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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			9/1/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCO	2020/1	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31	
Period					
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. the owner conducts the business of t accounting period, only the owner on e payment covering the entire accour	the last day of the accounting period should s iting period.	
		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		
		3015 S SE LOOP 323			
		(Number, street, rural route, apartment, or suite nu TYLER, TX 75701 (City, town, state, zip)	imber)		
С				ntify the business and operation of the	
System	name	s already appear in space B. In line 2	2, give the mailing address of th	ne system, if different from the address	s given in space B.
oystem	1	BUENA VISTA CORRECTIO	NAL FACILITY		
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		(City, town, state, zip code)			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	04065
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorp	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t	
	as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, or	
Area		r mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	BUENA VISTA	CO
Community	(BUENA VISTA CORR)	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E QVQTEM							1-2E. PAGE STEM IC
Name								51	04065
Е	SECONDARY TRANSMISSION					u transmission (onvice of t	ha aabla	
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Bot	•					2		
scribers and Rates	down by categories of secondar each category by counting the n								
Rales	separately for the particular serv		<i>,</i>	0 , (,	charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,		/ standa	rd rate variation	s within a l	particular rate	
	category, but do not include disc							- 41 4 1-1-	
	Block 1: In the left-hand block systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of							41	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,		
	sufficient.		onginina						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:				-		-		
	Service to first set		0	-					
	 Service to additional set(s) 		0	-					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		22	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services		,	0			0()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			-		-		-	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-				
	brief (two- or three-word) descrip				ICU. LISU				
	····· (···· ····· ·····) ·····								
	CATEGORY OF SERVICE	BLO RATE		RY OF SERVI	<u>се</u>	RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
		RATE		on: Non-reside		NATE	CATEGO	DRT OF SERVICE	
			• Mote		cintiai				
	Continuing Services: Pay cable	_	WOLC	·					
	• Pay cable	-	• Com	nercial					
	Pay cable Pay cable—add'l channel		• Com						
	Pay cable Pay cable Pay cable—add'l channel Fire protection		• Pay o	able	nel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Pay o • Pay o	able able-add'l char	nnel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	-	• Pay o • Pay o • Fire p	able able-add'l char protection	nnel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay o • Pay o • Fire p • Burg	able able-add'l char rotection ar protection	nnel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay o • Pay o • Fire p • Burg Other se	able able-add'l char protection ar protection rvices:	nnel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay o • Pay o • Fire p • Burgl Other se • Reco	able able-add'l char rotection ar protection rvices: nnect	nel	· · · · · · · · · · · · · · · · · · ·			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay o • Pay o • Fire p • Burg Other se • Reco • Disco	able able-add'l char rotection ar protection rvices: nnect nnect	nnel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay o • Pay o • Fire p • Burgl Other se • Reco • Disco	able able-add'l char rotection ar protection rvices: nnect					

counting Period: 2	2020/1			FORM SA1-2E.	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			EM ID#
	CEQUEL COMMUNIC	ATIONS LLC		02	40658
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary	carried by your cable system FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-tin he carriage of certain network program	ne basis under ns [sections	
ansmitters: Television	Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	arried by your cable system on a sub	stitute program	
	• Do not list the station here station was carried only on	in space G—but do list it in space I (t a substitute basis.			
	basis. For further informatio Column 1: List each station	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each	
	"WETA-2" as the same on the Column 2: Give the channed	he form. I number the FCC assigned to the tele	.		
	Column 3: Indicate in each	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	•		
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), rms, see page (iv) of the general instri n of each station. For U.S. stations, lis lian stations, if any, give the name of t	or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	nal multicast). s licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KBDI-1	12	Е	BROOMFIELD, CO	
	KCEC-1	14	I	DENVER, CO	
ws as Necessary	KCNC-1	4	Ν	DENVER, CO	
	KDVR-1	31	l	DENVER, CO	
	KMGH-1	7	N	DENVER, CO	
	KUSA-1	9	N	DENVER, CO	

LEGAL NAME OF								SYSTEM 040
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. Mentify the call tate whether t the radio stati this by placing sive the station	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	t the system's he system's FM ant this point, see pa ed by the cable he station is licen	eadend, and (2 enna, during c ige (v) of the <u>c</u> system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-				8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					040658
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion that vo	ur cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer is		must comp	-	
		, leave life		ige blank. If your answer is	s res, your	must comp	ete trie proj	gram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible. if tl	neir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				1 /	,	
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		censed by t	the FCC or	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth
	first. Example: for May 7 gi		4:4 4				«	-4-1.
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01				ately
	stated as "6:00–6:30 p.m."	Example.	a program our				. enedia be	
				n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und		s and regula		
								T
	c		E PROGRAM	1		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	1	IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
							_	
					·			
							_	
							_	
								"
							<u> </u>	
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1			r	1		r		

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 040658
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic∉ s amount, se	387.22 s 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	<u> </u>	
		1,319.00	
	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		
Filing Fee and			
Total Remittance Due	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 040658
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 on which the cable system carried television broadcast stations and nonbroadcast services	6 23
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
O Certification	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	B; or system as identified /ner of the cable system
	X /s/ Alan Dannenbaum Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/14/2020	

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	04065
 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	
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
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q Interest Assessmen
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 Assessmen
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