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		FOR COPYRI	Return completed workbook by email to	
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
<i>Cable Systems (Short Form)</i> 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		D BY THIS STATEMENT: (Y)	'YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

Accounting		20222 Barcode Data Filing Period (optional - see instructions)	
Period			
		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.	063281
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	I	STEWART CONSERVATION CAMP	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	_	(number, surea, rurar route, apartment, of 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.

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	CEQUEL COMMUNICATIONS LLC	063281					
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	CARSON CITY	NV					
Community	(STEWART CONS CAMP)						
Add Rows as Necessary							

	FOI LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICAT	IONS LLC							06328		
					50						
Ε	SECONDARY TRANSMISSION In General: The information in s					rtransmission se	ervice of th	ne cable			
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Secondary							iose existii	ng on the			
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	down by categories of secondary	•									
Rates	each category by counting the n			0 / 1							
	separately for the particular serv	ice at the rate in	ndicated	I-not the numb	er of sets	s receiving servi	ce).	-			
	Rate: Give the standard rate c	-	-	•			-				
	unit in which it is generally billed category, but do not include disc	· ·	,		/ standard	d rate variations	within a pa	articular rate			
	Block 1: In the left-hand block				es of seco	ondarv transmiss	ion servic	e that cable			
	systems most commonly provide	•		•		•					
	that applies to your system. Note	e: Where an ind	lividual	or organization	s 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 "Servic	e to the			
	Block 2: If your cable system					service that are	different fro	om those			
	printed in block 1 (for example, t	0		•							
	with the number of subscribers a	ind rates, in the	right-ha	and block. A two	- or three	e-word description	n of the se	ervice is			
	sufficient.						DI OOI	()			
	BLO	OCK 1 NO. OF					BLOCK	NO. OF	T		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		0	-							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		7	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											
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:	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.										
		BLOO						BLOCK 2			
	CATEGORY OF SERVICE			ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVIC	E RATE		
	Continuing Services:			tion: Non-resid							
	• Pay cable	-	• Mot	el, hotel							
	• Pay cable—add'l channel	-		nmercial							
	Fire protection		• Pay	cable							
	•Burglar protection			cable-add'l cha	innel						
	Installation: Residential			protection							
	First set	-		glar protection							
	 Additional set(s) 	-		ervices:							
	• FM radio (if separate rate)			onnect		-					
	• Converter		• Disc	connect							
				let relocation		-					
	1		2.46			1	J				
			• Mov	e to new addre	SS	_					

Name	LEGAL NAME OF OWNER O			SYSTEM ID						
	CEQUEL COMMUNIC	CATIONS LLC		06328						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary	carried by your cable syste FCC rules and regulations	General: In space G, identify every television station (including translator stations and low power television stations) rried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections .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								
ransmitters: Television	substitute program basis, a Substitute Basis Stations	se explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations:								
	station was carried only or	re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried								
	Column 1: List each static multicast stream associate	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the	rogram services such as HBO, ES	PN, etc. Identify each						
	of license. For example, W	the form. lel number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. h case whether the station is a network s	C C	·						
	educational station, by ent (for independent multicast) For the meaning of these t	ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), on erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list	or network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form.	pendent), "I-M" tional multicast).						
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	e community with which the statio	n is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KNPB-1	5	E	RENO, NV						
	KNPB-1 KOLO-1	<u>5</u> 8	<u> </u>	RENO, NV RENO, NV						
Rows as Necessary										
Rows as Necessary	KOLO-1	8		RENO, NV						
Rows as Necessary	KOLO-1 KREN-1	8 27		RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1	8 27 46	N 	RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N I I N I	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1	8 27 46 4	N 	RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N I I N I	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N I I N I	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N I I N I	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N I I N I	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N I I N I	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N I I N I	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N I I N I	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N I I N I	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV						
Rows as Necessary	KOLO-1 KREN-1 KRNS-1 KRNV-1 KRXI-1	8 27 46 4 11	N I I N I	RENO, NV RENO, NV RENO, NV RENO, NV RENO, NV						

EGAL NAME OF									SYSTEM 063
	t every radio s	station ca	rried 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: lo Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether to 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. nal 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	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	
		5,0			UNEL OIGH		5,0	LOOMING 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					063281
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							carried on a
Substitute	<i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
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
i rogram zog	Neter If your analysis "No.	" loovo tha	reat of this neg	a blank. If your anowar is "	Vee "veu mu			
	Note: If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	res, you mu	ust complete the	program	1
	log in block 2. 2. LOG OF SUBSTITUTE		M0					
	In General: List each substi			te line. Use abbreviations v	wherever pos	sible if their me	aning is	
	clear. If you need more space						anng io	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							•
	"NBA Basketball: 76ers vs.			Locioposino program		ap.o,o.o _	,	
				"Yes." Otherwise enter "N				
				sting the substitute program e community to which the		need by the ECC	or in	
	the case of Mexican or Can						J 01, 111	
				em carried the substitute p			the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				/
	stated as "6:00–6:30 p.m."	Example. a	program carrie	eu by a system nom 0.01.1	5 p.m. to 0.2	.o.oo p.m. should	1 DE	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	required	1
	to delete under FCC rules a							ım
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete undel	r FCC rules a	and regulations in	ו	
					WHE	EN SUBSTITUT	E	
	S		E PROGRAM			IAGE OCCURR		7. REASON FOR DELETION
	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	
						_		
						_		
						_		
						_		
1		L	l		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# 063281
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	,689.00 ss receipts)
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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 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 \$ 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 \$ 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 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		
	7. TOTAL ROTALTT FEE PATABLE 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 m		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	:		SYSTEM ID# 063281
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 17
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) 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 with	n Copyright Office regulations)	
O Certification			< 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 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 t Enter signature using an "/s/ signature" (e.g., /s		
		Typed or printe	ed 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	063281
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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	

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