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.

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SA1-2E Short Form

Return completed workbook

STATEME	INT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Secondar	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syster General instruct in the first tab c	ctions	are located	9/1/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ					
A	ACCO	2020/1	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	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 the second se	he last day of the accounting period should s	
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	061270
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	1	
			<u></u>		
		SUDDENLINK COMMUNICATIONS	CABLE SYSTEM		
		3015 S SE LOOP 323			
		(Number, street, rural route, apartment, or suite nu	imber)		
		(City, town, state, zip)			
С				tify the business and operation of the	2
	names		2, give the mailing address of the	e system, if different from the address	s given in space B.
System	1				
		CANON CITY COMPLEX MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	imber)		
		(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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	CEQUEL COMMUNICATIONS LLC	061270
	Instructions: List each separate community served by the cable system. A "o	
D	"a separate and distinct community or municipal entity (including unincorpo	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the	
	as the "first community." Please use it as the first community on all future f	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CANON CITY	CO
Community	(CANON CITY COMPLEX)	
d Rows as Necessary		
a Rows as necessary		

	LEGAL NAME OF OWNER OF C									E. PAGE
Name										6127
Е	SECONDARY TRANSMISSION							h		
	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	down by categories of secondar									
Rates	each category by counting the n separately for the particular serv	•	,	0,0				charged		
	Rate: Give the standard rate of							e and the		
	unit in which it is generally billed	-	-	•						
	category, but do not include disc									
	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						•			
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-na	and DIOCK. A LV	o- or thre	e-word descript	ion of the s	service is		
		OCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТЕ	EGORY OF SEF	RVICE	NO. OF SUBSCRIBE	RS	RATI
	Residential:	COBCOTUB		TUTE	0,111		(TIOE	CODECIADE	110	1011
	Service to first set		o	-						
	Service to additional set(s)		0	-						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		25	40.71						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra	te (not subscril	per) infor	mation with re	spect to a	ll your cable sys	stem's serv	rices that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There a 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		,					- 5,		
ransmissions:	Block 1: Give the standard ra									
Rates	Block 2: List any services that	• •			-	• •				
	listed in block 1 and for which a brief (two- or three-word) descri				snea. Lisi	these other ser	vices in the	e lorm of a		
	1		CK 1					BLOCK		
		1			10F				ICE	RATE
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER		RATE	CAILOC	DRY OF SERV		
	Continuing Services:	1	CATEG Installa	ion: Non-resi		RATE	CATEGO	DRY OF SERV		
	• Pay cable	1	CATEG Installat • Mote	t ion: Non-res i el, hotel		RATE		DRY OF SERV		
	Continuing Services: • Pay cable • Pay cable—add'l channel	1	CATEG Installat • Mote • Corr	t ion: Non-res i el, hotel mercial		RATE		DRY OF SERV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	CATEG Installat • Mote • Com • Pay	ion: Non-resi el, hotel mercial cable	dential	RATE		DRY OF SERV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	1	CATEG Installat • Mote • Com • Pay • Pay	t ion: Non-res i el, hotel mercial cable cable-add'l ch	dential	RATE		JRY OF SERV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	1	CATEG Installat • Mote • Com • Pay • Pay • Fire	tion: Non-resi el, hotel mercial cable cable-add'l ch protection	dential	RATE		DRY OF SERV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	1	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg	ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection	dential	RATE		JRY OF SERV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s	ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection ervices:	dential	RATE		JRY OF SERV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	1	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other so	ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	dential	RATE		JRY OF SERV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s • Reco • Disc	ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect onnect	dential	RATE		JRY OF SERV		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	1	CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc • Outh	ion: Non-resi el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	dential annel	RATE		JRY OF SERV		

Inting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		061270
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations	translator stations and low power tele of (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a subst the Special Statement and Program Loved both on a substitute basis and also , see page (v) of the general instruction program convision out to a HBO.	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons.
			program services such as HBO, ESPI e-air designation. For example, repor	
	"WETA-2" as the same on the Column 2: Give the channer of license. For example, WI	ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over th	ne air in its community
			station, an independent station, or a r (for network multicast), "I" (for indepen	
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial education	
		rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the
	FCC. For Mexican or Canac	lian stations, if any, give the name of t	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ККТ V-1	11	Ν	COLORADO SPRINGS, CO
	KOAA-1	5	Ν	COLORADO SPRINGS, CO
s Necessary	KRDO-1	13	N	COLORADO SPRINGS, CO
	KTSC-1	8	Е	COLORADO SPRINGS, CO
	KVSN-1	48	l	COLORADO SPRINGS, CO
	KXRM-1	21	Ι	COLORADO SPRINGS, CO

LEGAL NAME OI								SYSTEM 0612
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	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 the community with which the	It the system's h system's FM and this point, see p sed by the cable ne station is licer	eadend, and (2 enna, during c age (v) of the g system as a se used by the FC	2) it can ertain st jeneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
					<u> </u>			
					+			
						·		

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					061270
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident	-	-			tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per	-			isis anv noni	network telev	rision nroa	ram
Statement and		-	ui cabie syster	fically, on a substitute be	1313, any nom			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	eir meaning	g is
				vision program ("substitute	e program") t	hat during th		ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.		depart live ant	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th		censed by th	e FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).		
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi		o oubotituto pr	ogram was carried by you	r ochlo ovoto	m lict the ti		ataly
	to the nearest five minutes.							atery
	stated as "6:00-6:30 p.m."		a program our					
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
		•						
						N SUBSTIT		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S		5. MONTH AND DAY	6. TIN FROM —	ИES · TO	DELETION
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT		. 10	
						=	<u>.</u>	
						_		
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Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	CEQUEL COMMUNICATIONS LLC		061270
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 service s amount, se	5,164.46
	COPYRIGHT ROYALTY FEE		
L 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	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		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount of gross receipts from space K	-	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	<u>.</u>	
	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)	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 #	Ι	
	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 me		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061270
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	6
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		(903) 579-3152
	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)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ovin 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 herei 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified vner of the cable system
	Typed or printed name: ALAN DANNENBAUM	
	(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
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	06127
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
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
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
	Q Interest Assessmen
	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer

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