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

1

Return completed workbook

| STATEM               | ENT OF ACCOUNT   | FOR COPYRIG   | HT OFFICE USE ONLY  | by email to:   |
|----------------------|--|---|---|--|
|                      | ary Transmissions by   | DATE RECEIVED   | AMOUNT  |  |
| General instru       | ems (Short Form)<br>actions are located<br>of this workbook  | 9/1/2020  | \$<br>ALLOCATION NUMBER                                     | coplicsoa@copyright.gov<br>For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at:<br>Tel: (202) 707-8150 |
|                      | 1  |   |   |  |
| A                    |  | BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30 | YYY/(Period)) Period 2 = July 1 - December 31               |  |
|                      | 2020/1   | `<br>7  |   |  |
| Accounting<br>Period | 2020   | Barcode Data Filing Period (optiona                   | - see instructions)   |  |
| В                    | Instructions:<br>Give the full legal name of the owner of t<br>of the subsidiary, not that of the parent o |   | diary of another corporation, give the full co              | rporate title  |
| Owner                | List any other name or names under whi   | ch the owner conducts the business of t               | he cable system.  |  |
|                      | If there were different owners during the<br>single statement of account and royalty f                     |   | the last day of the accounting period should s ting period. | ubmit a  |
|                      | Check here if this is the system's first filir   | ng. If not, enter the system's ID number              | assigned by the Licensing Division.                         | 063430   |
|                      | LEGAL NAME OF OWNER/MAILIN   | G ADDRESS OF CABLE SYSTEM                             |   |  |
|                      |  |   |   |  |
|                      | BUSINESS NAME(S) OF OWNER O  | F CABLE SYSTEM (IF DIFFERENT                          | )   |  |
|                      | SUDDENLINK COMMUNICATIONS  |   |   |  |
|                      | MAILING ADDRESS OF OWNER OF  | CABLE SYSTEM  |   |  |
|                      | 3015 S SE LOOP 323<br>(Number, street, rural route, apartment, or suite                                    | number)   |   |  |
|                      | TYLER, TX 75701<br>(City, town, state, zip)  |   |   |  |
| С                    | INSTRUCTIONS: In line 1, give any busi<br>names already appear in space B. In line                         |   |   |  |
| System               | IDENTIFICATION OF CABLE SYSTEM:  |   | • ·   |  |
|                      | 1 DAYTON CORRECTIONAL  |   |   |  |
|                      | MAILING ADDRESS OF CABLE SYSTE   | И:  |   |  |
|                      | 2 (Number, street, rural route, apartment, or suite  | number)   |   |  |
|                      | (City, town, state, zin 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.

(City, town, state, zip code)

