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	03/02/21	\$ 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)	ſ/(Period))	
2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
20202	Barcode Data Filing Period (optional - s	ee instructions)	
Accounting Period			

		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.	063139
		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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		FLAMBEAU CORRECTIONAL FACILITY	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	

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E

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063139
D	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community	HAWKINS	WI
Community	(FLAMBEAU CORR)	
Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT								06313
E	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	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•						,	
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate ir	ndicate	d-not the number	of set	s receiving serv	/ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				tandar	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				of seco	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	e to their subscr	ibers. (Give the number of	subsc	ribers and rate	for each li	sted category	
	that applies to your system. Note			-		-			
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					in the count ur	ider Servi	ce lo lhe	
	Block 2: If your cable system I					service that are	e different	from those	
	printed in block 1 (for example, t	iers of services	that inc	clude one or more	second	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	ind rates, in the	right-h	and block. A two- c	or three	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF			OATE			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		0						
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)			••••••					
	Motel, hotel								
	Commercial		3	40.71					
	Converter			40.71					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	BIONS: RATES					
F	In General: Space F calls for rat	``	,			, ,			
•	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			avetan far aash a	af the a	undiaabla aam <i>i</i> i	aaa liatad		
Fransmissions: Rates	Block 2: List any services that							were not	
nutoo	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (CATEG	ORY OF SERVICE	Ξ	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-residen	itial				
	• Pay cable			el, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					
				cable-add'l chann	el				
	•Burglar protection								
	Installation: Residential			protection					
	Installation: Residential First set 		• Burg	glar protection					
	Installation: Residential • First set • Additional set(s)	•••••	• Burg Other s	glar protection					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	•••••	• Burg Other s • Rec	glar protection ervices:		-			
	Installation: Residential • First set • Additional set(s)	•••••	• Burg Other s • Rec • Disc	glar protection e ervices: connect connect		-			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	•••••	• Burg Other s • Rec • Disc • Out	glar protection ervices:		-			

counting Period:	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNIC	ATIONS LLC		06313
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6	entify every television station (including t 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	(1) stations carried only on a part-tir e carriage of certain network progra	ne basis under ms [sections
Transmitters: Television	Substitute Basis Stations	s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations:	arried by your cable system on a sub	stitute program
		e in space G—but do list it in space I (th	e Special Statement and Program L	.og)—if the
	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 instruction rogram services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on	d with a station according to its over-the- the form. el number the FCC assigned to the telev	°	
	of license. For example, W	RC is channel 4 in Washington, D.C.	5	-
	educational station, by ente (for independent multicast),	a case whether the station is a network s ring the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o	for network multicast), "I" (for indepe or "E-M" (for noncommercial education	endent), "I-M"
		erms, see page (iv) of the general instruction of each station. For U.S. stations, list		is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	e community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WEAU-1	13	N	EAU CLAIRE, WI
	WHLA-1	31	E	LACROSSE, WI
d Rows as Necessary	WKBT-1	8	N	LACROSSE, WI
	WLAX-1	25	<u> </u>	LACROSSE, WI
	WXOW-1	19	N	LACROSSE,WI
	1			1

EGAL NAME OF								SYSTEM 063
	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	t 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 sed by the FC0) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
	ANA =	0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 063139
	SUBSTITUTE CARRIAGE		I STATEMEN					
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ify 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	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			<u>g</u>		<u></u>	
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 sta	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	te the progra	m
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr 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 timu- to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ice, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static hadian 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 be 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 eral instruction in titles, for ex- lo." m. station is licent station is ident program. Use cable system. 15 p.m. to 6:2 mming that y c enter the let	at, during th ramming o ns for furth ample, "I L nsed by th httified). httified). List the tin 28:30 p.m. s rour system ter "P" if th	he accounting of another sta er information ove Lucy" or e FCC or, in , with the mon mes accurate should be n was <i>require</i> e listed progr	l tion n. hth ly d
	s	UBSTITUT	E PROGRAM			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. FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
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							_	
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			I	L			_	
							_	

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063139
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	n service
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 \$263,81 • 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 this six accounting period is \$52.00 Line 1. Royalty fee for accounting period	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	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)	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	<u>19.00</u> 0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>52.00</u> 15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063139
M Channels	to its subscriber 1. Enter the tota	ou must give (1) the number of s, and (2) the cable system's to Il number of channels on which the television broadcast stations	tal number of act the cable	ivated channels during the a	accounting period.	5
	on which the	I number of activated channels cable system carried television dcast services				9
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of account		N IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	RODNEY HASKINS			Telephone	<u>(903) 579-3152</u>
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartme TYLER, TX 75701 (City, town, state, zip)	nt, or suite number)			
	Email	RODNEY.HASKI	NS@ALTICEUS	SA.COM	Fax (optional	
ο	CERTIFICATION	(This statement of account mus	t be certified and	signed in accordance with 0	Copyright Office regulations)	
Certification		d, hereby certify that (Check one				_
		r other than corporation or par		-		
		in line 1 of space B and that the	owner is not a cor	poration or partnership; or		-
		the statement of account and he	. ,			
	are true, comple [18 U.S.C., Sect	te, and correct to the best of my ion 1001(1986)]	knowledge, inform	ation, and belief, and are mad	de in good faith.	
			X /s/ Ala	n Dannenbaum		
				signature on the line above to ng an "/s/ signature" (e.g., /s/ .		
		Typed or printed r	ame: ALAN	DANNENBAUM		
			SVP, PROGR of official position he	AMMING		
		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	063139
 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 Exclusion
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	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 - 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	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

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