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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@copyright.gov</u> 	
Cable Systems (Short Form) General instructions are located	8-29-23	\$	For additional information, contact the U.S. Copyright	
in the first tab of this workbook.		ALLOCATION NUMBER	Office Licensing Division at (202) 707-8150.	

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20231 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	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 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.
	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)
<u> </u>	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
C	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	1 ALBION STATE CORRECTIONAL INSTITUTION
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 11 SYSTEM ID:
Name	CEQUEL COMMUNICATIONS LLC	062593
	Instructions: List each separate community served by the cable system. A "o "a separate and distinct community or municipal entity (including unincorpo	community" is the same as a "community unit" as defined in FCC rules:
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future f	t you list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
Served		
	CITY OR TOWN	STATE
First Community		PA
Community	(ALBION SCI)	
dd Rows as Necessary		

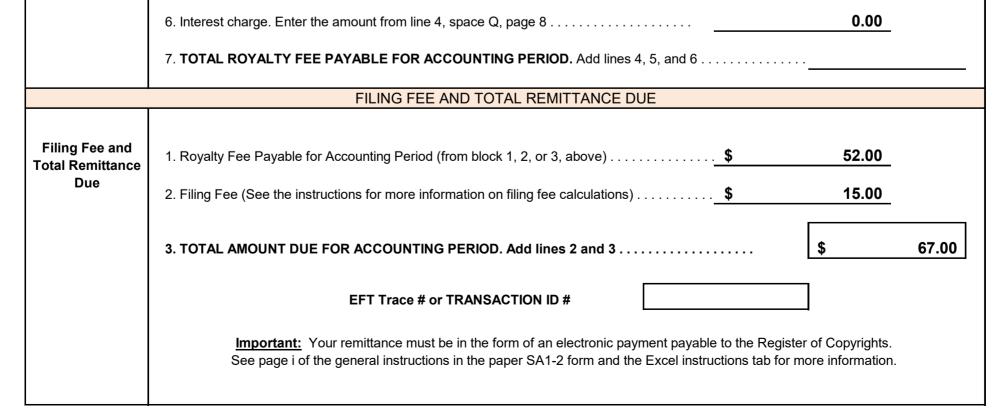
	Γ							FORM SA1		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SYSTEM ID		
	CEQUEL COMMUNICAT	IONS LLC							06259	
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES					
E	In General: The information in s	•		-		•				
Secondary	system, that is, the retransmission about other services (including preservices)									
Transmission	last day of the accounting period		ng on the							
Service: Sub-	Number of Subscribers: Both						ole system,	broken		
scribers and	down by categories of secondar									
Rates	each category by counting the n							charged		
	separately for the particular serv Rate: Give the standard rate of							e and the		
	unit in which it is generally billed	-	-	-			-			
	category, but do not include disc				ny standa		, within a b			
	Block 1: In the left-hand block	in space E, the	e form l	ists the catego						
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca					• • •	•			
	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	and rates, in the	e right-h	and block. A tw	vo- or thre	e-word descripti	on of the s	ervice is		
	sufficient. BL	OCK 1						(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE	
	Residential:	SUBSCRIBE	-15	RATE	CAT	EGORT OF SET	(VICE	SUBSCRIDERS	RAIL	
	Service to first set		0	_						
	Service to additional set(s)		v							
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		423	42.41						
	Converter		423	42.41						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6					
F	In General: Space F calls for ra	,	,		•					
	not covered in space E, that is, t									
Services	service for a single fee. There a furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		5 ,		
ransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that listed in block 1 and for which a									
	brief (two- or three-word) descrip	•			sneu. List	these other serv	nces in the	ionn or a		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE	
	Continuing Services:	RAIE		ation: Non-res		RAIE	CATEG	JRT OF SERVICE	RAIL	
	• Pay cable	_		tel, hotel	acintai					
	• Pay cable—add'l channel			mmercial						
	• Fire protection	_		y cable						
	•Burglar protection			y cable-add'l ch	annel					
	•Burgiar protection			e protection	annei					
	• First set			•						
	Additional set(s)	-		rglar protection services:						
		-		Services:						
			- D	oonnaat						
	• FM radio (if separate rate)			connect		-				
			• Dis	connect		-				
	• FM radio (if separate rate)		• Dis • Ou			-				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM			
me	CEQUEL COMMUNIC	ATIONS LLC		062			
	PRIMARY TRANSMITTERS:	TELEVISION					
nary nitters: vision	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, ergulations, 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. Column 1: 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. Column 2: 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. Column 3: 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 SA1-2 fo						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WFXP-1	66	I	ERIE, PA			
	WICU-1	12	Ν				
ľ	L	······································		ERIE, PA			
Necessary	WJET-1	24	N	ERIE, PA ERIE, PA			
•		24 54					
•	WJET-1		N	ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			
	WJET-1 WQLN-1	54	N E	ERIE, PA ERIE, PA			

