</li> </ul>	-	• Con	nmercial							
	<ul> <li>Fire protection</li> </ul>		• Pay	cable							
	<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l ch	annel						
	Installation: Residential		• Fire	protection							
	• First set	-	• Burg	glar protection							
	<ul> <li>Additional set(s)</li> </ul>	_		ervices:							
	• FM radio (if separate rate)		• Rec	onnect		-					
	• Converter		• Disc	connect							
			• Out	let relocation		-					
							1				
			• Mov	/e to new addre	ess	-					

nting Period: 2	2022/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II 06327					
	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)								
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and	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 is explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th	(1) stations carried only on a part-the carriage of certain network programes of certain network program (2) and (2) and (2) certain state (2) and (3)]; and (2) certain state arried by your cable system on a subsect of the special Statement and Program d both on a substitute basis and als	time basis under rams [sections tions carried on a bstitute program Log)—if the so on some other					
		n's call sign. <i>Do not</i> report origination p	-	-					
	"WETA-2" as the same on	d with a station according to its over-the the form.	e-air designation. For example, rep	ort multistream					
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. In case whether the station is a network sering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), co erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of th	station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educat ictions in the paper SA1-2 form. the community to which the station	a noncommercial endent), "I-M" ional multicast). n is licensed by the					
	1. CALL SIGN	4. LOCATION OF STATION							
	KINC-1	15	I	LAS VEGAS, NV					
	KLAS-1	8	N	LAS VEGAS, NV					
ows as Necessary	KLVX-1	10	Е	LAS VEGAS, NV					
	KSNV-1	3	N	LAS VEGAS, NV					
	KTNV-1	13	N	LAS VEGAS, NV					
	KVCW-1	33	I	LAS VEGAS, NV					
	KVVU-1	5	I	HENDERSON, NV					

	MMUNICA	TIONS	LLC						063
	t every radio s	tation ca	rried on a separate and discrenter and discrenter and discrenter and discrenter and the second second second se					ied on an	н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abour 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 locatio	I-Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. hal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	tt sy: his econe	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	
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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					063270
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
	In General: In space I, identit							
Substitute	substitute basis during the ac explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE 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 enours is "No.	" loovo tha	reat of this new	a blank. If your anowar is "	Vee "veu mu			
	<b>Note:</b> If your answer is "No,	leave the	rest of this pag	e blank. Il 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 subst			te line. Use abbreviations v	wherever pos	sible, if their me	aning 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							1.
	"NBA Basketball: 76ers vs.	Bulls."				1 /	,	
				"Yes." Otherwise enter "N				
				sting the substitute program e community to which the		unsed by the FC(	Cor in	
	the case of Mexican or Can						0 01, 11	
	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. shou	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	and 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 —	ТО	
						<u>_</u>		
						_		
						_		
						_		
1		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# 063270
			063270
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	7 <b>,752.00</b> pss receipts)
	COPYRIGHT ROYALTY FEE		-
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$200 but less than or equal to \$200 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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)	
	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	<u> </u>	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foo 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				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	:		SYSTEM ID# 063270
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 station otal number of activated channe ne cable system carried televis	ions	e accounting period.	7
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	RTHER INFORMATION IS NEEDED (Identify an count.)	n individual	
for Further Information	Name	RODNEY HASKINS	3	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	
	CERTIFICATIO	N (This statement of account i	must be certified and signed in accordance wit	h Copyright Office regulations)	
O Certification			k one, <i>but only one</i> , of the boxes.) <b>r partnership)</b> I am the owner of the cable system	n as identified in line 1 of space B; or	
		in line 1 of space B and that	oration or partnership) I am the duly authorized t the owner is not a corporation or partnership; or er (if a corporation) or a partner (if a partnership) o		
	are true, comp		nd hereby declare under penalty of law that all stat f my knowledge, information, and belief, and are n		
	1		X /s/ Alan Dannenbaum		
			Enter an electronic signature on the line above f Enter signature using an "/s/ signature" (e.g., /s		
		Typed or printe	ted name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING (Title of official position held in corporation or partnership)	)	
		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	063270
<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> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
<ul> <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> </ul>	
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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