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

STATEM	ΕΝΤ	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to	
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Syste	ems (S	Short Form)		6	For additional information,
General instru	uctions	are located		\$	contact the U.S. Copyright Office Licensing Division at
in the first tab	of this	workbook.	8-29-23	ALLOCATION NUMBER	(202) 707-8150.
Α	4.000		DV THIS STATEMENT. (V)		
	ACCO	DUNTING PERIOD COVERED	BT THIS STATEMENT: (T)	r t t/(Period))	
				Paris d A - Index 4 - Parameter 44	
		2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			l		
		20231	Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
		Instructions:	he cable system. If the owner is a subsid	diary of another corporation, give the full corp	porate title
B		of the subsidiary, not that of the parent c			
Owner		List any other name or names under whic	h the owner conducts the business of t	he cable system.	
				the last day of the accounting period should su	ıbmit a
		single statement of account and royalty fo			037128
		Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILIN	G 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 no	umber)		
		TYLER, TX 75701 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busin		tify the business and operation of the s	
	name	s already appear in space B. In line	2, give the mailing address of the	e system, if different from the address g	jiven in space B.
System	1				
		ANSON, TX MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
H					

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.

• -	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I						
Name	CEQUEL COMMUNICATIONS LLC	0371						
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: "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 filing Note: Entities and properties such as hotels, apartments, condominiums, or mol	S.						
Area Served	identified city.							
	CITY OR TOWN	STATE						
First	ANSON	ТХ						
Community	JONES COUNTY (PORTION)	ТХ						
dd Rows as Necessary								

		FORM SA1-2E. PAGE 2 SYSTEM ID#								
Name	LEGAL NAME OF OWNER OF C									
	CEQUEL COMMUNICA	FIONS LLC							03712	
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	IBERS AND R	ATES					
Ε	In General: The information in s	•		-		•				
Secondary	system, that is, the retransmissi about other services (including									
Transmission	last day of the accounting period							sting of the		
Service: Sub-	Number of Subscribers: Bot	-					-			
scribers and	down by categories of secondar	•				•				
Rates	each category by counting the r separately for the particular service		-	•••		•	-	s charged		
	Rate: Give the standard rate of							rge and the		
	unit in which it is generally billed	0						0		
	category, but do not include dise									
	Block 1: In the left-hand block			-		•				
	systems most commonly provid that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					•••	•			
	first set" and would be counted	•			• • •					
	Block 2: If your cable system	-								
	printed in block 1 (for example,)					•				
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-i	nand block. A	wo- or thre	e-word descript	ion of the	service is		
		DCK 1					BLOCK	٢2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	САТИ	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCRIDI	EKS	RATE	CAT	LOOKT OF SEP	(VICE	SUBSCRIDERS	RA1	
	Service to first set		81	50.00						
	Service to additional set(s)		01	50.00						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		5	45.95						
	Converter		J	45.95						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	•	,		•	• •				
F	not covered in space E, that is,									
Services	service for a single fee. There a furnished at cost or (2) services				•		• •			
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the			,,, .		g		, 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) descri		-		lisned. Lisi	inese other ser	vices in tr	le form of a		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RAT	
	Continuing Services:	RATE		ation: Non-res		RATE	CATEG	ORT OF SERVICE	KAI	
	Pay cable	17.00		tel, hotel	sidentiai					
	• Pay cable—add'l channel	19.00		mmercial						
	• Fire protection	13.00		y cable						
	Burglar protection			y cable y cable-add'l cl	hannel					
	Installation: Residential			e protection						
	• First set	99.00		rglar protection	1					
	Additional set(s)			services:						
		25.00				40.00				
	 FM radio (if separate rate) 			connect		40.00				
	• Convertor		- D'-	ooppost						
	• Converter			connect		05.00				
	• Converter		• Ou	connect tlet relocation ve to new addi		25.00 99.00				

