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

				Detum completed workheeld by
STATEMEN	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary	Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
-	s (Short Form)		\$	For additional information, contact the U.S. Copyright
General instructi in the first tab of		2/28/2023		Office Licensing Division at (202) 707-8150.
	uns workbook.		ALLOCATION NUMBER	
AA	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY Period 1 = January 1 - June 30	/'Y/(Period)) Period 2 = July 1 - December 31	
Accounting Period	202	22 Barcode Data Filing Period (optional -	see instructions)	
В	Instructions: Give the full legal name of the owner of subsidiary, not that of the parent corpor		ry of another corporation, give the full corpora	te title of the
Owner	List any other name or names under wh	ich the owner conducts the business of the	cable system.	
		e accounting period, only the owner on the yment covering the entire accounting perio	last day of the accounting period should subm d.	it a single
	Check here if this is the system's first fili	ng. If not, enter the system's ID number ass	signed by the Licensing Division.	063277
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS	i		
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	3027 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite TYLER, TX 75701	e number)		
	(City, town, state, zip)			

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.

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.

С

System

1

2

IDENTIFICATION OF CABLE SYSTEM:

N NEVADA RESTITUTION MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	063277							
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	RENO	NV							
Community	(N NEVADA RESTITUTION)								
Add Rows as Necessary									

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICAT	IONS LLC							06327			
E	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable											
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information											
Secondary	about other services (including p	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the ast day of the accounting period (June 30 or December 31, as the case may be).										
Transmission												
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•										
Rates	each category by counting the n			•	•							
	separately for the particular serv							g				
	Rate: Give the standard rate c	-	-	•			-					
	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				as of seco	ndary transmiss	ion servic	e that cable				
	systems most commonly provide	•		0								
	that applies to your system. Not											
	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 of Block 2: If your cable system					service that are	different fr	om those				
	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											
	sufficient.		-									
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI			
	Residential:											
	 Service to first set 		0	-								
	 Service to additional set(s) 											
	 FM radio (if separate rate) 											
	Motel, hotel											
	Commercial		12	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	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		· · · · · · · · · · · · · · · · · · ·	···· , ··· , ···				· J ,				
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) description and include the rate for each.											
	, , ,			BLOCK 2								
	CATEGORY OF SERVICE	BLOC RATE		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		• Pay	cable-add'l cha	annel							
	Installation: Residential		• Fire	protection								
	First set	-	• Burg	glar protection								
	 Additional set(s) 	- (ervices:								
	• FM radio (if separate rate)			onnect		-						
	• Converter		• Disc	connect								
				et relocation		-						
	1		2.44				J					
			• Mov	e to new addre	SS	_						

counting Period: 2	2022/2			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID 06327						
	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS:									
G Primary Transmitters: Television	FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann 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	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. 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: • Do <i>not</i> 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 <i>only</i> on a substitute basis. • 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. Column 1: List each station's call sign. <i>Do not</i> 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. 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. 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), "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. Column 4: Give the location of each station. For U.S. stations, list the community which the testation is lice								
	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									
	KNPB-1	5	Е	RENO, NV						
	KOLO-1	8	 N	RENO, NV						
Add Rows as Necessary	KREN-1	27	1	RENO, NV						
aa nows as necessary	KRNS-1	46		RENO, NV						
	KRNV-1	4	N	RENO, NV						
	KRXI-1	11	1	RENO, NV						
	KTVN-1	2	N							
	KIVN-1	2	<u>N</u>	RENO, NV						

CEQUEL CO	MMUNICA								SYSTEM 063
	every radio s	tation ca	arried on a separate and discre					ied on an	н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: 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 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. nal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the	t th sys his sed	ne 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 vstem as a sep 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	
		5,5		T	S. ILL CION		5,0		
				ŀ					
				-					
				_					
				-					
				-					
				-					
				_					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				_					

Accounting Perio	d: 2022/2					I	FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C				063277
	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 Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television prog	gram
Program Log	broadcast by a distant stat	ion?				YES	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If vour answer is "	Yes." vou mu		
	log in block 2.			o zialini il jour allonoi io	, journe		9.4
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their meanir	ng is
	clear. If you need more space				program") that	t during the accourt	ting
	period, was broadcast by a			sion program ("substitute p ur cable system substituted			
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further information	ation.
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Love Lucy	" or
	"NBA Basketball: 76ers vs.		loast live enter	"Yes." Otherwise enter "N	lo "		
				sting the substitute progra			
				e community to which the			, in
	the case of Mexican or Can						manth.
	first. Example: for May 7 giv		when your syst	em carried the substitute p	logram. Use	numerais, with the	monun
			substitute prog	gram was carried by your o	able system.	List the times accu	rately
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be	•
	stated as "6:00–6:30 p.m."	vr"D" if the	listed program	was substituted for progra	mming that y	our system was rea	uirod
	to delete under FCC rules a						
	was substituted for program						C C
	effect on October 19, 1976.						
					WHF	N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM			AGE OCCURRED	
	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 — T	DELETION
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 063277
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 an 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	2,985.00
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 th accounting period is \$52.00.	nis 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		
	2. Either announced gross receipts non-space R 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		
	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 mo		

Accounting Period:	2022/2						FOF	RM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:						SYSTEM ID# 063277
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	You must give (1) the numbe bers, and (2) the cable system otal number of channels on wh ried television broadcast static otal number of activated chann he cable system carried televis oadcast services	's total number of nich the cable ons nels sion broadcast st	of activated channels during	the accounting per	iod.	7 18	
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acco		ATION IS NEEDED (Identify	/ an individual			
for Further Information	Name	RODNEY HASKINS				Telephone (90	03) 579-3152	
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	-	nber)				
	Email	RODNEY.HAS	SKINS@ALTIC	EUSA.COM	Fax (option	nal		
O Certification		N (This statement of account r		-	with Copyright Offic	e regulations)		
	 (Age X (Off I have examin are true, comp 	 ner other than corporation or nt of owner other than corpo in line 1 of space B and that icer or partner) I am an officer in line 1 of space B. ed the statement of account and olete, and correct to the best of action 1001(1986)] 	ration or partne the owner is not a (if a corporation) d hereby declare	rship) I am the duly authorize a corporation or partnership;) or a partner (if a partnership under penalty of law that all s	ed agent of the owne or o) of the legal entity ic statements of fact cc	er of the cable syste dentified as owner o ontained herein	em as identified	
			Enter an electr	Alan Dannenbaum onic signature on the line abov e using an "/s/ signature" (e.g.,		ement.		
		Typed or printe	ed name: AL	AN DANNENBAUM				
		Title:		OGRAMMING	hip)			
		Date:			2/28/20	23		

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 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	063277
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address 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	
 * 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	

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.