| Name                | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
|---------------------|--|---|
| Name                | CEQUEL COMMUNICATIONS LLC  | 063430  |
| D                   | Instructions: List each separate community served by the cable system. A "co<br>"a separate and distinct community or municipal entity (including unincorpor-<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha<br>as the "first community." Please use it as the first community on all future fili | ommunity" is the same as a "community unit" as defined in FCC rules:<br>ated communities within unincorporated areas and including single,<br>at you list will serve as a form of system identification hereafter known |
|                     | Note: Entities and properties such as hotels, apartments, condominiums, or m   |   |
| Area<br>Served      | identified city.   | nobile nome parks should be reported in parentneses below the   |
|                     |  |   |
| First               | CITY OR TOWN DAYTON  | OH  |
| Community           | (DAYTON CORR)  |   |
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| d Rows as Necessary |  |   |
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|               | LEGAL NAME OF OWNER OF C   |                    |   |   |                  |                 |        |                     |      | 2E. PAGE |
|---------------|--|--------------------|---|---|------------------|-----------------|--------|---------------------|------|----------|
| Name          |  |                    |   |   |                  |                 |        | ·                   |      | )6343    |
|               |  |                    |   |   |                  |                 |        |                     |      |          |
| Е             | SECONDARY TRANSMISSION   |                    |   |   |                  |                 |        |                     |      |          |
|               | 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   | •                  |   |   |                  |                 | -      |                     |      |          |
| scribers and  | down by categories of secondar   |                    |   |   |                  |                 |        |                     |      |          |
| Rates         | each category by counting the n<br>separately for the particular serv  | •                  | <i>.</i>  | 0 , (   |                  |                 |        | charged             |      |          |
|               | <b>Rate:</b> 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<br>with the number of subscribers a   |                    |   |   |                  |                 | ,      |                     |      |          |
|               | sufficient.  | and rates, in th   | e nym-n   | and DIOCK. A W  |                  | e-word descript |        |                     |      |          |
|               | BLO  | OCK 1              |   |   |                  |                 | BLOCK  |                     |      |          |
|               | CATEGORY OF SERVICE  | NO. OF<br>SUBSCRIB |   | RATE  | CATE             | EGORY OF SEF    | RVICE  | NO. OF<br>SUBSCRIBE | RS   | RATI     |
|               | Residential:   | COBCOTUB           | LITO  | TUTE  | 0,111            |                 | (TIOE  | CODOCIUDE           |      |          |
|               | Service to first set   |                    | 0   | -   |                  |                 |        |                     |      |          |
|               | Service to additional set(s)   |                    | Ō   | -   |                  |                 |        |                     |      |          |
|               | • FM radio (if separate rate)  |                    | Ĭ   |   |                  |                 |        |                     |      |          |
|               | Motel, hotel   |                    |   |   |                  |                 |        |                     |      |          |
|               | Commercial   |                    | 83  | 40.71   |                  |                 |        |                     |      |          |
|               | Converter  |                    |   |   |                  |                 |        |                     |      |          |
|               | Residential  |                    |   |   |                  |                 |        |                     |      |          |
|               | Non-residential  |                    |   |   |                  |                 |        |                     |      |          |
|               |  |                    |   |   |                  |                 |        |                     |      |          |
|               | SERVICES OTHER THAN SEC  |                    |   |   |                  |                 |        |                     |      |          |
| F             | In General: Space F calls for ra   |                    |   |   |                  |                 |        |                     | Э    |          |
| Г             | not covered in space E, that is, t   |                    |   |   |                  |                 |        |                     |      |          |
| Services      | service for a single fee. There an<br>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   | rate column.       |   | -   |                  | -               |        | 0 /                 |      |          |
| ransmissions: | Block 1: Give the standard ra  |                    |   |   |                  |                 |        |                     |      |          |
| Rates         | Block 2: List any services that<br>listed in block 1 and for which a   | • •                |   |   | -                | • •             |        |                     |      |          |
|               | brief (two- or three-word) description   |                    |   |   | SHEU. LISI       | these other ser |        | i luitti ui a       |      |          |
|               |  |                    |   |   |                  |                 | 1      |                     | -    |          |
|               |  |                    | CK 1  |   |                  |                 |        | BLOCK               |      |          |
|               |  | BLO                |   |   |                  |                 |        |                     | VICE | RATE     |
|               | CATEGORY OF SERVICE  | RATE               | CATEG   | ORY OF SER  |                  | RATE            | CATEGO | ORY OF SER          |      |          |
|               | Continuing Services:   | 1                  | CATEG<br>Installa   | tion: Non-resi  |                  | RATE            | CATEGO | ORY OF SER          |      |          |
|               | • Pay cable  | 1                  | CATEG<br>Installa<br>• Mot  | <b>tion: Non-res</b> i<br>el, hotel   |                  | RATE            | CATEGO | DRY OF SERV         |      |          |
|               | Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel   | 1                  | CATEG<br>Installa<br>• Mot<br>• Con   | <b>tion: Non-resi</b><br>el, hotel<br>nmercial  |                  | RATE            | CATEGO | DRY OF SERV         |      |          |
|               | Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection  | 1                  | CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay  | <b>tion: Non-resi</b><br>el, hotel<br>nmercial<br>cable   | dential          | RATE            | CATEGO | DRY OF SER          |      |          |
|               | Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>•Burglar protection   | 1                  | CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay   | tion: Non-resi<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch  | dential          | RATE            |        | ORY OF SER          |      |          |
|               | Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>•Burglar protection<br>Installation: Residential  | 1                  | CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire   | tion: Non-resi<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch<br>protection  | dential          | RATE            |        | DRY OF SER          |      |          |
|               | Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>•Burglar protection<br>Installation: Residential<br>• First set   | 1                  | CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burg   | tion: Non-resi<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch<br>protection<br>glar protection                                   | dential          | RATE            |        | OF SER              |      |          |
|               | Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                                 | 1                  | CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burq<br>Other s                              | tion: Non-resi<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch<br>protection<br>glar protection<br>ervices:                       | dential          | RATE            |        | DRY OF SER          |      |          |
|               | Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>•Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | 1                  | CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burq<br>Other s<br>• Rec                     | tion: Non-resi<br>el, hotel<br>nmercial<br>cable<br>cable-add'I ch<br>protection<br>glar protection<br>ervices:<br>onnect             | dential          | RATE            |        | DRY OF SER          |      |          |
|               | Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                                 | 1                  | CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burq<br>Other s<br>• Rec<br>• Disc           | tion: Non-resi<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch<br>protection<br>glar protection<br>services:<br>onnect<br>connect | dential          | RATE            |        | DRY OF SER          |      |          |
|               | Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>•Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | 1                  | CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burg<br>Other s<br>• Rec<br>• Disc<br>• Outl | tion: Non-resi<br>el, hotel<br>nmercial<br>cable<br>cable-add'I ch<br>protection<br>glar protection<br>ervices:<br>onnect             | dential<br>annel | RATE            |        | DRY OF SER          |      |          |

