This form is effective beg	jinning with the Januar	ry 1 to June 30, 2017	, accounting period (2017	/1)
If you are filing for a prior a	ccounting period, contac	ct the Licensing Divisi	on for the correct form.	

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	2-28-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

A	ACC	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20242 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.	53901
		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)	
	INIOT		4
С		FRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless 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:	
		Maryland Correctional Institution	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063901
D	Instructions: List each separate community served by the cable system. A "community" i 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 home	ities within unincorporated areas and including single, discrete a form of system identification hereafter known as the "first
Area Served	city.	e parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	HAGERSTOWN	MD
Community	(Maryland Correctional Institution)	
Add Rows as Necessary		

								ŀ	ORM SA1	TEM ID				
Name														
	CEQUEL COMMUNICATIONS LLC													
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RAT	ES									
E	In General: The information in s													
0	system, that is, the retransmission													
Secondary Transmission	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).													
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								ns charged						
	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.													
	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								y					
	that applies to your system. Note			-		-								
	categories, that person or entity subscriber who pays extra for ca								I					
							iei Sei							
	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 a	ind rates, in the	right-ha	and block. A two	- or three	-word description	on of the	e service is						
	sufficient.	OCK 1						OCK 2						
	DLV	NO. OF					DLC	NO.	OF					
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCF	BERS	RATE				
	Residential:													
	 Service to first set 		0	-										
	 Service to additional set(s) 													
	 FM radio (if separate rate) 													
	Motel, hotel													
	Commercial		93	42.41										
	Converter													
	Residential													
	Non-residential													
	SERVICES OTHER THAN SEC													
_	In General: Space F calls for rat				pect to all	vour cable svst	em's se	ervices that we	re					
F	not covered in space E, that is, th													
	service for a single fee. There ar													
Services Other Than	furnished at cost or (2) services													
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually i	billed. If any rate	es are cha	irged on a varia	ble per-	program basis	,					
Fransmissions:	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.													
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not													
	listed in block 1 and for which a s				ned. List t	hese other serv	ices in t	he form of a						
	brief (two- or three-word) descrip	tion and includ	e the rat	te for each.										
		BLO	CK 1					BLO	DCK 2					
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	ICE	RATE	CAT	EGORY OF SI	ERVICE	RATE				
	Continuing Services:		Installa	tion: Non-resid	dential									
	• Pay cable	-	• Mot	el, hotel										
	 Pay cable—add'l channel 	-	• Con	nmercial										
	 Fire protection 		,	[,] cable										
	 Burglar protection 		• Pay	[,] cable-add'l cha	annel									
	Installation: Residential		• Fire	protection										
	 First set 	-	• Bur	glar protection										
	 Additional set(s) 	-	Other s	services:										
	• FM radio (if separate rate)		• Rec	onnect		-								
	• Converter		• Disc	connect										
				let relocation		-								
				/e to new addre	SS	-								

ting Period: 2	-			FORM SA1-2E. PAGE								
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNIC			06390								
	PRIMARY TRANSMITTERS:											
G rimary smitters: evision	 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, on a substitute basis. > 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											
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION											
	WDCW-1	50	1	WASHINGTON, DC								
	WHUT-1	6	E	WASHINGTON, DC								
cessary	WJLA-1	7	N	WASHINGTON DC								
	WRC-1	4	N	WASHINGTON, DC								
	WTTG-1	5	I	WASHINGTON DC								
	WUSA-1	2	N	WASHINGTON DC								
	WETA-1	8	E	WASHINGTON DC								
	WDCA-1	9	I	WASHINGTON DC								

