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

STATEME	ENT OF ACCOUNT	FOR COPYRIGHT	FOFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	ctions are located of this workbook	03/02/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	Y/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

Accounting		20202 Barcode Data Filing Period (optional - see instructions)
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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:
		TRINITY, TX
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035532
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated c unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob	nunity" is the same as a "community unit" as defined in FCC rules: "a ommunities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community	TRINITY	TX
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name									03553
E	SECONDARY TRANSMISSION In General: The information in s					v transmission s	service of	the cable	
—	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ala avatam	brokon	
scribers and	down by categories of secondary						,	,	
Rates	each category by counting the n			0 / 1		•			
	separately for the particular serv							we and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ly standa		5 within a j		
	Block 1: In the left-hand block	•		0					
	systems most commonly provide that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	0			· · ·			e	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•	,	-	
	sufficient.	,	Ũ			•			
	BLC	DCK 1 NO. OF	. 1				BLOCK	X 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		128	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		5	45.95					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rat	`	'			, ,			
Г	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any rat	es are ch	arged on a vari	able per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ha cabl	o system for oar	ab of the	applicable convi	oog ligtad		
Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-resid	dential				
	Pay cable Add'l channel	-		tel, hotel					
	Pay cable—add'l channel Eire protection	-	-	mmercial / cable					
	Fire protection Burglar protection		· ·	/ cable / cable-add'l cha	annel				
	Installation: Residential		· ·	e protection					
	• First set	99.00		glar protection					
	Additional set(s)	25.00		services:					
	• FM radio (if separate rate)	_0.00		connect		40.00			
	Converter		•	connect					
				tlet relocation		25.00			
									·
			• Mo'	ve to new addre	SS	99.00			

Name				FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM II
				03553
G Primary ansmitters: elevision	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 Column 4 : Give the location	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 car ules, regulations, or authorizations: e 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 n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	1) stations carried only on a part-til e 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 eee page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a fer network multicast), "I" (for indepen- "E-M" (for noncommercial educati- tions in the paper SA1-2 form. he community to which the station	me basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBTX-1	3	N	BRYAN, TX
	KIAH-1	39	I	HOUSTON, TX
ows as Necessary	KIVY-1	16	I	CROCKETT, TX
	KPRC-1	2	N	HOUSTON, TX
		26		
	KRIV-1	26	I	HOUSTON, TX
	KRIV-1 KTRE-1	9		HOUSTON, TX LUFKIN, TX
			I N N	
	KTRE-1	9		LUFKIN, TX
	KTRE-1 KTRK-1	9 13		LUFKIN, TX HOUSTON, TX

CEQUEL CO								SYSTEM I 0355
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei It the Co sign of e	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried.	t the system's hea system's FM ante	adend, and (2) nna, during ce) it can b ertain sta	e expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate Column 4: G	the radio stati this by placing ive the statior	ion's sigi g a checl n's locati	n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
				·				

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF (CEQUEL COMMUNICA							SYSTEM ID# 035532
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every non	network televis	ion program, broadcast by a				
Substitute Carriage: Special Statement and Program Log	 explanation of the programmi 1. SPECIAL STATEMENT During the accounting peribroadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space of the title period, was broadcast by a under certain FCC rules, redoumn 1: Give the title period, was broadcast by a under certain FCC rules, redoumn 2: If the program Column 2: If the program Column 3: Give the call secolumn 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give 	ing that mus CONCER iod, did you ion? ', leave the PROGRA itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s iddcast static adian statio th and day re "5/7." as when the	t be included in NING SUBST r cable system rest of this pag mon a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca n's location (th ns, if any, the o when your syst substitute pro	this log, see page (v) of the TUTE CARRIAGE carry, on a substitute basis the blank. If your answer is the te line. Use abbreviations to ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N sting the substitute program te community to which the community with which the tem carried the substitute program the substitute program te community to which the tem carried the substitute program tem carried the subst	general instru s, any nonnel 'Yes," you mu wherever pos orogram") tha d for the prog eral instruction n titles, for ex lo." m. station is lice station is lice station is lice cable system.	uctions in the twork televis ust complete ssible, if their at, during the ramming of ns for furthe ample, "I Lo ensed by the tified). e numerals, w . List the tim	r meaning is another star r information ve Lucy" or FCC or, in with the more es accurate	2 form. n X NO m s tion n.
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation in the second seco	ons in effect du	s permitted to delete unde	; enter the let r FCC rules a	ter "P" if the	listed progrons in	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM -	IMES — TO	DELETION
			·					
							=	
						·		

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 035532
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	5,646.33 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 \$63,800 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		52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	7. Multiply line 6 by .005 (enter figure here) . 8. Interest charge. Enter the amount from line 4, space Q, page 8 . 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 .		0.00
	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 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 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:	020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SYSTEM ID# 035532
M Channels	 to its subscribers, and (2) the cable system's total number 1. Enter the total number of channels on which the cable system carried television broadcast stations		9
	2. Enter the total number of activated channels on which the cable system carried television broadcas and nonbroadcast services	t stations	49
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFOR we can contact about this statement of account.)	MATION IS NEEDED (Identify an individual to whom	
for Further Information	Name RODNEY HASKINS	Telephone	(903) 579-3152
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite TYLER, TX 75701 (City, town, state, zip)	number)	
	Email RODNEY.HASKINS@ALT	ICEUSA.COM Fax (optional	
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only</i> (Owner other than corporation or partnership) (Agent of owner other than corporation or partnership) (Agent of space B (Agent of space B	I am the owner of the cable system as identified in line 1 of space E nership) I am the duly authorized agent of the owner of the cable so ot a corporation or partnership; or on) or a partner (if a partnership) of the legal entity identified as own re under penalty of law that all statements of fact contained herein	ystem as identified
	Title: SVP, PF	ALAN DANNENBAUM ROGRAMMING solition held in corporation or partnership)	
	Date:	2/25/2021	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	035532
 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	
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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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