|  | 2020/1  |   |  | FORM SA1-2E. PAGE   |
|--|---|---|--|---|
| Name   | LEGAL NAME OF OWNER OF  | CABLE SYSTEM:   |  | SYSTEM ID   |
|  | CEQUEL COMMUNIC   | ATIONS LLC  |  | 063430  |
| Rame<br>G<br>Primary<br>ransmitters:<br>Television | PRIMARY TRANSMITTERS:<br>In General: In space G, ide<br>carried by your cable system<br>FCC rules and regulations i<br>76.59(d)(2) and (4), 76.61(e<br>substitute program basis, and<br>Substitute Basis Stations<br>basis under specific FCC ru<br>• Do not list the station here<br>station was carried only on<br>• List the station here, and a<br>basis. For further informatic<br>Column 1: List each station<br>multicast stream associated<br>"WETA-2" as the same on t<br>Column 2: Give the channel<br>of license. For example, W<br>Column 3: Indicate in each<br>educational station, by enter<br>(for independent multicast),<br>For the meaning of these te<br>Column 4: Give the locatio | TELEVISION<br>ntify every television station (including<br>n during the accounting period, <i>excep</i> ,<br>n effect on June 24, 1981, permitting the<br>(2) and (4), or 76.63 (referring to 76.63<br>explained in the next paragraph.<br>With respect to any distant stations ca-<br>les, regulations, or authorizations:<br>e in space G—but do list it in space I (the<br>a substitute basis.<br>also in space I, if the station was carried<br>in concerning substitute basis stations,<br>i's call sign. <i>Do not</i> report origination p<br>I with a station according to its over-the<br>he form.<br>al number the FCC assigned to the tele<br>RC is channel 4 in Washington, D.C.<br>case whether the station is a network<br>ring the letter "N" (for network), "N-M" (<br>"E" (for noncommercial educational), or<br>rms, see page (iv) of the general instru-<br>n of each station. For U.S. stations, list | t (1) stations carried only on a part-ti-<br>he carriage of certain network progra<br>31(e)(2) and (4))]; and (2) certain stat<br>arried by your cable system on a sub<br>he Special Statement and Program I<br>d both on a substitute basis and also<br>see page (v) of the general instruction<br>orogram services such as HBO, ESF<br>e-air designation. For example, repo-<br>evision station for broadcasting over<br>station, an independent station, or a<br>(for network multicast), "I" (for indepen-<br>per "E-M" (for noncommercial education<br>uctions in the paper SA1-2 form.<br>the community to which the station | ime basis under<br>ims [sections<br>itions carried on a<br>postitute program<br>Log)—if the<br>p on some other<br>ons.<br>PN, etc. Identify each<br>rt multistream<br>the air in its community<br>noncommercial<br>endent), "I-M"<br>onal multicast).<br>is licensed by the |
|  | FCC. For Mexican or Canad   | dian stations, if any, give the name of t<br>2. B'CAST CHANNEL NUMBER   | he community with which the station 3. TYPE OF STATION   | is identified. 4. LOCATION OF STATION   |
|  | WDTN-1  | 2   | N  | DAYTON, OH  |
|  | WHIO-1  | 7   | N  | DAYTON, OH  |
| vs as Necessary                                    | WKEF-1  | 22  | Ν  | DAYTON, OH  |
|  | WPTD-1  | 16  | E  | DAYTON, OH  |
|  | WRGT-1  | 45  | <b>I</b>   | DAYTON, OH  |
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| EGAL NAME OF  |  |   |  |   |   |   |  | SYSTEM<br>0634                   |
|---|--|---|--|---|---|---|--|----------------------------------|
|   | every radio s  | tation ca   | arried on a separate and discre<br>nerally receivable by your cab  |   |   |   |  | н                                |
| eceivable if (1)<br>on the basis of it<br>For detailed info<br>paper SA1-2 for<br>Column 1: Id<br>Column 2: S<br>Column 3: If<br>isignal, indicate<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation abou<br>m.<br>lentify the call<br>tate whether t<br>the radio stati<br>this by placing<br>ive the statior | y the sys<br>be recei<br>t the Cc<br>sign of e<br>he static<br>ion's sign<br>g a checl<br>n's locatio | I-Band FM Carriage: Under C<br>tem whenever it is received at<br>wed at the headend, with the s<br>opyright Office regulations on t<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>k mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>his point, see pa<br>ed by the cable s<br>le station is licens | adend, and (2<br>enna, during c<br>ge (v) of the g<br>system as a se<br>sed by the FC | 2) it can<br>ertain st<br>leneral ii<br>eparate : | be expected,<br>ated intervals.<br>nstructions in the.<br>and discrete | Primary<br>Transmitters<br>Radio |
| CALL SIGN   | AM or FM   | S/D   | LOCATION OF STATION  | CALL SIGN   | AM or FM  | S/D   | LOCATION OF STATION  |                                  |
| 0.122 0.011   | 7 0. 1   | 0,0   |  | 0.122 0.011   | 7 01 1 111  | 0,0   |  |                                  |
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| Accounting Perio | od: 2020/1                    |                       |                           |  |                     |                   | FORM        | M SA1-2E. PAGE 5. |
|------------------|-------------------------------|-----------------------|---------------------------|--|---------------------|-------------------|-------------|-------------------|
|                  | LEGAL NAME OF OWNER OF        | CABLE SYS             | STEM:                     |  |                     |                   |             | SYSTEM ID#        |
| Name             | CEQUEL COMMUNICA              | ATIONS L              | LC                        |  |                     |                   |             | 063430            |
|                  | SUBSTITUTE CARRIAG            |                       |                           |  | )G                  |                   |             |                   |
| I I              | In General: In space I, ident |                       |                           |  | -                   | tion that you     | r ooblo ovo | tom carried on a  |
| •                | substitute basis during the a |                       |                           |  |                     |                   |             |                   |
| Substitute       | explanation of the programm   |                       |                           |  |                     |                   |             |                   |
