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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	Return completed workbook by email to	
DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	COUNTING PERIOD COVERED BY THIS	STATEMENT: (YY	YY/(Period))	
	2022/2 Period 1 =	January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period	20222 Barcode D	ata Filing Period (optional	- see instructions)	
Period				
В	Instructions: Give the full legal name of the owner of the cable syst subsidiary, not that of the parent corporation.	em. If the owner is a subsidi	ary of another corporation, give the full corporate title of t	he
Owner	List any other name or names under which the owner	conducts the business of the	e cable system.	
	If there were different owners during the accounting p statement of account and royalty fee payment coverin		e last day of the accounting period should submit a single od.	
	Check here if this is the system's first filing. If not, ente	er the system's ID number as	ssigned by the Licensing Division.	063279
	LEGAL NAME OF OWNER/MAILING ADDRES			
	LEGAL NAME OF OWNER/MAILING ADDRES	SOF CABLE STSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER OF CABLE S	STEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF CABLE SY	STEM		
	3027 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701			
	(City, town, state, zip)			
С			tify the business and operation of the system unl	
C	nes already appear in space B. In line 2, give the	e mailing address of the	e system, if different from the address given in sp	bace B.
System	IDENTIFICATION OF CABLE SYSTEM:			
	PIOCHE CONSERVATION CAMP			
	MAILING ADDRESS OF CABLE SYSTEM:			
	(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	063279					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, dis 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 "f 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 iden city.						
Served							
	CITY OR TOWN	STATE					
First	PIOCHE	NV					
Community	(PIOCHE CONS CAMP)						
Add Rows as Necessary							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							SA1-2E. PAGE	
Name	CEQUEL COMMUNICAT	IONS LLC							06327	
E	SECONDARY TRANSMISSION In General: The information in s					rtransmission se	ervice of th	ne cable		
	system, that is, the retransmission	on of television a	and rad	io broadcasts b	y your sys	stem to subscrib	ers. Give i	information		
Secondary	about other services (including p						iose existi	ng on the		
Transmission	last day of the accounting period Number of Subscribers: Both						la avotam	brokon		
Service: Sub- scribers and	down by categories of secondary	•								
Rates	each category by counting the n									
	separately for the particular serv	ice at the rate in	dicated	I-not the num	per of sets	s receiving servi	ce).	-		
	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				es of seco	ondary transmiss	ion servic	e that cable		
	systems most commonly provide	•		Ű		•				
	that applies to your system. Note									
	categories, that person or entity				• •		•			
	subscriber who pays extra for ca					in the count und	ler "Servic	e to the		
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those		
	printed in block 1 (for example, t	•		•						
	with the number of subscribers a									
	sufficient.		-							
	BL	OCK 1 NO. OF					BLOC	K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		0	-						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		32	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	•		•	•		0 ()			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		,	···· , ··· , ···				· g ,		
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.									
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SERV		RATE	CATEG	BLOCK 2 ORY OF SERVIC	E RATE	
	Continuing Services:			tion: Non-resi			CAILO	ORT OF SERVIC		
	Pay cable			el, hotel						
	Pay cable—add'l channel			nmercial						
	Fire protection			cable						
	•Burglar protection			cable-add'l cha	annel					
	Installation: Residential			protection						
	First set			glar protection						
	Additional set(s)			ervices:						
	• FM radio (if separate rate)			onnect						
	• Converter			connect						
	Convertor			let relocation						
	1		Jul	ICC I CIUCALIUII		-				
			• Max	e to new addre						

ounting Period: 2	2022/2			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID						
	CEQUEL COMMUNIC	ATIONS LLC		06327						
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Transmitters: 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. 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. 									
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	-	-						
	"WETA-2" as the same on	the form.	.							
	of license. For example, W Column 3: Indicate in each educational station, by ente (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. a case whether the station is a network s ering the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c erms, see page (iv) of the general instru n 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 statior	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						
		, , , , , , , , , , , , , , , , , , ,	•							

EGAL NAME OF									SYSTEM I 0632
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl					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 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 C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which the the community with which the	t ti sys nis ed	he system's hea stem's FM anter point, see page I by the cable sy station is licens	idend, 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	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL JIGIN		3/0	LOCATION OF STATION	1	UALL SIGN		3/0	LOCATION OF STATION	
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Accounting Perio	d: 2022/2						FORM	I SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					063279
	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	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special	 During the accounting peri 	od, did youi	r cable system	carry, on a substitute basis	s, any nonne	twork television	program	
Statement and Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No.	" loovo tho	rost of this pag	o blank. If your answer is "				
	Note: If your answer is "No,	leave the	rest of this pag	e blank. Il your answer is	res, you mu	ust complete the	program	I
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	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.			-	
	Column 1: Give the title operiod, was broadcast by a			sion program ("substitute p				on.
	under certain FCC rules, req							
	Do not use general categori							
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vee " Otherwise enter "N	~ "			
				"Yes." Otherwise enter "N sting the substitute program				
				e community to which the		ensed by the FCC	C or, in	
	the case of Mexican or Can							
	first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	e numerals, with t	the mon	th
			substitute prog	gram was carried by your c	able system	. List the times a	ccuratel	V
	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 y	our ovotom waa	roquiroo	
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
					WHE	EN SUBSTITUT	F	
	S	UBSTITUT	E PROGRAM			IAGE OCCURR		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. TIMES FROM —	то	DELETION
						_		
						_		
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Accounting Period:	2022/2 FOR	M SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063279
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	vice
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 \$263,800. 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. 	
	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 this six-mor accounting period is \$52.00.	nth
	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 \$137,100)	
	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	0.00
	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 \$ 263,800.00	
	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) \$ 1,319.0	0
	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	<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.0	0
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	0
	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 Copyrig See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	:		SYSTEM ID# 063279
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 ar count.)	n individual	
for Further Information	Name	RODNEY HASKINS	5	Telephone (903) 57	9-3152
	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 with	n Copyright Office regulations)	
O Certification			k one, <i>but only one</i> , of the boxes.) r partnership) 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 icer or partner) I am an officer	oration or partnership) I am the duly authorized a t the owner is not a corporation or partnership; or er (if a corporation) or a partner (if a partnership) or		
	are true, comp		nd hereby declare under penalty of law that all stat f my knowledge, information, and belief, and are m		
	ĺ		X /s/ Alan Dannenbaum		
			Enter an electronic signature on the line above t 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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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	063279
 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? 	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	
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	
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	
 (interest charge) * 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. 	
(interest charge) * 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.	
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