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	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	y Transmissions by ns (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
	tions are located f this workbook	03/02/21	\$ ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (YY	YY/(Period))	

r	-		
A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20202 Barcode Data Filing Period (optional - see instructions)	
Accounting 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	
		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 as 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:	
	Ľ.	CAMBRIDGE SPRINGS 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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	062802
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobility.	ommunities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first
Area Served	city.	
		STATE
First Community		PA
ommunity	(CAMBRIDGE SPRINGS SCI)	
ws as Necessary		
ws as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT								06280
					_				
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	, , ,			,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetor	broken	
scribers and	down by categories of secondary	•					,	,	
Rates	each category by counting the n	•				•			
	separately for the particular serv							as and the	
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				Standal		5 Within a		
	Block 1: In the left-hand block	•		Ũ					
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o	0			· · ·			.	
	Block 2: If your cable system I printed in block 1 (for example, t	-		-					
	with the number of subscribers a					•	,	-	
	sufficient.								
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEI	RS	RATE	CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		226	40.71					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES					
F	In General: Space F calls for rat	(,	1		, ,			
F	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 un		usually	billed. If any rates	are ch	arged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat		o cobic	overom for oach	of the	nalicable convi	oog ligtod		
Fransmissions: Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	otion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (CATEG	ORY OF SERVIC	E	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	1		tion: Non-reside	ntial				
	• Pay cable			el, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection			cable	1				
	•Burglar protection			cable-add'l chani	161				
	Installation: Residential			protection					
	First set Additional set(s)	-		glar protection					
	Additional set(s) EM radio (if separate rate)	- 0		ervices:					
	 FM radio (if separate rate) Converter 			connect		-			
				lat ralacation					
				let relocation /e to new address		-			

nting Period: 2	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
Name	CEQUEL COMMUNIC	ATIONS LLC		06280
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	 stations carried only on a part-tine e carriage of certain network program 	me basis under Ims [sections
Primary ansmitters:		e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph.	(e)(2) and (4))]; and (2) certain star	lions carried on a
elevision	Substitute Basis Stations	: With respect to any distant stations car	rried by your cable system on a sub	ostitute program
	• Do not list the station here station was carried only on		·	
	basis. For further information Column 1: List each station	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 pr	see page (v) of the general instructi ogram services such as HBO, ESP	ons. N, etc. Identify each
	multicast stream associated	d with a station according to its over-the- the form	air designation. For example, repo	rt multistream
	Column 2: Give the channed	el number the FCC assigned to the telev	vision station for broadcasting over	the air in its community
		RC is channel 4 in Washington, D.C.	totion on independent station or a	
		n case whether the station is a network st pring the letter "N" (for network), "N-M" (for	•	
	(for independent multicast),	, "E" (for noncommercial educational), or	"E-M" (for noncommercial education	
		erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t		is licensed by the
		dian stations, if any, give the name of the	•	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFXP-1	66	I	ERIE, PA
	WICU-1	12	N	ERIE, PA
ecessary	WJET-1	24	N	ERIE, PA
	WQLN-1	54	Е	ERIE, PA
	WSEE-1	35	Ν	ERIE, PA
	WSEE-1 WSEE-2	35 35.2	N I-M	ERIE, PA ERIE, PA
				······
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CEQUEL CO								SYSTEM I 0628
	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 Column 1: Id Column 2: 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 O tem whenever it is received a ved at the headend, with the pyright Office regulations on i each station carried. n is AM or FM. nal was electronically process	t the system's hea system's FM ante his point, see pag	adend, and (2 nna, during ce ge (v) of the ge) it can b ertain sta eneral in	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
ignal, indicate i Column 4: G	this by placing ive the statior	g a checl n's locati	c mark in the "S/D" column. on (the community to which the 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	
OTTLE OTOTT		0,D		ONLE CICIL		0,0		
						·		

Accounting Period								M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 062802
	SUBSTITUTE CARRIAGE					on, that your o	cable system	n carried on a
Substitute	substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	cific present and former F	CC rules, regula	ations, or aut	horizations.	For a further
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	During the accounting per	riod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televis	ion prograr	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	s "Yes," you mu	ust complete	the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE		-					
	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	ace, please a of every nor distant stati egulations, of ries like "mov Bulls." m was broad	add additional i nnetwork televi ion and that yo r authorization vies" or "baske dcast live, ente	rows to the tables. ision program ("substitute ur cable system substitut s. See page (v) of the ger tball." List specific progra r "Yes." Otherwise enter "	e program") tha ed for the prog neral instruction im titles, for ex	it, during the ramming of ns for furthe	e accounting another sta r informatio	g tion n.
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	adcast statio nadian statio nth and day ve "5/7." es when the	on's location (th ons, if any, the o when your sys substitute pro	ne community to which the community with which the tem carried the substitute gram was carried by your	e station is lice station is iden program. Use cable system.	tified). numerals, v . List the time	with the mo	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y	ons in effect du	ring the accounting perio	d; enter the let	ter "P" if the	listed progr	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y	ons in effect du rour system wa	ring the accounting perio s permitted to delete und	d; enter the let er FCC rules a WHE CARR	ter "P" if the and regulatio	listed progr ns in TUTE JRRED	
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	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	And regulation nming that y SUBSTITUT 2. LIVE?	E PROGRAM	rring the accounting perio s permitted to delete und	d; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if the and regulatio	listed progr ns in TUTE JRRED IMES	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	SI	STEM ID# 062802
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	5,127.82 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 accounting period is \$52.00 Line 1. Royalty fee for accounting period 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 .		
	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 4. Multiply line 3 by .01 5 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	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	LEGAL NAME OF OWNER OF CABLE CEQUEL COMMUNICATIONS				SYSTEM ID# 062802
M Channels	to its subscribers, and (2) the cat	able system's total num nnels on which the cab	ls on which the cable system carried television broadcast ber of activated channels during the accounting period. le	stations	6
	 Enter the total number of active on which the cable system car and nonbroadcast services 	arried television broadca	ast stations		44
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTE we can contact about this statem		PRMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name RODNEY H	IASKINS	Т	elephone (9	903) 579-3152
	Address 3027 S SE L (Number, street, ru TYLER, TX (City, town, state, z	ural route, apartment, or sui	te number)		
	Email ROL	DNEY.HASKINS@A	LTICEUSA.COM Fax (optional		
0	CERTIFICATION (This statement o	of account must be cer	tified and signed in accordance with Copyright Office regu	lations)	
Certification	• I, the undersigned, hereby certify th				
			p) I am the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the cable system as identified in line 1 of the owner of the owner of the owner owner the owner owner the owner ow		
	in line 1 of space	e B and that the owner is	artnership) I am the duly authorized agent of the owner of th not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identifi	-	
	in line 1 of space I have examined the statement of a 	e B. f account and hereby de	clare under penalty of law that all statements of fact containe ge, information, and belief, and are made in good faith.		
		x	/s/ Alan Dannenbaum		
			electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)		
	Туре	bed or printed name:	ALAN DANNENBAUM		
	Title		PROGRAMMING position held in corporation or partnership)		
	Date	ie:	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	062802
 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	Interest Assessment
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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.