| Carriage:        | 1. SPECIAL STATEMEN           |                       |                           |  | 0                   |                   | • •         |                   |
| Special          | During the accounting per     | -                     |                           |  | isis anv noni       | network telev     | vision nroa | ram               |
| Statement and    |                               | -                     |                           | in ourry, on a substitute be                             | loio, 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          | E PROGRA              | AMS                       |  |                     |                   |             |                   |
|                  | In General: List each subs    |                       |                           |  | s wherever p        | ossible, if the   | eir meaning | g is              |
|                  | clear. If you need more spa   |                       |                           |  |                     |                   |             |                   |
|                  | period, was broadcast by a    |                       |                           | vision program ("substitute                              |                     |                   |             |                   |
|                  | under certain FCC rules, re   |                       |                           |  |                     |                   |             |                   |
|                  | Do not use general categor    |                       |                           |  |                     |                   |             |                   |
|                  | "NBA Basketball: 76ers vs.    | Bulls."               |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           | er "Yes." Otherwise enter                                |                     |                   |             |                   |
|                  |                               |                       |                           | casting the substitute prog<br>the community to which th |                     | oonood by th      | a ECC ar    | in                |
|                  | the case of Mexican or Car    |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           | stem carried the substitute                              |                     |                   | with the n  | nonth             |
|                  | first. Example: for May 7 gi  |                       | , ,                       |  | 1 0                 |                   |             |                   |
|                  |                               |                       |                           | ogram was carried by you                                 |                     |                   |             | ately             |
|                  | to the nearest five minutes.  | Example:              | a program car             | ried by a system from 6:0′                               | 1:15 p.m. to 6      | 6:28:30 p.m.      | should be   |                   |
|                  | stated as "6:00–6:30 p.m."    | er "R" if the         | listed program            | n was substituted for prog                               | ramming that        | t vour systen     | was reau    | uired             |
|                  | to delete under FCC rules     |                       |                           |  |                     |                   |             |                   |
|                  | was substituted for program   |                       |                           |  |                     |                   |             | -9.5              |
|                  | effect on October 19, 1976    |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           | A  |                     | N SUBSTIT         |             | 7. REASON FOR     |
|                  | 5                             |                       |                           |  |                     | AGE OCCU<br>6. TI |             | DELETION          |
|                  | 1. TITLE OF PROGRAM           | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                    | 5. MONTH<br>AND DAY | FROM -            | - TO        |                   |
|                  |                               |                       |                           |  |                     |                   | -           |                   |
|                  |                               |                       |                           |  |                     |                   | -           |                   |
|                  |                               |                       |                           |  |                     |                   | -           |                   |
|                  |                               |                       |                           |  |                     | _                 |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   | -           |                   |
|                  |                               |                       |                           |  |                     | _                 |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     | _                 |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   | -           |                   |
|                  |                               |                       |                           |  |                     | -                 | -           |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     | _                 |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     | _                 |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |
|                  |                               |                       |                           |  |                     |                   | ·           |                   |
|                  |                               |                       |                           |  |                     |                   |             |                   |