counting Period: 2	2023/1			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
	CEQUEL COMMUNIC	ATIONS LLC		037128						
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary ansmitters:	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a	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 5.59(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 ubstitute program basis, as explained in the next paragraph. ubstitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
elevision	basis under specific FCC ru	: With respect to any distant stations o les, regulations, or authorizations: e in space G—but do list it in space I (
	station was carried only on									
	basis. For further information Column 1: List each station	n concerning substitute basis station 's call sign. <i>Do not</i> report origination with a station according to its over-th	s, see page (v) of the general instructi program services such as HBO, ESP	ions. N, etc. Identify each						
	"WETA-2" as the same on t Column 2 : Give the channed	he form. I number the FCC assigned to the tel								
	Column 3: Indicate in each	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"								
	For the meaning of these te Column 4: Give the locatio	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station	is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KERA-1	13	E	DALLAS, TX						
	KIDZ-1	42	I	ABILENE, TX						
as Necessary	KPCB-1	17		SNYDER, TX						
	KRBC-1	9	Ν	ABILENE, TX						
	KTAB-1	32	Ν	ABILENE, TX						
	KTXS-1	12	N	SWEETWATER, TX						
	KTXS-2	12.2	I-M	SWEETWATER, TX						
	KXVA-1	15	I	ABILENE, TX						

EGAL NAME OF								SYSTEM I 0371
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. lentify the call tate whether to the radio stat this by placing sive the station	y the sys be rece it the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the	at the system's h system's FM an this point, see pa sed by the cable he station is lice	eadend, and (tenna, during o age (v) of the g system as a s nsed by the FC	2) it can certain s jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						· -		

Accounting Perio	od: 2023/1						FORM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#	
							037128	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every noi	n <i>network televi</i> eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or author	rizations. For a further	
Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting per broadcast by a distant stat Note: If your answer is "Note 	iod, did yoι tion?	ur cable syster	n carry, on a substitute ba	•	Y		
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was s							
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 5. MONTH 6. TIMES		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No		4. STATION'S LOCATION	AND DAY	FROM —	то	
				·				
						_		
			·					
						_		
						_		

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037128					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service is amount, see \$ 23,833.60					
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 \$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 accounting period is \$52.00.	or this 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	···· <u>\$ 52.00</u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)					
	1. Base amount under statutory formula	<u>D</u>					
	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 \$52	27,600)					
	1. Enter the amount of gross receipts from space K	_					
	2. Base amount under statutory formula	<u>D</u>					
	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 Due	 Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		52.00 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 payab See page i of the general instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 f			

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7				
Name		DWNER OF CABLE SYSTEM: MUNICATIONS LLC	SYSTEM ID# 037128				
M Channels	to its subscribers 1. Enter the total	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	8				
	2. Enter the total on which the ca	I number of activated channels able system carried television broadcast stations cast services	55				
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)					
for Further Information	Name	RODNEY HASKINS Telephone (903) 579	-3152				
	Address 	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)					
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. 						
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]					

× /s/ Alan Dannenbaum
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed name: ALAN DANNENBAUM
Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)
Date: 8/29/2023

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ounting Period: 2023/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	03712
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.	P Special Statement Concerning Gross Receipts Exclusion
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. \$	
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 Assessmen
x - Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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 \$ - (interest charge)	-
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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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Cable Worksheet		Total amount of remittance	Numbe	r of SAs rec'd	Initials		
		Date of remittance	Check	EFT	🗆 FILIN	G FEES	
Cable ID #					Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocation n	umber			
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun peric	od) or /2 (for Jul-De	c period) No spa	ces)	
Period	□ Letter sent	C] Information receive	d			
		C] Phone call/Date/Co	ntact			
Space B Owner							
	□ Letter sent	Information received					
		E] Phone call/Date/Co	ntact			
Space D Area Served							
	□ Letter sent	Ľ] Information receive	d			
	□ Accepted	E] Phone call/Date/Co	ntact			
Space E Secondary Transission							
Service Subscribers:	□ Letter sent	C] Information receive	d			
and Rates		C	Phone call/Date/Contact				
Space G Primary Transmitters:							
Television	□ Letter sent	[] Information receive	ed			
		[□ Phone call/Date/Co	ontact			
Space H Primary Transmitters:							
Radio	□ Accepted	[☐ Phone call/Date/Co	ontact			

Space I
Substitute
Carriage

□ Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
□ Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
□ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□ Info/add'l fee received	
	Phone call/Date/Contact	