CEQUEL CO	F OWNER OF C								SYSTEM I 0639			
RIMARY TRANSMITTERS: RADIO General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an I-band basis whose signals were generally receivable by your cable system during the accounting period. pecial Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally ceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,												
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	i it is carried by monitoring, to prmation abou rm. dentify the call State whether t the radio stati this by placing Sive the station	/ the syst be receiv t the Cop sign of e he statio on's sigr a check d's locatio		t th sys his sed	ne system's hea stem's FM anter point, see page by the cable sy station is license	idend, and (2) nna, during cei e (v) of the gei vstem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters: Radio			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION				
				Π								
				-								
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Accounting Perio	d: 2024/2						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					063901
	SUBSTITUTE CARRIAGE							
I Subatituta	In General: In space I, identi substitute basis during the ac explanation of the programm	fy every non	network televis priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or author	rizations. F	For a further
Substitute Carriage:	1. SPECIAL STATEMENT				general mou			2 101111.
Special	During the accounting per				ie anv nonn	twork tolovisio	n program	n
Statement and	• • • •		i cable system	carry, on a substitute bas	is, any norme			
Program Log	broadcast by a distant stati						YES	
	Note: If your answer is "No,	" leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete th	ne prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			ta lina. Llas abbraviations	wherever no	ooiblo if their n	nooning is	
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor	ce, please a of every no distant stati gulations, o ies like "mo	add additional nnetwork telev ion and that yo r authorization	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen	program") th d for the prog eral instruction	at, during the a gramming of ar ons for further i	accounting nother sta nformatio) tion n.
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Can	n was broad sign of the s adcast static adian static	station broadca on's location (th ons, if any, the		am. station is lice station is ide	ntified).		
	first. Example: for May 7 giv	ve "5/7." es when the	substitute pro	tem carried the substitute gram was carried by your ed by a system from 6:01:	cable system	. List the times	accurate	
		and regulation in that y	ons in effect du		d; enter the le	tter "P" if the lis	sted progi	
	s	UBSTITUT	E PROGRAM			WHEN SUBSTITUTE CARRIAGE OCCURRED 7		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	S TO	DELETION
						_		
						_		
						_		
						_		
						_		
		[_		
						_		
						_		
						_		

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063901
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service nount, see	3,548.50 ss 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 \$26 • 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.	33,800.	
	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 this accounting period is \$52.00.	s 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 \$ 263,800.00		
	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 5 263,800.00		
	· · · · · · · · · · · · · · · · · · ·		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	1 210 00	
	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	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)	52.00	
Due	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 of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set of the general instructions in the paper SA1-2 form and the Excel instructions tab for more set.		

Accounting Period:	2024/2						FORM SA1-2E. PAGE
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC					SYSTEM ID 06390
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	You must give (1) the number pers, and (2) the cable system otal number of channels on w ried television broadcast stati otal number of activated chan be cable system carried televi oadcast services	's total nur nich the ca ons nels sion broad	mber of activated cl able 	hannels during the	[8 28
N Individual to Be Contacted		TO BE CONTACTED IF FUR		FORMATION IS NE	EDED (Identify an	individual	
for Further Information	Name	RODNEY HASKINS				Telephone	(903) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, ap TYLER, TX 75701 (City, town, state, zip)		uite number)			
	Email	RODNEY.HA	SKINS@/	ALTICEUSA.COM	1	Fax (optional	
O Certification	I, the undersig (Own (Age X (Off I have examine are true, comp	ned, hereby certify that (Check ner other than corporation or nt of owner other than corpo in line 1 of space B and that	one, <i>but on</i> partnersh ration or p the owner is (if a corpo l hereby de	nly one , of the boxes ip) I am the owner of partnership) I am the s not a corporation o ration) or a partner (i eclare under penalty of	.) f the cable system a e duly authorized ag r partnership; or if a partnership) of th of law that all statem		tem as identified
				/s/ Alan Danr n electronic signature gnature using an "/s/	e on the line above t	o certify this statement. / John Smith)	
		Typed or print	ed name:	ALAN DANN	IENBAUM		
		Title:		PROGRAMMIN al position held in corpo			
		Date:				2/28/2025	

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ccounting Period: 2024/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
EQUEL COMMUNICATIONS LLC	063901
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. 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. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
xLine 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	-
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	

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C	Cable Worksheet	Total amount of remittance	Number of	lı	Initials		
		Date of remittance	Check] EFT	🗌 FILI	NG FEES	
Cable ID #					Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocation numb	er			
Space A		(enter four digit year and	/1 (for Jan-Jun period) or	/2 (for Jul-Dec p	period) No spa	ces)	
Accounting Period	Letter sent	[Information received				
	Accepted	[Phone call/Date/Contact	t			
Space B Owner							
	Letter sent	[Information received				
	Accepted	[Phone call/Date/Contact	t			
Space D Area Served							
	Letter sent	[Information received				
	Accepted	[Phone call/Date/Contact	t			
Space E Secondary Transission							
Service Subscribers:	Letter sent	[Information received				
and Rates	Accepted	[Phone call/Date/Contact	t			
Space G Primary Transmitters:							
Television	Letter sent		Information received				
			Phone call/Date/Contac	t			
Space H Primary Transmitters:							
Radio	Accepted		Phone call/Date/Contac	t			

	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	