| Accounting Period:            | 2020/1  | FORM SA                         | 1-2E. PAGE 6.      |
|-------------------------------|---|---------------------------------|--------------------|
| Name                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CEQUEL COMMUNICATIONS LLC   | Sì                              | STEM ID#<br>063430 |
| K<br>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 transic (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<br>s amount, se | ,306.52            |
| L<br>Copyright<br>Royalty Fee | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(<br>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  | <u>\$</u>                       | 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  | <u> </u>                        |                    |
|                               | 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   |                                 |                    |
|                               |   | 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<br>Due       | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)   | 52.00                           |                    |
|                               | 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 #   | [                               |                    |
|                               | <b>Important:</b> 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 more than the the second secon |                                 |                    |

| Accounting Period:                 | 2020/1  | FORM SA1-2E. PAGE 7.                             |
|------------------------------------|---|--|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CEQUEL COMMUNICATIONS LLC   | SYSTEM ID#<br>063430                             |
| M<br>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   | 5  |
| N<br>Individual to<br>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<br>Information         | Name RODNEY HASKINS Telephone   | (903) 579-3152                                   |
| O<br>Certification                 | Address       3015 S SE LOOP 323<br>(Number, street, rural route, apartment, or sulle number)         TYLER, TX 75701<br>(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.)   |  |
|                                    | <ul> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(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</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)]</li> </ul> | system as identified<br>wner of the cable system |
|                                    | Enter an electronic signature on the line above to certify this statement.<br>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   |  |

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 fling, a determination that would be made by a court of law.

| ounting Period: 2020/1  | FORM SA1-2E. PAGE  |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM I   |
| QUEL COMMUNICATIONS LLC   | 06343  |
| <ul> <li>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."     </li> <li>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.</li> <li>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?     </li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul> | P<br>Special Statement<br>Concerning Gross<br>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.<br>For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q  |
|   | Q<br>Interest Assessme   |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q<br>Interest Assessme   |
| 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<br>Interest Assessme   |
| 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<br>Interest Assessme   |
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| 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<br>Interest Assessme   |
| 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<br>Interest Assessme<br>                                       |

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