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	20231 Barcode Data Filing Period (optional - see instructions)									
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)									
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.									
System	IDENTIFICATION OF CABLE SYSTEM:									
	LECOMPTE, LA MAILING ADDRESS OF CABLE SYSTEM:									
	(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.

Accounting Period:	2023/1	500,404,05,0405,4
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name		000915
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ities within unincorporated areas and including single, discrete sa form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	LECOMPTE	LA
Community	CHENEYVILLE	LA
	FOREST HILL	LA
Add Rows as Necessary	GLENMORA	LA
	KOLIN	LA
	MCNARY	LA
	RAPIDES PARISH (PORTION)	LA
	WOODWORTH	LA

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

FORM SA1-2E. PAGE 2.

SYSTEM ID#

000915

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	BLOCK 2	
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	497	50.00	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial	27	45.95	
Converter			
Residential			
Non-residential			
		1	

F

Services Other Than Secondary Transmissions:

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.

BLOCK 1				BLOCK 2
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE			
Continuing Services:		Installation: Non-residential		
• Pay cable	17.00	Motel, hotel		
 Pay cable—add'l channel 	19.00	Commercial		
 Fire protection 		Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
 First set 	99.00	Burglar protection		
 Additional set(s) 	25.00	Other services:		
 FM radio (if separate rate) 		Reconnect	40.00	
Converter		Disconnect		
		Outlet relocation	25.00	
		Move to new address	99.00	

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 000915

4. LOCATION OF STATION

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

Primary Transmitters: Television

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, 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 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.

2. B'CAST CHANNEL NUMBER

KALB-1 ALEXANDRIA, LA 5 Ν KALB-2 ALEXANDRIA, LA 5.2 N-M KALB-3 5.3 I-M ALEXANDRIA, LA KALB-HD1 5 N-M ALEXANDRIA, LA KALB-HD2 5.2 N-M ALEXANDRIA, LA KBCA-1 41 ı ALEXANDRIA, LA KLAX-1 31 Ν **ALEXANDRIA, LA** KLAX-2 31.2 I-M ALEXANDRIA, LA KLAX-HD1 ALEXANDRIA, LA 31 N-M KLPA-1 25 Ε ALEXANDRIA, LA KLPA-2 25.2 ALEXANDRIA, LA E-M KLPA-3 25.3 E-M ALEXANDRIA, LA KLPA-HD1 25 **ALEXANDRIA, LA** E-M WNTZ-1 48 ī NATCHEZ, MS WNTZ-HD1 48 NATCHEZ, MS I-M

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

000915

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 SICK	AM or EM	S/D	LOCATION OF STATION	CALLSION	AM or EM	S/D	I OCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
		 					
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A	1, 2022/4						F01	D14 044 05 D4 05 5
Accounting Perio	d: 2023/1 LEGAL NAME OF OWNER OF (ARI E SYSTI	EM:				FOI	SYSTEM ID#
Name								000915
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried or substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
	was substituted for program effect on October 19, 1976.		E PROGRAM	· 	WHE	N SUBS		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
							_	
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Accounting Period:	2023/1		FORM SA	1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	YSTEM ID# 000915							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of he 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	's secondary trans bw to compute this	mission service amount, see	7,728.39 pss 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 \$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 th accounting period is \$52.00.		this six-month								
	Line 1. Royalty fee for accounting period		•								
	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 ar										
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu		•								
	1. Base amount under statutory formula	263,800.00	_								
	2. Enter amount of gross receipts from space K	147,728.39	_								
	3. Subtract line 2 from line 1	116,071.61	_								
	4. Enter the amount of gross receipts from space K	<u>\$</u>	147,728.39								
	5. Enter the amount from line 3	<u>\$</u>	116,071.61								
	6. Subtract line 5 from line 4	\$	31,656.78								
	7. Multiply line 6 by .005 (enter figure here)		\$	158.28							
	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.		\$	158.28							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)								
			,,								
	Enter the amount of gross receipts from space K		_								
	2. Base amount under statutory formula	263,800.00	_								
	3. Subtract line 2 from line 1		_								
	4. Multiply line 3 by .01										
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00								
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · ·	0.00								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	6									
	FILING FEE AND TOTAL REMITTANCE DUE										
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	158.28								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	178.28							
	EFT Trace # or TRANSACTION ID #										
	<u>Important:</u> Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form and the Excel i										

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.					
Name		OWNER OF CABLE SYSTEM: MUNICATIONS LLC			SYSTEM ID# 000915					
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.									
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of acco	ER INFORMATION IS NEEDED (Identify an individual nt.)							
for Further Information	Name	RODNEY HASKINS		Telephone	(903) 579-3152					
inomation	Address	3027 S SE LOOP 323 (Number, street, rural route, apart	ent, or suite number)							
		TYLER, TX 75701 (City, town, state, zip)								
	Email		INS@ALTICEUSA.COM Fax (optional						
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)									
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owne	r other than corporation or p	rtnership) I am the owner of the cable system as identified	ed in line 1 of space	B; or					
	(Agent		ion or partnership) I am the duly authorized agent of the owner is not a corporation or partnership; or	e owner of the cable s	system as identified					
	X (Office	er or partner) I am an officer (in line 1 of space B.	a corporation) or a partner (if a partnership) of the legal e	entity identified as ow	ner of the cable system					
		te, and correct to the best of n	ereby declare under penalty of law that all statements of f knowledge, information, and belief, and are made in good							
	l		X /s/ Alan Dannenbaum		-					
			Enter an electronic signature on the line above to certify this Enter signature using an "/s/ signature" (e.g., /s/ John Smitl							
		Typed or printed	name: ALAN DANNENBAUM							
		Title:	SVP, PROGRAMMING of official position held in corporation or partnership)							
		Date:		/29/2023						

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ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
QUEL COMMUNICATIONS LLC	000915
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 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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xda	/S
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	<u>- </u>
(interest charge)	
* 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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CONTROL #: REMITTANCE #:

Reviewed by

Cable
Worksheet

☐ Letter sent

☐ Letter sent☐ Accepted☐

☐ Letter sent☐ Accepted☐

 \square Letter sent

□ Accepted

☐ Letter sent

☐ Accepted

☐ Accepted

Cable ID#

Space A Accounting Period

Space B Owner

Space D Area Served

Space E Secondary Transission Service

Subscribers: and Rates

Space G Primary Transmitters: Television

Space H Primary Transmitters: Radio

Examined by

Total amount of remittance	Num	ber of SAs rec'd	lr	nitials
Date of remittance	Check	□ EFT	☐ FILING	G FEES
Date examination completed	Allocation	n number	Amount	Initial
(enter four digit year and			c period) No spac	ces)
	Information reco			
С] Information reco	/Contact		
С	Phone call/Date	/Contact		
	Information reco			
	☐ Information rec	eived		

☐ Phone call/Date/Contact

☐ Phone call/Date/Contact

		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	