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**

				Return completed workbook by	
STATEME	INT OF ACCOUNT	FOR COPYRIC	email to		
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
-	ctions are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at	
in the first tab of this workbook.		2/28/2023	ALLOCATION NUMBER	(202) 707-8150.	
Α	ACCOUNTING PERIOD COVERED	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)		
Accounting Period		J			
В	Instructions: Give the full legal name of the owner of th subsidiary, not that of the parent corporat		ary of another corporation, give the full corporat	te title of the	
Owner	List any other name or names under which	n the owner conducts the business of the	e cable system.		
	If there were different owners during the a statement of account and royalty fee payn		e last day of the accounting period should subm od.	it a single	
	Chaely have if this is the system's first filling	If not option the system's ID symbols	esigned by the Licensing Division	063352	

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

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
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)	
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 IDENTIFICATION OF CABLE SYSTEM:	
MACK ALFORD CORRECTIONAL FACILITY	
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.

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Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	063352							
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	STRINGTOWN	OK							
Community	(MACK ALFORD CORR)	ОК							
Add Rows as Necessary									
Add nows as necessary									

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICAT	IONS LLC							06335		
E	SECONDARY TRANSMISSION In General: The information in s					rtransmission se	ervice of th	ie cable			
	system, that is, the retransmission	on of television a	and rad	io broadcasts b	y your sys	stem to subscrib	ers. Give i	nformation			
Secondary	about other services (including p						ose existir	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											
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular serv	ice at the rate ir	ndicated	I-not the num	per 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	· · ·	,		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	•		Ũ		-					
	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					in the count und	er "Service	e to the			
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from 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	ind rates, in the	right-ha	and block. A two	o- or three	e-word description	n of the se	ervice is			
	sufficient.						DI OOI	<u> </u>			
	BLU	OCK 1 NO. OF					BLOCK	NO. OF			
	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		4	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 un										
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.										
	BLOCK 1							BLOCK 2			
	CATEGORY OF SERVICE			ORY OF SERV	'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 cha	annel						
	Installation: Residential		• Fire	protection							
	• First set	-	• Bur	glar protection							
	 Additional set(s) 			ervices:							
	• FM radio (if separate rate)		• Rec	connect		-					
	• Converter		• Disc	connect							
			• Out	let relocation		-					
	1										
			• Mo\	e to new addre	SS	-					

ting Period: 2				FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER O			SYSTEM I						
	CEQUEL COMMUNIC			0633						
	PRIMARY TRANSMITTERS: TELEVISION									
G	carried by your cable system	General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
rimary	6.59(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									
smitters: levision	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									
		ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis.	ne Special Statement and Program L	.og)—if the						
	basis. For further information	also in space I, if the station was carried on concerning substitute basis stations,	see page (v) of the general instructi	ons.						
		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	5	-all designation. Tor example, repo							
		el number the FCC assigned to the tele	vision station for broadcasting over	he air in its community						
		RC is channel 4 in Washington, D.C. a case whether the station is a network s	station an independent station or a	noncommercial						
		ering the letter "N" (for network), "N-M" (•							
		, "E" (for noncommercial educational), o		onal multicast).						
	0	erms, see page (iv) of the general instru on of each station. For U.S. stations, list		is licensed by the						
		dian stations, if any, give the name of the	,	5						
	1. CALL SIGN	4. LOCATION OF STATION								
	KTEN-1	10	N	ADA, OK						
	KTEN-2	10.2	I-M	ADA, OK						
Rows as Necessary		40.0								
	KTEN-3	10.3	N-M	SHERMAN, TX						
vs as Necessary	KTEN-3 KXII-1	10.3	N-M N	SHERMAN, TX SHERMAN, TX						
vs as Necessary										
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
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vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						
vs as Necessary	KXII-1	12	N	SHERMAN, TX						

EGAL NAME OF									SYSTEM 063
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of i 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. 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 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 processes (mark in the "S/D" column. on (the community to which the the community with which the	t th sys nis ed	e system's hea stem's FM anter point, see page by the cable sy station is licens	dend, and (2) ana, during ce e (v) of the ge estem 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	
CALL OIGH		5,0		1	UNEL UIGH		5,0	LOOMING 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				063352
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG			
	In General: In space I, identit	fy every non	network televisi	on program, broadcast by a	distant static	on, that your cable s	system carried on a
Substitute	substitute basis during the ac explanation of the programmi						
Carriage:	1. SPECIAL STATEMENT				•		
Special	 During the accounting peri 				s. anv nonne	twork television pr	rogram
Statement and Program Log	broadcast by a distant stat	-	, ,	3 ,	, ,		
Program Log	,						
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complete the p	rogram
	log in block 2.		MO				
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sible if their mear	nina is
	clear. If you need more space				wherever poe		ing is
				sion program ("substitute p			
	period, was broadcast by a						
	under certain FCC rules, reg Do not use general categori						
	"NBA Basketball: 76ers vs.	Bulls."					-,
				"Yes." Otherwise enter "N			
				sting the substitute progra e community to which the		unsed by the ECC	or in
	the case of Mexican or Can						01, 111
	Column 5: Give the mon	th and day		em carried the substitute p			e month
	first. Example: for May 7 giv					1 :	
	to the nearest five minutes.			gram was carried by your o ad by a system from 6:01:1			
	stated as "6:00–6:30 p.m."	Example: a	program carri		o p.iii. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						program
	effect on October 19, 1976.	inning that y	our system wa				
		UBSTITUT	E PROGRAM			EN SUBSTITUTE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то
						_	
						_	
						_	
						_	
	L					-	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 063352
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	,032.00 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		
	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		
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: MUNICATIONS LLC					SYSTEM ID 063352
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	You must give (1) the number ers, and (2) the cable system's al number of channels on wh ed television broadcast statio al number of activated chann e cable system carried televis adcast services	s total nun ch the ca ns els on broado	nber of activated channels d	luring the acc	counting period.	5
N Individual to Be Contacted		O BE CONTACTED IF FUR1 t about this statement of accc		ORMATION IS NEEDED (Id	lentify an ind	ividual	
for Further Information	Name	RODNEY HASKINS				Telephone	(903) 579-3152
	Address 	3027 S SE LOOP 32 (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		uite number)			
	Email	RODNEY.HAS	KINS@A	ALTICEUSA.COM		Fax (optional	
	CERTIFICATION	(This statement of account n	nust be ce	ertified and signed in accorda	ance with Co	pyright Office regulations)	
O Certification		ed, hereby certify that (Check			le system as	identified in line 1 of snace B	· or
		t of owner other than corpor	ation or p	partnership) I am the duly aut	thorized agen		
	X (Offic	in line 1 of space B and that t cer or partner) I am an officer in line 1 of space B.				legal entity identified as own	er of the cable system
	are true, comple	d the statement of account and ete, and correct to the best of r tion 1001(1986)]	-				
	I		X	/s/ Alan Dannenbau	m		
				electronic signature on the ling gnature using an "/s/ signature'			
		Typed or printe	d name:	ALAN DANNENBA	UM		
		Title:		PROGRAMMING al position held in corporation or pa	artnership)		
		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	063352
 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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