LEGAL NAME OF								SYSTEM 062
	every radio s	station c) arried on a separate and disc enerally receivable by your cal					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate f Column 4: G	it is carried b monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be rece it the Co I sign of the station ition's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received a sived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces of mark in the "S/D" column. tion (the community to which the the community with which the	at the system's h system's FM and this point, see pa sed by the cable he station is licer	eadend, and (enna, during age (v) of the g system as a s nsed by the F0	(2) it car certain s general separate	be expected, stated intervals. instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Period: 2023/1 FORM SA1-2E. PAGE 5							
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	_C				062593
	SUBSTITUTE CARRIAGE						
	In General: In space I, identi	• •				•	-
Substitute	<i>ubstitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further xplanation 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				le general mot		
Special	During the accounting peri					twork tolovision pro	aram
Statement and	0		r cable system	carry, on a substitute basi	is, any nonne		
Program Log	broadcast by a distant stat	lion ?				I YE	s 🔽no
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete the pro	ogram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their meani	ng is
				sion program ("substitute	program") tha	t. during the accour	ntina
	period, was broadcast by a	distant stati	ion and that you	ur cable system substitute	d for the prog	ramming of anothe	r station
	under certain FCC rules, reg						
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy	" or
			lcast live, enter	· "Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	ım.		
			,	e community to which the		-	r, in
	the case of Mexican or Can Column 5: Give the mon			community with which the			month
	first. Example: for May 7 giv		when your syst		program. 000	numerals, with the	month
	Column 6: State the time	es when the		gram was carried by your			5
	to the nearest five minutes.	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	9
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	amming that v	our system was <i>rec</i>	nuired
	to delete under FCC rules a						
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	-
	effect on October 19, 1976.						
					WHF	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRED	7. REASON FOR
	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 — T	0
						_	
					· · - = =		
						_	
						_	
						_	
						_	
]				

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062593
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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
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. 	5263,800.
	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	··· <u>\$ </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	,100)
	1. Base amount under statutory formula	_
	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)	7,600)
	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	1,319.00



Accounting Period:	: 2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062593
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television bro to its subscribers, and (2) the cable system's total number of activated channels during the accounting per 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 	eriod. 5
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact 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)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (option	nal)
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Off. 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 I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity i in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact corare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	line 1 of space B; or er of the cable system as identified dentified as owner of the cable system
	X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this state 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)	tement.

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unting Period: 2023/1	FORM SA1-2E. PAG
	SYSTEN 062
QUEL COMMUNICATIONS LLC	062;
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gros Receipts Exclusi
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?	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
	_
^	—
Line 2 Multiply line 1 by the interest rate* and enter the sum here x	
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 <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	
Address	

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.

Cable Worksheet		Total amount of remittance	Number of SAs rec'd			nitials
		Date of remittance	Check	EFT	🗌 FILI	NG FEES
Cable ID #					Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation nu	umber		
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period	d) or /2 (for Jul-De	c period) No spa	ces)
Period	Letter sent	[Information receive	ed		
		[Phone call/Date/Co	ontact		
Space B Owner						
	Letter sent	[Information receive	ed		
	Accepted	[Phone call/Date/Co	ontact		
Space D Area Served						
	Letter sent	[Information receive	ed		
	Accepted	[Phone call/Date/Co	ontact		
Space E Secondary Transission						
Service Subscribers:	Letter sent	[Information receive	ed		
and Rates	Accepted	[Phone call/Date/Co	ontact		
Space G Primary Transmitters:						
Television	Letter sent	l	Information receive	ed		
	Accepted		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	
Accepted	Phone call/Date/Contact	