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

STATEMENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	03/01/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED B	Y THIS STATEMENT: (YYY	Y/(Period))	
2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional -	see instructions)	
Accounting Period			
B Instructions: Give the full legal name of the owner of the the subsidiant, not that of the parent core	-	ry of another corporation, give the full corpo	rate title of

Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3015 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		SPIRIT LAKE, ID
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	1	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	00304
D	Instructions: List each separate community served by the cable system. A "commur separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	munities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "firs
Area Served	city.	
	CITY OR TOWN	STATE
First	SPIRIT LAKE	ID
Community	TWIN LAKES	ID
d Rows as Necessary		
u Rows as necessary		

								FORM SA1	-
Name									TEM IC 00304
	CEQUEL COMMUNICAT	IONS LLC							
F	SECONDARY TRANSMISSION								
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							charged	
	Rate: Give the standard rate c							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. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count un	der "Servi	ce to the	
	first set" and would be counted o	0			· · ·	convice that are	different	from these	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		-						
	BLC	DCK 1 NO. OF					BLOC	(2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		203	34.99					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		9	45.95					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS						
-	In General: Space F calls for rat				ect to a	ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t					-			
Services	service for a single fee. There ar	•		•			0.		
Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	billou: If any face	o aro or			rogram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a				•				
	brief (two- or three-word) descrip				SU. LISI	these other ser			
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERVIC)F	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATI
	Continuing Services:			tion: Non-reside		TUTE	0/(TEO		
	• Pay cable	17.00		el, hotel					
	• Pay cable—add'l channel	19.00		nmercial					
	• Fire protection			cable					
	•Burglar protection			cable-add'l chan	nel				
	Installation: Residential			protection					
	First set	99.00		glar protection					
	Additional set(s)	25.00		services:					
	• FM radio (if separate rate)			connect		40.00			
	• Converter			connect					
				let relocation		25.00			
	1						L		·····
			• Mov	ve to new address	5	99.00			

unting Period: 2	2020/2			FORM SA1-2E. PAGE	
Name	LEGAL NAME OF OWNER C			SYSTEM ID	
	CEQUEL COMMUNIC	CATIONS LLC		00304	
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by entu (for independent multicast) For the meaning of these t	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s in's call sign. <i>Do not</i> report origination pri- d with a station according to its over-the-	1) stations carried only on a part-til carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also the page (v) of the general instruction ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a for network multicast), "I" (for indepu- "E-M" (for noncommercial education tions in the paper SA1-2 form.	me basis under ams [sections tions carried on a postitute program og)—if the og)—if the on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).	
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	e community with which the station 3. TYPE OF STATION	is identified. 4. LOCATION OF STATION	
	KAYU-1	28	1	SPOKANE, WA	
	KHQ-1	6	Ν	SPOKANE, WA	
Rows as Necessary	KHQ-2	6.2	I-M	SPOKANE, WA	
	KREM-1	2	N	SPOKANE, WA	
	KSPS-1	7	F		
			E	SPOKANE, WA	
	KUID-1				
		12 4	E E N	SPOKANE, WA MOSCOW, ID SPOKANE, WA	
	KUID-1	12	E	MOSCOW, ID	
	KUID-1	12	E	MOSCOW, ID	

EGAL NAME OF								SYSTEM 003
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. entify 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 statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	It the system's hea system's FM ante this point, see pag ed by the cable s he station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se wed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
		6/D				6/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Period								RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 003044
	SUBSTITUTE CARRIAGE	E: SPECIAL	L STATEMEN	T AND PROGRAM LO	G			
	In General: In space I, identi substitute basis during the ad explanation of the programm	ccounting pe	riod, under spe	cific present and former F	CC rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	• During the accounting per	riod, did your	r cable system	carry, on a substitute ba	sis, any nonne	twork televi	sion program	n
	broadcast by a distant stat	tion?					YES	× NO
ľ	Note: If your answer is "No"	". leave the r	rest of this pac	e blank. If vour answer is	s "Yes." vou mu	ust complete	e the progra	
	log in block 2.	,		, <u>,</u>		•	1 0	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call 3: Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes.	ace, please a of every nor distant statio gulations, or ries like "mov Bulls." n was broad sign of the s adcast statio hadian station th and day we ve "5/7." es when the	add additional r nnetwork televi on and that yo r authorizations vies" or "baske loast live, enter station broadca on's location (th ns, if any, the when your syst substitute pro	rows to the tables. sion program ("substitute ur cable system substitut s. See page (v) of the gen tball." List specific progra r "Yes." Otherwise enter ' isting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your	e program") tha ed for the prog neral instruction am titles, for ex 'No." am. e station is lice e station is lider program. Use r cable system.	it, during the ramming of ns for furthe ample, "I Lo nsed by the tified). numerals, List the tim	e accounting another sta er informatio ove Lucy" or e FCC or, in with the mo nes accurate	g ation in.
	stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulatio	ons in effect du	ring the accounting perio	d; enter the let	ter "P" if the	listed prog	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulatio nming that yo	ons in effect du our system wa	ring the accounting perio s permitted to delete und	d; enter the let ler FCC rules a	ter "P" if the	iisted prog ons in TUTE	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulatio nming that yo	ons in effect du	ring the accounting perio s permitted to delete und	d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulation	iisted prog ons in TUTE	ram
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting perio s permitted to delete und	d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulation EN SUBSTI IAGE OCC 6. 1	TUTE URRED	7. REASON FO
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BUBSTITUT	ons in effect du our system wa E PROGRAM 3. STATION'S	ring the accounting perio s permitted to delete und	d; enter the let ler FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulation EN SUBSTI IAGE OCC 6. 1	TUTE URRED	7. REASON FO
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	/STEM ID# 003044
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	, 220.27 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 0.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		52.00
	1. Base amount under statutory formula		
	7. Multiply line 6 by .005 (enter figure here)		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K \$ 263,800.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	FILING FEE AND TOTAL REMITTANCE DUE		-
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	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:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 003044
M Channels	to its subscriber 1. Enter the tota system carrie	s, and (2) the cable system's to Il number of channels on which	the cable	on which the cable system carried telev of activated channels during the acco	punting period.	7
		cable system carried television		stations		120
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account		IATION IS NEEDED (Identify an indiv	idual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	<u>(903) 579-3152</u>
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)				
	Email	RODNEY.HASKI	NS@ALTI	CEUSA.COM	Fax (optional	
O Certification	• I, the undersigne	d, hereby certify that (Check one	e, but only o	d and signed in accordance with Copy <i>ne</i> , of the boxes.) am the owner of the cable system as id		3: or
		in line 1 of space B and that the or or partner) I am an officer (if a	owner is no	nership) I am the duly authorized agent t a corporation or partnership; or n) or a partner (if a partnership) of the le		
		te, and correct to the best of my l		e under penalty of law that all statement information, and belief, and are made ir		
			Enter an elec	S/ Alan Dannenbaum ctronic signature on the line above to cert ure using an "/s/ signature" (e.g., /s/ John	•	
		Typed or printed n	name: A	ALAN DANNENBAUM		
				OGRAMMING sition held in corporation or partnership)		
		Date:			2/25/2021	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	003044
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name	_
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
Line 1 Enter the amount of late payment or underpayment	
	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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