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.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting Period		20231 Barcode Data Filing Period (optional - see instructions)						
		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)						
_	INICTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless	s those					
C		es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		RIVERSIDE SPECIAL NEEDS						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

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		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CEQUEL COMMUNICATIONS LLC	0638
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporat	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	ou list will serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filing	gs.
A	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
Fire4	BOULDER	MT
First		IVI I
Community	(RIVERSIDE SPECIAL NEEDS)	
Rows as Necessary		

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

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

O63851

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 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 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 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.

BL	OCK 1		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	0	-			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	23	42.41			
Converter					
Residential					
Non-residential					
				1	i

F

Services Other Than Secondary Transmissions: Rates

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 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 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, 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.

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.

	BLO		BLOCK	2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SER	VICE RA
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			
Additional set(s)	-	Other services:			
 FM radio (if separate rate) 		Reconnect	-		
 Converter 		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063851 CEQUEL COMMUNICATIONS LLC **PRIMARY TRANSMITTERS:** TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (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 **Primary** 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 **Transmitters:** 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 **Television** 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.

2. B'CAST CHANNEL NUMBER

	KBTZ-1	24	I	BUTTE, MT
	KBZK-1	7	N	BOZEMAN, MT
у	KTVM-1	6	N	BUTTE, MT
	KUSM-1	9	E	BOZEMAN, MT
	KWYB-1	18	N	BUTTE, MT

3. TYPE OF STATION

Add Rows as Necessary

1. CALL SIGN

4. LOCATION OF STATION

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 063851

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

H

Primary Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period. 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.

- **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	ccounting Period: 2023/1 FORM SA1-2E. PAGE 5.										
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS L	LC					063851			
	SUBSTITUTE CARRIAGE	· CDECIA	I QTATEMEN	NT AND DDOCDAM LO	G						
ı						- t' tl t					
	In General: In space I, identify				•		•				
Substitute	substitute basis during the ac explanation of the programmi	• .		•							
Carriage:					no gonorai in	ou douono in	the paper en				
Special	I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the appropriate period, did your cable system carry, on a substitute basis, any namety carly television program										
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Program Log											
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program og 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 spa							,			
	Column 1: Give the title	of every no	nnetwork telev	vision program ("substitut	e program")	that, during	the accounti	ing			
	period, was broadcast by a		•	•		•	•				
	under certain FCC rules, re	•									
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am uues, ioi	example,	Love Lucy	OI			
	Column 2: If the program		dcast live, ente	er "Yes." Otherwise enter	"No."						
	Column 3: Give the call										
	Column 4: Give the broa		,	•		•	the FCC or, i	in			
	the case of Mexican or Can			-		,					
	Column 5: Give the mon	-	when your sys	stem carried the substitute	e program. l	Jse numera	ils, with the m	nonth			
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	ır cahle sveti	m List the	times accura	ately			
	to the nearest five minutes.				•			atory			
	stated as "6:00-6:30 p.m."										
	Column 7: Enter the lette										
	to delete under FCC rules a	•		.			•	gram			
	was substituted for program	iming that y	your system wa	as permitted to delete und	der FCC rule	s and regul	lations in				
	effect on October 19, 1976.										
					ll wh	EN SUBST	ITUTE				
	SI	JBSTITUT	E PROGRAM			RIAGE OCC		7. REASON FOR			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION			
	1. TITLE OF TROOPAN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то				
							_				
					-						
							_				
					-						
					-						
							_				
					-						
					-						
							_				
					-	-					
					-						
							_				
							_				

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#						
	CEQUEL COMMUNICATIONS LLC		063851						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 amount, see	5,940.00 ss receipts)						
			, ,						
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 \$0.00 but 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 accounting period is \$52.00.	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	. \$	52.00						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	_						
	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						
	o. Interest charge. Enter the amount nomine 4, space Q, page o		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)								
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00							
	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								

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

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7.							
Name		NER OF CABLE SYSTEM: UNICATIONS LLC		SYSTEM ID# 063851							
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	must give (1) the number of channels on which the cable synand (2) the cable system's total number of activated channel umber of channels on which the cable levision broadcast stations	. 5								
		le system carried television broadcast stations st services		35							
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	Number, street, rural route, apartment, or suite number) TYLER, TX 75701 City, town, state, zip)									
	Email	RODNEY.HASKINS@ALTICEUSA.COM	Fax (optional)								
_	CERTIFICATION (his statement of account must be certified and signed in acc	cordance with Copyright Office regulations)							
O Certification	• I, the undersigne	, hereby certify that (Check one, but only one, 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							
		f owner other than corporation or partnership) I am the dule 1 of space B and that the owner is not a corporation or partne	-	system as identified							
		or partner) I am an officer (if a corporation) or a partner (if a per 1 of space B.	artnership) of the legal entity identified as o	wner of the cable system							
		ne statement of account and hereby declare under penalty of la and correct to the best of my knowledge, information, and belie 1001(1986)]		n							
		X /s/ Alan Dannenb Enter an electronic signature on th	e line above to certify this statement.	_							
		Enter signature using an "/s/ signa									
		Typed or printed name: ALAN DANNENI	3AUM								
		Title: SVP, PROGRAMMING (Title of official position held in corporation or par	:nership)								
		Date:									

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U.S. Copyright Office

counting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	063851
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 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

C	Cable Worksh	eet	Total amount of remittance	Nur	nber of SAs rec'd	ı	nitials		
			Date of remittance	_ □ Check	□ EFT	☐ FILIN	G FEES		
Cable ID#						Amount	Initials		
Examined by	Reviewe	ed by	Date examination completed	Allocatio	on number				
Space A			(enter four digit year and	d /1 (for Jan-Jun	period) or /2 (for Jul-I	Dec period) No spa	ices)		
Accounting Period	☐ Letter sent ☐ Information received								
	☐ Accepted ☐ Phone call/Date/Contact								
Space B Owner									
	☐ Letter sent ☐ Information received								
	☐ Accepted	□ Accepted □ Phone call/Date/Contact							
Space D Area Served									
	☐ Letter sent		С	☐ Information re	ceived				
	☐ Accepted		С	☐ Phone call/Dat	e/Contact				
Space E Secondary Transission									
Service Subscribers:	☐ Letter sent		[☐ Information re	ceived				
and Rates	☐ Accepted ☐ Phone call/Date/Contact								
Space G Primary Transmitters:									
Television	☐ Letter sent		☐ Information received						
	☐ Accepted		Ţ	☐ Phone call/Dat	te/Contact				
Space H Primary Transmitters:									
Radio	☐ Accepted	te/Contact							

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 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	
		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	