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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT		
-	ems (Short Form) uctions are located	0///2020	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:	
in the first tab	of this workbook	9/1/2020	ALLOCATION NUMBER	Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	20201	Barcode Data Filing Period (optiona	al - see instructions)		
Accounting Period					
	Instructions:				
В	Give the full legal name of the owner of t of the subsidiary, not that of the parent c		idiary of another corporation, give the full co	rporate title	
Owner	List any other name or names under whic	ch the owner conducts the business of	the cable system.		
	If there were different owners during the single statement of account and royalty for		the last day of the accounting period should s hting period.	submit a	
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	063625	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM			
	CEQUEL COMMUNICATIONS LLC				
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT	Γ)		
	SUDDENLINK COMMUNICATIONS				
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	3015 S SE LOOP 323				
	(Number, street, rural route, apartment, or suite r	number)			
	(City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM	٨.			
	MAILING ADDRESS OF CABLE STSTEM	n.			
	2 (Number, street, rural route, apartment, or suite i	number)			
	(City, town, state, zip code)				
Privacy Act Notic	co. Section 111 of title 17 of the United States Code a	uthorizes the Convright Office to collect t	he personally identifying information (PII) requi	acted on this	

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Hamo	CEQUEL COMMUNICATIONS LLC	06362
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	mmunities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nome parks should be reported in parentheses below the
		STATE
First Community	OTTOWA (LASALLE COUNTY JAIL)	IL
,		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C								A1-2E. PAGE
Name			•					51	06362
Е	SECONDARY TRANSMISSION In General: The information in s					ny transmission	onvice of t	ha cabla	
-	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	d (June 30 or D	ecember	31, 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			0,0				cnarged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	l. (Example: "\$	20/mth").	Summarize a	ny standa	ard rate variation	s within a	particular rate	
	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 th	e nym-na	ITU DIOCK. A U	vo- or the	e-word descript		Service is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODCOTUD	LIKO	TUTE	0/11		(TIOE	CODOCIADEIRO	
	Service to first set		0	-					
	Service to additional set(s)		Ŭ	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		16	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		IONS: RATE	s				
F	In General: Space F calls for ra	te (not subscril	ber) infori	mation with re	spect to a	all your cable sys	stem's serv	vices 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			·····,				- j ,	
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				sned. List	Linese otner ser	vices in the	e form of a	
		BLO						BLOCK 2	
							CATEGO	DRY OF SERVIC	E RATE
	CATEGORY OF SERVICE	RATE		DRY OF SER		RATE			
	Continuing Services:	RATE	Installat	ion: Non-res		RATE			
	• Pay cable	RATE	Installat • Mote	ion: Non-res I, hotel		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE - -	Installat • Mote • Com	ion: Non-res I, hotel mercial		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE -	Installat ● Mote ● Com ● Pay e	ion: Non-res I, hotel mercial cable	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installat • Mote • Com • Pay • Pay	ion: Non-res I, hotel mercial cable cable-add'l ch	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installat • Mote • Com • Pay • • Pay • • Fire	ion: Non-res I, hotel mercial cable cable-add'l ch protection	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg	ion: Non-res I, hotel mercial cable cable-add'l ch protection lar protection	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other se	ion: Non-res I, hotel mercial cable cable-add'l ch protection lar protection ervices:	idential	RATE			
	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)	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg Other se • Reco	ion: Non-res I, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	idential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installat • Mote • Com • Pay • • Fire • Burg Other se • Recco • Disco	ion: Non-res I, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	idential	RATE			
	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)	RATE	Installat • Mote • Com • Pay • • Pay • • Fire • Burg Other se • Recc • Disco • Outle	ion: Non-res I, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	idential annel	RATE			

counting Period:	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			063625
G Primary transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, and Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the locatio	TELEVISION intify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations of iles, regulations, or authorizations: is in space G—but do list it in space I (for a substitute basis. also in space I, if the station was carrier in concerning substitute basis stations of call sign. <i>Do not</i> report origination I with a station according to its over-th	at (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L and both on a substitute basis and also be page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the 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 is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream me air in its community moncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBBM-1	2	N	CHICAGO, IL
	WFLD-1	- 32		CHICAGO, IL
Necessary	WLS-1	7	N	CHICAGO, IL
,	WMAQ-1	5	N	CHICAGO, IL

LEGAL NAME OI								SYSTEM 0630
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive 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 th	t the system's he system's FM anto his point, see pa ed by the cable s le 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 si general i eparate	be expected, tated 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	
						<u> </u>		
						<u> </u>		
						<u> </u>		
				P		7	1	

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					063625
	SUBSTITUTE CARRIAG							
1		-	-			tion that you	n aabla aya	4
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-			•			
Statement and	 During the accounting per 	-	ur cable syster	m carry, on a substitute ba	isis, any noni		lsion prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", 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				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa				o program") t	hot during th		ing
	period, was broadcast by a			vision program ("substitute rour cable system substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		concod by th	o ECC or	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 system	was reau	uired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
				A		N SUBSTIT		7. REASON FOR
	5	1				AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
							-	
						_		
							-	
						_		
							-	
							-	
						_		
						_		
						_		

Accounting Period:	2020/1	FORM SA1-2E	. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		EM ID#
	CEQUEL COMMUNICATIONS LLC	0	63625
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	
	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	his six-month	
	Line 1. Royalty fee for accounting period	\$ 53	2.00
	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	2.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	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		
		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	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	\$ 6	7.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> 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
Name	LEGAL NAME OF OWNEF							SYSTEM ID 06362
M Channels	 to its subscribers, and Enter the total numb system carried televis Enter the total numb on which the cable sy 	st give (1) the number o (2) the cable system's t per of channels on which sion broadcast stations per of activated channels ystem carried television arvices	total number of th the cable 	f activated channels	during the ad	ccounting period.	st stations	4 20
N Individual to Be Contacted	we can contact about t	CONTACTED IF FURTH		ATION IS NEEDED (ldentify an in		Tolophono	(002) 570 2452
for Further Information	Address 301 (Numi	DNEY HASKINS 5 S SE LOOP 323 ber, street, rural route, apartu LER, TX 75701 town, state, zip)		nber)			Telephone	(903) 579-3152
	Email	RODNEY.HAS	KINS@ALTIC	CEUSA.COM		Fax (optional)		
O Certification	(Agent of ow in line 1 of X (Officer or p in line 1 of • I have examined the st	reby certify that (Check o er than corporation or p wner other than corpora of space B and that the o partner) I am an officer (of space B. tatement of account and correct to the best of my	one, <i>but only or</i> partnership) I a ration or partne owner is not a c (if a corporation d hereby declard y knowledge, ir	ee, of the boxes.) am the owner of the o ership) I am the duly corporation or partner n) or a partner (if a pa e under penalty of law formation, and belief	authorized ag ship; or intnership) of v that all state , and are mad	as identified in line gent of the owner o the legal entity ide ements of fact cont	e 1 of space E of the cable s ntified as own	system as identified ner of the cable system
			Enter an elect	/ Alan Dannenba ronic signature on the re using an "/s/ signatu	line above to		ent.	
		Typed or printed Title: (Title of o	SVP, PRO	LAN DANNENE				
		Date:				8/14/2020		

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ounting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0636
 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 Exclusio
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.	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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