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 COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8-29-23	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

A	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								
		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.							
	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 these s 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:						
	1 MONTGOMERY COUNTY DET							
		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.

	1	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Nume	CEQUEL COMMUNICATIONS LLC 063							
	Instructions: List each separate community served by the cable system. A "comi	nunity" is the same as a "community unit" as defined in FCC ru						
D	"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.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	ile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	ROCKVILLE	MD						
Community	(MONTGOMERY CNTY DET)							
Rows as Necessary								
	•							

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2023/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063624 **CEQUEL COMMUNICATIONS LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Е In General: The information in space E should cover all categories of secondary transmission service of the 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 **Transmission** last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-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 transmission service. In general, you can compute the number of subscribers in **Rates** each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service 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 printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. **BLOCK 2 BLOCK 1** NO. OF NO. OF CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set Service to additional set(s) • FM radio (if separate rate) Motel, hotel 15 Commercial 42.41 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services **Services** furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, **Other Than** Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. **Transmissions**: Block 2: List any services that your cable system furnished or offered during the accounting period that were not **Rates** 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 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential Pay cable · Motel, hotel • Pay cable—add'l channel Commercial Fire protection · Pay cable Burglar protection • Pay cable-add'l channel Installation: Residential Fire protection First set Burglar protection

Other services:

Reconnect

Disconnect

Outlet relocationMove to new address

Additional set(s)

Converter

• FM radio (if separate rate)

Accounting Perio	d: 2023/1	FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063624
	PRIMARY TRANSMITTERS: TELEVISION	
G	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	

Primary Transmitters: Television

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 not 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 only 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. Do not 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 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHAG-1	25	N	HAGERSTOWN, MD
	WJLA-1	7	N	WASHINGTON DC
ssary	WTTG-1	5		WASHINGTON DC
	WUSA-1	9	N	WASHINGTON DC

Add Rows as Necessa

Accounting Period: 2023/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

063624

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		-					
		-					

Accounting Perio						FOF	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA						SYSTEM ID# 063624		
	CEQUEL COMMUNICA	TIONS EL					063624		
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LO	G				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	substitute basis during the ad	• .	•	•	_				
Substitute	explanation of the programm				ne general ins	tructions in the paper SA	11-2 form.		
Carriage: Special	1. SPECIAL STATEMENT								
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant station?								
	Note: If your answer is "No,"	" leave the i	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete the progra	ım		
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	In General: List each substiclear. If you need more space				wherever pos	ssible, if their meaning i	S		
	Column 1: Give the title				program") tha	at, during the accounting	g		
	period, was broadcast by a								
	under certain FCC rules, reg Do not use general categori								
	"NBA Basketball: 76ers vs.		vies of basker	ball. List specific prograf	ii iiiles, ioi ex	ample, I Love Lucy of			
	Column 2: If the program								
	Column 3: Give the call s Column 4: Give the broa					ansed by the ECC or in			
	the case of Mexican or Cana								
	Column 5: Give the mon						nth		
	first. Example: for May 7 giv					List the disease seemet	_ l		
	Column 6: State the time to the nearest five minutes.						егу		
	stated as "6:00–6:30 p.m."	<u> Ехаптріо.</u> а	program came	ou by a bystom nom o.o	10 p.m. to 0.2	20.00 p.m. onodia bo			
	Column 7: Enter the lette								
	to delete under FCC rules a was substituted for program						ram		
	effect on October 19, 1976.	ming that y	our system was	s permitted to delete unde	or roo rules a	and regulations in			
	,				11				
		LIDOTITLIT				EN SUBSTITUTE	7 DEASON FOR		
			E PROGRAM		- I	1AGE OCCURRED 6. TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO			
						_			
					-				
						_			
					_				
						_			
					-				
					_				
						_			
					_				
					-				

Accounting Period:	2023/1 FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	YSTEM ID# 063624
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 total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. (Amount of gross)	3,741.60 oss 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 \$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-month accounting period is \$52.00.	
	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	
	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)	
	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	
	FILING FEE AND TOTAL REMITTANCE DUE	
	TILINOT LE AND TOTAL NEWITTANOL DUL	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	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 Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.			
Name		VNER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 063624			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 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. 19							
N Individual to Be Contacted	we can contact a	BE CONTACTED IF FURTHER INFOR	MATION IS NEEDED (Identify an in					
for Further Information	Name	RODNEY HASKINS		Telephone (903)	579-3152			
	Address	Number, street, rural route, apartment, or suite TYLER, TX 75701	number)					
	Email	City, town, state, zip) RODNEY.HASKINS@ALT	TICEUSA.COM	Fax (optional)				
	CERTIFICATION (his statement of account must be certi	fied and signed in accordance with	Copyright Office regulations)				
O Certification	• 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							
	X (Office	e 1 of space B and that the owner is not a or partner) I am an officer (if a corporation of space B.		e legal entity identified as owner of the	e cable system			
		ne statement of account and hereby decla and correct to the best of my knowledge, 1001(1986)]						
		Enter an ele	ectronic signature on the line above to dure using an "/s/ signature" (e.g., /s/ J	•				
		Typed or printed name:	ALAN DANNENBAUM					
			ROGRAMMING held in corporation or partnership)					
		Date:						

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063624
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."	P Special Statement Concerning Gross
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.	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 Mailing Address Name 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	
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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Letter sent

C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd		l:	Initials	
			Date of remittance	_ Check	EFT	FILI	NG FEES	
Cable ID #						Amount	Initials	
Examined by	Reviewe	ed by	Date examination completed	Allocation r	number			
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun perio	od) or /2 (for Jul-De	ec period) No spa	ces)	
Period	Letter sent			Information receiv	ved			
	☐ Accepted			Phone call/Date/C	Contact			
Space B Owner								
	Letter sent			Information receiv	ved			
	Accepted			Phone call/Date/C	Contact			
Space D Area Served								
	Letter sent		[Information receiv	ved			
	Accepted			Phone call/Date/C	Contact			
Space E Secondary Transission								
Service Subscribers:	Letter sent			Information receiv	ved			
and Rates	☐ Accepted			Phone call/Date/C	Contact			
Space G Primary Transmitters:								
Television	Letter sent			Information recei	ived			
	Accepted			Phone call/Date/0	Contact			
Space H Primary Transmitters:								
Radio	Accepted			Phone call/Date/0	Contact			
						Space Substi Carria	tute	

 $\hfill \square$ Information received

Accepted	Phone call/Date/Contact	7
		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	1
		Space L Copyright Filing and Royalty Fees
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	1
		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	