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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) actions 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: (YY	YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period	20202	Barcode Data Filing Period (optional	- see instructions)	
	Instructions:			
В		-	iary of another corporation, give the full corpor	rate title of
Owner	List any other name or names under which	n the owner conducts the business of th	e cable system.	
	If there were different owners during the statement of account and royalty fee payr		ne last day of the accounting period should subr iod.	nit a single
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	063270
	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 r TYLER, TX 75701	number)		
	(City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busir names already appear in space B. In line			

 

 System
 names already appear in space B. In line 2, give the mailing address of the system, if different from the address giver

 1
 IDENTIFICATION OF CABLE SYSTEM: HIGH DESERT PRISON

 2
 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or sulte 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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063270
D Area	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated 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 mobil	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Served	city.	
_		STATE
First Community		NV
community	(HIGH DESERT PRISON)	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name									06327
Е	SECONDARY TRANSMISSION In General: The information in s					/ transmission :	service of	the cable	
—	system, that is, the retransmission			-					
Secondary	about other services (including p								
Transmission	last day of the accounting period						L.I		
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 in	ndicate	d—not the numbe	er 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				standar	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block				s of sec	ondary transmis	ssion servi	ce that cable	
	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 of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t					•	,	-	
	with the number of subscribers a sufficient.	ind rates, in the	right-h	and block. A two-	or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEI	PS	RATE	САТЕ	GORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SOBSCIUDE			UAIL		(VIOL	SUBSCINEERS	
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		54	40.71					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES					
E	In General: Space F calls for rat	<b>`</b>	,			, ,			
F	not covered in space E, that is, t					,			
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur	it in which it is ι							
Secondary	enter only the letters "PP" in the				<b>c</b>				
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
Nates	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and include	the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (	CATEG	ORY OF SERVIC	Έ	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	1	nstalla	tion: Non-reside	ntial				
	• Pay cable	-	• Mot	el, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l chan	nel				
	Installation: Residential			protection					
	• First set	-		glar protection					
	Additional set(s)	- 0		ervices:					
	• FM radio (if separate rate)			onnect		-			
	Converter			connect					
	• Converter		• Out	connect let relocation ve to new address		-			

Name	LEGAL NAME OF OWNER C			
		OF CABLE SYSTEM:		SYSTEM ID
				06327
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 <b>Substitute Basis Station</b> 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 <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast For the meaning of these t <b>Column 4:</b> Give the location	entify every television station (including tr em 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. <b>s:</b> With respect to any distant stations car 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 on's call sign. <i>Do not</i> report origination pro- ed 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. the community to which the station	me basis under ams [sections tions carried on a ostitute program _og)—if the o 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
	KINC-1	15	I	LAS VEGAS, NV
	KLAS-1	8	N	LAS VEGAS, NV
Rows as Necessary	KLVX-1	10	Е	LAS VEGAS, NV
				LAS VLOAS, IV
	KSNV-1	3	N	LAS VEGAS, NV
	KSNV-1 KTNV-1	3 13	N N	
				LAS VEGAS, NV
	KTNV-1	13		LAS VEGAS, NV LAS VEGAS, NV

EGAL NAME OF								SYSTEM 0632
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> 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. n is AM or FM. nal 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
		1						
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 O							SYSTEM ID# 063270
<b>I</b> Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or au	thorizations.	For a further
Substitute Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting peribroadcast by a distant state Note: If your answer is "No" log in block 2.</li> <li>LOG OF SUBSTITUTE In General: List each substiclear. If you need more spate Column 1: Give the title period, was broadcast by a under certain FCC rules, reported to the period, was broadcast by a under certain FCC rules, reported to the program Column 2: If the program Column 3: Give the call state the broad the case of Mexican or Canton Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."</li> </ol>	CONCERN iod, did you ion? ', leave the <b>PROGRA</b> itute progra ce, please a of every nor distant stati gulations, o ies like "mo' Bulls." n was broad sign of the s dcast static adian statio th and day 're "5/7." s when the Example: a er "R" if the	NING SUBSTI r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske least live, enter station broadca in's location (th ns, if any, the of when your syst substitute prog program carrie	TUTE CARRIAGE carry, on a substitute bas le blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen- tball." List specific program r "Yes." Otherwise enter "f isting the substitute progra le community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for program	"Yes," you mu "Yes," you mu wherever pos program") that d for the prog eral instruction n titles, for ex No." m. station is lice station is lice	twork televis ust complete ssible, if their at, during the ramming of ns for furthe ample, "I Lo ensed by the tified). e numerals, . List the tim 28:30 p.m. s rour system	sion program YES e the progra ir meaning is e accounting i another sta er informatio ove Lucy" or e FCC or, in with the mod hes accurate hould be was require	n X NO m s tion n.
	was substituted for program effect on October 19, 1976.		our system wa	·	WHE	EN SUBSTI	TUTE	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	TIMES — TO	DELETION
							_	
							<u> </u>	
							_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 063270
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	<b>5,106.00</b> 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 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)		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:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CA CEQUEL COMMUNICATIO			SYSTEM ID# 063270
M Channels	<ul> <li>to its subscribers, and (2) the</li> <li>1. Enter the total number of c system carried television b</li> <li>2. Enter the total number of a</li> </ul>	e cable system's total nur channels on which the ca broadcast stations		s 7
	on which the cable system and nonbroadcast service		cast stations	20
N Individual to Be Contacted	we can contact about this sta	atement of account.)	ORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name <b>RODNEY</b>	Y HASKINS	Telephor	e <u>(903) 579-3152</u>
	(Number, stree	E LOOP 323 et, rural route, apartment, or s TX 75701 ate, zip)	uite number)	
	Email f	RODNEY.HASKINS@/	ALTICEUSA.COM Fax (optional	
O Certification	CERTIFICATION (This stateme		ertified and signed in accordance with Copyright Office regulations	
			nip) I am the owner of the cable system as identified in line 1 of space	B; or
	in line 1 of sp	pace B and that the owner	partnership) I am the duly authorized agent of the owner of the cable is not a corporation or partnership; or pration) or a partner (if a partnership) of the legal entity identified as or	
		nt of account and hereby d ct to the best of my knowle	eclare under penalty of law that all statements of fact contained herein dge, information, and belief, and are made in good faith.	
		Enter al	/s/ Alan Dannenbaum	_
			gnature using an "/s/ signature" (e.g., /s/ John Smith)	
			ALAN DANNENBAUM PROGRAMMING al position 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	063270
<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>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	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       -         x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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