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

FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
03/02/21	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
3Y THIS STATEMENT: (YY	YY/(Period))		
	DATE RECEIVED	03/02/21	

		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20202 Barcode Data Filing Period (optional - see instructions)
		20202
Accounting		
Period		
		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
В		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.
Owner		
		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
		3027 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
C	names	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		IDENTIFICATION OF CABLE SYSTEM:
	1	ROCKVIEW STATE CORRECTIONAL INSTITUTION
		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		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm	061735
D	separate and distinct community or municipal entity (including unincorporated community or municipal entity (including unincorporated community." 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	ommunities within unincorporated areas and including single, discrete I serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	BELLEFONTE	PA
Community	(ROCKVIEW SCI)	
dd Rows as Necessary		
,		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						S	STEM ID
Name									06173
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	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						bla avetan	brokon	
scribers and	down by categories of secondar	•						,	
Rates	each category by counting the n	•				•			
	separately for the particular serv							we and the	
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				y standa		is within a		
	Block 1: In the left-hand block	•		•					
	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 o	U U			· · ·			f	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					-	,	-	
	sufficient.		-						
	BLO	DCK 1 NO. OF					BLOCI	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	B RATE
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		439	40.71					
	Converter     Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES					
F	In General: Space F calls for ra	(	,		•	, ,			
•	not covered in space E, that is, t service for a single fee. There a			ot offered in c	ombinatio	n with any car			
		e two excentions		not need to	nive rate	,	,		
Services	furnished at cost or (2) services					information cor	cerning (1	) services	
Other Than	furnished at cost or (2) services amount of the charge and the ur	or facilities furnis	shed to	nonsubscribe	s. Rate ir	information cor	ncerning (1 uld include	) services both the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furnis hit in which it is u rate column.	shed to sually b	nonsubscribe illed. If any ra	s. Rate in es are ch	information cor nformation shou narged on a var	icerning (1 Ild include iable per-p	) services both the	
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nting Period: 2				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM I
	CEQUEL COMMUNIC			06173
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary	carried by your cable system FCC rules and regulations	entify every television station (including tra m during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(	<ol> <li>stations carried only on a part-ti carriage of certain network progra</li> </ol>	me basis under ams [sections
ansmitters: Television	substitute program basis, a Substitute Basis Stations	s: explained in the next paragraph. With respect to any distant stations carr ules, regulations, or authorizations:		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (the		
	basis. For further information <b>Column 1:</b> List each station	on concerning substitute basis station, se n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	ee page (v) of the general instruct gram services such as HBO, ESF	ions. PN, etc. Identify each
	"WETA-2" as the same on <b>Column 2:</b> Give the channe	0		
	<b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast)	n case whether the station is a network sta ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct	r network multicast), "I" (for indep "E-M" (for noncommercial educati	endent), "I-M"
	Column 4: Give the location	n of each station. For U.S. stations, list th dian stations, if any, give the name of the	ne community to which the station	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			N	
	WATM-1	23	N	ALTOONA, PA
	WATM-1 WJAC-1	6	N	JOHNSTOWN, PA
Rows as Necessary	••••••			
lows as Necessary	WJAC-1	6	N	JOHNSTOWN, PA
lows as Necessary	WJAC-1 WKBS-1 WPCW-1	6 47 19	N 1 1	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA
lows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1	6 47 19 3	N I I E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA
łows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N 1 1	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
łows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1	6 47 19 3	N I I E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA
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łows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N I I E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA
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Rows as Necessary	WJAC-1 WKBS-1 WPCW-1 WPSU-1 WTAJ-1	6 47 19 3 10	N I I E	JOHNSTOWN, PA ALTOONA, PA PITTSBURGH, PA CLEARFIELD, PA ALTOONA, PA

EGAL NAME OF								SYSTEM I 0617
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> Si	it is carried by monitoring, to rrmation abou m. entify the call tate whether t	y the sys be recei t the Co sign of e he statio	-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. n is AM or FM.	t the system's hea system's FM ante this point, see pag	adend, and (2) nna, during ce ge (v) of the ge	) it can b ertain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters Radio
ignal, indicate i <b>Column 4:</b> G	this by placing ive the statior	g a checl n's locati	nal was electronically process < mark in the "S/D" column. on (the community to which th the community with which the	ne 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	
SALE OIGH		5,0				5,0		

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 061735
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	<b>In General:</b> In space I, identi substitute basis during the ac explanation of the programm	fy every nor ccounting pe	network televis priod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			0			
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev	ision progran	n
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ust complet	e the progra	
	log in block 2.			·	•			
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the more first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static adian static adian static th and day ve "5/7." es when the Example: a er "R" if the and regulation ming that y	im on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst e substitute pro program carri- listed program ons in effect du	rows to the tables. sion program ("substitute jur cable system substitutes. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that d for the prog and instruction in titles, for ex- lo." m. station is licer station is ider program. User cable system. 15 p.m. to 6:2 mming that y ; enter the let	t, during th ramming o ns for furthe ample, "I Le nsed by the tified). numerals, List the tin 28:30 p.m. s our system ter "P" if the	e accounting f another sta er information ove Lucy" or e FCC or, in with the mon mes accurate should be u was <i>require</i> e listed progr	tion n. hth ly
	s	UBSTITUT	E PROGRAM	1		EN SUBST		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. <sup>-</sup> FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
		+						
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							_	
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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	SI	STEM ID# 061735
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	,179.22 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 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		52.00
	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		
	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	
	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# 061735
M Channels	to its subscriber 1. Enter the tota system carrie	s, and (2) the cable system's to I number of channels on which	otal numbe n the cable	on which the cable system carried telever of activated channels during the acco	punting period.	7
		cable system carried television dcast services		t stations		45
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account		MATION IS NEEDED (Identify an indivi	idual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	ient, or suite	number)		
	Email	RODNEY.HASKI	INS@AL1	TICEUSA.COM	Fax (optional	
O Certification	I, the undersigne     (Owne     (Agent     X     (Office	d, hereby certify that (Check one r other than corporation or par of owner other than corporati in line 1 of space B and that the	e, <i>but only</i> Irtnership) ion or part	ed and signed in accordance with Copy one, of the boxes.) I am the owner of the cable system as id anership) I am the duly authorized agent ot a corporation or partnership; or ion) or a partner (if a partnership) of the le	dentified in line 1 of space E of the owner of the cable s	ystem as identified
		te, and correct to the best of my		are under penalty of law that all statement , information, and belief, and are made in		
			Enter an ele	/s/ Alan Dannenbaum ectronic signature on the line above to certi ture using an "/s/ signature" (e.g., /s/ John		
		Typed or printed r	name:	ALAN DANNENBAUM		
				ROGRAMMING osition 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	061735
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       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	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	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       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       -         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6         x       -         (interest charge)         *       To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.         **       This is the decimal equivalent of 1/365, which is the interest assessment for one day late.         NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please         list below the owner, address, first community served, ID number, and accounting period as given in the original filing.         Owner	Interest Assessment

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