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	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
General instruc	ms (Short Form) ctions are located 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
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	/YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	2020	Barcode Data Filing Period (optiona	- see instructions)	
B Owner	of the subsidiary, not that of the parent of List any other name or names under which	corporation. the owner conducts the business of t accounting period, only the owner on ee payment covering the entire accoun	he last day of the accounting period should sting period.	
		G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER O SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite TYLER, TX 75701 (City, town, state, zip)	CABLE SYSTEM)	
С	INSTRUCTIONS: In line 1, give any busin			
	names already appear in space B. In line	2, give the mailing address of th	e system, if different from the address	s given in space B.
System	1			
	MERCER STATE CORREC MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite			
	(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#
Name	CEQUEL COMMUNICATIONS LLC	061543
	Instructions: List each separate community served by the cable system. A "com	
P	"a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filing	
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	MERCER	PA
Community	(MERCER SCI)	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA	TEM IC
Name								510	06154
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	d (June 30 or D	ecember 3	1, as the ca	se may be	e).		0	
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		<i>,</i>	0,0			,	charged	
	Rate: Give the standard rate of							ge 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	able service to	additional	sets would b	e includeo	d in the count ur	Ider "Servi	ce to the	
	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.		e ngnt-nai						
	BL	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				-		-		
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		287	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 u								
Secondary	enter only the letters "PP" in the			-		-		-	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descri								
		BLO RATE		RY OF SER	/ICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	CATECORY OF SERVICE			n: Non-resi		INATE	CAILOC	DITI OF SERVICE	
	CATEGORY OF SERVICE Continuing Services:								
	Continuing Services:	_		hotel					
	• Pay cable		• Motel,						
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Motel, • Comm	iercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Motel, • Comm • Pay ca	iercial able	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	-	• Motel, • Comm • Pay ca • Pay ca	iercial able able-add'l ch	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Motel, • Comm • Pay ca • Pay ca • Fire p	ercial able able-add'l ch otection	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		• Motel, • Comn • Pay ca • Pay ca • Fire p • Burgla	nercial able able-add'l ch rotection nr protection	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Motel, • Comn • Pay c: • Pay c: • Fire p • Burgla Other set	nercial able able-add'l ch rotection nr protection vices:	annel				
	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)	- - -	• Motel, • Comm • Pay ca • Pay ca • Fire p • Burgla Other set • Recor	ercial able able-add'l ch rotection ar protection vices: inect	annel	· · · · · · · · · · · · · · · · · · ·			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		 Motel, Comm Pay ca Pay ca Fire p Burgla Other sea Recor Discording 	nercial able able-add'l ch rotection rr protection vices: nnect annect	annel	· · · · · · · · · · · · · · · · · · ·			
	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)		 Motel, Comn Pay ca Pay ca Fire p Burgla Other set Recording Discold Outlet 	ercial able able-add'l ch rotection ar protection vices: inect		· · · · · · · · · · · · · · · · · · ·			

counting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	CEQUEL COMMUNIC	ATIONS LLC		061543
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann- of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru-	arried by your cable system on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	levision stations) ime basis under ams [sections tions carried on a postitute program _og)—if the _og)—if the _o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	the community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION
	KDKA-1	2	N	PITTSBURGH, PA
	WBCB(WFMJ)-2	21		YOUNGSTOWN, OH
dd Rows as Necessary	WEAO-1	49	E	AKRON, OH
,	WFMJ-1	21	N	YOUNGSTOWN, OH
	WKBN-1	27	Ν	YOUNGSTOWN, OH
	WPGH-1	53	I	PITTSBURGH, PA
	WPXI-1	11	Ν	PITTSBURGH, PA
	WQED-1	13	E	PITTSBURGH, PA
	WYTV-1	33	Ν	YOUNGSTOWN, OH

EGAL NAME OF								SYSTEM 061
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate to Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can sertain st general in eparate s	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D		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>		
						<u> </u>		
						<u> </u>		
						<u> </u>		
						<u> </u>		
·								

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					061543
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ifv everv no	nnetwork telev	ision program, broadcast by	a distant sta	tion, that vo	our 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 in:	structions ir	n 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	n carry, on a substitute ba	sis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pr	ao blank. If your answor is	"Voc " vou	- must comp	_	
		, leave life	rescortins pa	ige blank. If your answer is	s res, your	nusi comp	iele li le pi di	Jian
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible. if t	heir 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.			2.01 0p 00.110 p. 03.0		,	2010 200)	
				er "Yes." Otherwise enter '				
				asting the substitute progr				
	the case of Mexican or Car			the community to which the			the FCC or,	IN
				stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi		······					
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m	n. should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	em was <i>requ</i>	iired
	to delete under FCC rules a							
	was substituted for program	nming that						0
	effect on October 19, 1976							
					WHE	N SUBST		
	S	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
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			Γ			Γ		1
1								

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 061543
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 transit (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 amount, se	,990.07
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 1 • 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		
	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		
		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 #		
	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 SA	1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CAB CEQUEL COMMUNICATION					S	YSTEM ID# 061543
M Channels	 CHANNELS Instructions: You must give (1) to its subscribers, and (2) the car 1. Enter the total number of char system carried television broad 2. Enter the total number of action on which the cable system carriand nonbroadcast services 	able system's total n innels on which the o dcast stations ivated channels rried television broad	umber of activated chan cable 	nels during the ac	counting period.	ns 9 	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACT we can contact about this staten	ment of account.)	IFORMATION IS NEED	ED (Identify an ind		(002) 570 2452	
for Further Information		E LOOP 323 rural route, apartment, o X 75701	r suite number)		Teleph	one (903) 579-3152	
	Email	ODNEY.HASKINS	@ALTICEUSA.COM		Fax (optional)		
O Certification	(Agent of owner othe in line 1 of space B	fy that (Check one, <i>bu</i> prporation or partne or than corporation of B and that the owner am an officer (if a co B. of account and hereb o the best of my know	<i>it only one</i> , of the boxes. rship) I am the owner of or partnership) I am the is not a corporation or pa prporation) or a partner (if by declare under penalty) the cable system a duly authorized ag artnership; or f a partnership) of t of law that all state belief, and are mad	as identified in line 1 of sp lent of the owner of the c he legal entity identified a ments of fact contained h	ace B; or able system as identified is owner of the cable system	
		Enter	r an electronic signature o r signature using an "/s/ si	in the line above to gnature" (e.g., /s/ J ENBAUM			
			osition held in corporation or		8/14/2020		

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ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06154
 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? 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.	0
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 Assessme
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