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

063278

STATEME		FOR COPYRI	Return completed workbook by email to	
or Secondary Transmissions by Cable Systems (Short Form) General instructions are located In the first tab of this workbook.		DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
		2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	′YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

20222 Barcode Data Filing Period (optional - see 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

If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single

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.

List any other name or names under which the owner conducts the business of the cable system.

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.

statement of account and royalty fee payment covering the entire accounting period.

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)

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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

В

Owner

С

System

1

2

Instructions:

subsidiary, not that of the parent corporation.

CEQUEL COMMUNICATIONS LLC

SUDDENLINK COMMUNICATIONS

IDENTIFICATION OF CABLE SYSTEM:

PARKHOUSE PROV PNT MAILING ADDRESS OF CABLE SYSTEM:

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

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

3027 S SE LOOP 323

TYLER, TX 75701 (City, town, state, zip)

(City, town, state, zip code)

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

Accounting Period:		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063278					
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.	munity" is the same as a "community unit" as defined in FCC rules: "a communities within unincorporated areas and including single, discrete I serve as a form of system identification hereafter known as the "first					
Area Served	ICITY.						
	CITY OR TOWN	STATE					
First Community	ROYERSFORD (PARKHOUSE PROV PNT)	PA					
<b> ,</b>							
Add Rows as Necessary							

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	CEQUEL COMMUNICAT	IONS LLC							06327			
	SECONDARY TRANSMISSION				TES.							
E	In General: The information in s					transmission se	ervice of th	e cable				
	system, that is, the retransmission											
Secondary	about other services (including p						iose existii	ng on the				
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						o system	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 standaro	d rate variations	within a pa	articular rate				
	Block 1: In the left-hand block				es of seco	ondarv transmiss	ion service	e that cable				
	systems most commonly provide	•		0								
	that applies to your system. Note	e: Where an ind	ividual	or organization	is receivir	ng service that fa	alls under o	different				
	categories, that person or entity						•					
	subscriber who pays extra for ca first set" and would be counted o					in the count und	er "Service	e to the				
						service that are	different fro	om 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	ind rates, in the	right-ha	and block. A two	o- or three	-word description	n of the se	ervice is				
	sufficient.						DI OOI	<u> </u>				
	BL	OCK 1 NO. OF					BLOCK	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	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		12	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	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	•	2		-		0 ( )					
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the	rate column.				-		0				
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.											
	, , ,	BLOC	CK 1					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	-	• Cor	nmercial								
	Fire protection		• Pay	cable								
	•Burglar protection		• Pay	cable-add'l ch	annel							
	Installation: Residential		• Fire	protection								
	• First set	-	• Bur	glar protection								
	<ul> <li>Additional set(s)</li> </ul>	_		ervices:								
	• FM radio (if separate rate)		• Rec	onnect		-						
	• Converter		• Disc	connect								
			• Out	let relocation		-						
			• Mo\	/e to new addre	ess	-						

unting Period: 2	2022/2			FO	RM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:			SYSTEM ID 06327				
	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ransmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) 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. <b>Substitute Basis Stations:</b> 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. <b>Column 1:</b> 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. <b>Column 2:</b> 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. <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								
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	ne community with which the station 3. TYPE OF STATION	h is identified. 4. LOCATION OF S	TATION				
	KYW-1	3	N	PHILADELPHIA, PA					
	WCAU-1	10	N	·····					
		10		PHILADELPHIA, PA					
Rows as Necessary	WHYY-1 WPHL-1	17	E	PHILADELPHIA, PA PHILADELPHIA, PA					
			I						
	WPSG-1	57	I	PHILADELPHIA, PA					
	WPVI-1	6	. N	PHILADELPHIA, PA					
	WTXF-1	29	N 	PHILADELPHIA, PA					
			N   						
	WTXF-1	29	N   	PHILADELPHIA, PA					
	WTXF-1	29	N   	PHILADELPHIA, PA					
	WTXF-1	29	N   	PHILADELPHIA, PA					
	WTXF-1	29	N   	PHILADELPHIA, PA					
	WTXF-1	29	N   	PHILADELPHIA, PA					
	WTXF-1	29		PHILADELPHIA, PA					
	WTXF-1	29		PHILADELPHIA, PA					
	WTXF-1	29		PHILADELPHIA, PA					
	WTXF-1	29		PHILADELPHIA, PA					
	WTXF-1	29		PHILADELPHIA, PA					
	WTXF-1	29		PHILADELPHIA, PA					
	WTXF-1	29		PHILADELPHIA, PA					

	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 location	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	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		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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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				063278
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG			
	In General: In space I, identit	y every non	network televisi	on program, broadcast by a	<i>distant</i> static	on, that your cable sy	stem carried on a
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 basi	s, any nonne	twork television pro	gram
Statement and Program Log	broadcast by a distant stat	ion?				YE	s 🗙 NO
	Note: If your answer is "No.	" loovo tho	rost of this pag	o blank. If your answer is "			
	<b>Note:</b> If your answer is "No,	leave the	rest of this pag	e blarik. Il your allswel is	res, you mu	ust complete the pro	gram
	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 meani	ng is
	clear. If you need more space	ce, please a	add additional r	ows to the tables.			-
	<b>Column 1:</b> Give the title operiod, was broadcast by a			sion program ("substitute p			
	under certain FCC rules, reg						
	Do not use general categori						
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vaa " Othanuiga antar "N	lo."		
				"Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		ensed by the FCC or	r, in
	the case of Mexican or Can						
	first. Example: for May 7 giv		when your syst	em carried the substitute p	program. Use	e numerals, with the	month
			substitute prog	gram was carried by your o	cable system.	. List the times accu	irately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	r "D" if the	liated program	was substituted for progra	mming that w	our oveter wee ree	wired
	to delete under FCC rules a						
	was substituted for program						0
	effect on October 19, 1976.						
					WHF	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			IAGE OCCURRED	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		DELETION
						_	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063278
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	5,013.35 ss 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 \$200,000 but less than \$100,000 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	<b>\$</b>	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		
Eiling Foot 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 #		
	<b>Important:</b> 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# 063278
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 static otal number of activated channel ne cable system carried televis	ons	nels during the a	ccounting period.	8
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acco	THER INFORMATION IS NEEDI	ED (Identify an ir	dividual	
for Further Information	Name	RODNEY HASKINS			Telephone (903)	) 579-3152
	Address	(Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	-			
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM		Fax (optional	
ο	CERTIFICATIO	N (This statement of account r	nust be certified and signed in a	ccordance with C	opyright Office regulations)	
Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of th	e cable system a	s identified in line 1 of space B; or	
	(Age		ration or partnership) I am the di the owner is not a corporation or p		ent of the owner of the cable system a	as identified
	<ul> <li>I have examin are true, comp</li> </ul>	in line 1 of space B. ed the statement of account and	(if a corporation) or a partner (if a d hereby declare under penalty of l my knowledge, information, and be	law that all statem		ne cable system
			X /s/ Alan Danner	ıbaum		
			Enter an electronic signature on Enter signature using an "/s/ sign		•	
		Typed or printe	d name: ALAN DANNER	NBAUM		
		Title:	SVP, PROGRAMMING			
		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	063278
<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     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	
<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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