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

				Return completed workbook by	
STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	email to	
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
·	ems (Short Form)	8/29/24	\$	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
in the first tab	of this workbook.	0/20/21	ALLOCATION NUMBER		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
	2024/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	2024/1				
	20241	Barcode Data Filing Period (optional -	- see instructions)		
Accounting Period		-			
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o	-	diary of another corporation, give the full corp	porate title	
Owner	List any other name or names under whi	ch the owner conducts the business of t	he cable system.		
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should sι ting period.	ubmit a	
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	061696	

		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.	061696
		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)	
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	CORRECTIONAL INDUSTRIAL FACTILIY	
		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 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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	CEQUEL COMMUNICATIONS LLC	061696					
D	Instructions: List each separate community served by the cable system. A "corr "a separate and distinct community or municipal entity (including unincorporation discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future film.	ted communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known ngs.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First Community	PENDLETON (CORRECTIONAL IND FAC)						
s as Necessary							

	1							FORM SA1		
Name	LEGAL NAME OF OWNER OF C									
	CEQUEL COMMUNICAT		06169							
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
0	system, that is, the retransmission									
Secondary Fransmission	about other services (including particular to a service of the accounting period						nose exis	ting on the		
Service: Sub-	Number of Subscribers: Bot						ole system	n, broken		
scribers and	down by categories of secondar	, y transmission	service	In general, yo	u can con	npute the numbe	r of subso	ribers in		
Rates	each category by counting the n			•••				s charged		
	separately for the particular serv Rate: Give the standard rate of					•	,	ae and the		
	unit in which it is generally billed	•	-	•				-		
	category, but do not include disc				ny standa		5 Within a			
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable		
	systems most commonly provide									
	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	0			· · ·	service that are	different	from those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the	service is		
	sufficient.	OCK 1					BLOCK	< 2		
		NO. OF		D.475				NO. OF	<b>D</b> 4 <b>T</b> 5	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RATE	
	Residential:		0							
	Service to first set		U	-						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel			40,44						
	Commercial Converter		44	42.41						
	Residential     Non-residential									
	• Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	•	,		•					
I.	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services	•			•		0 (	,		
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
	BLOCK 1						BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			tion: Non-res						
	• Pay cable	-	• Mot	el, hotel						
	Pay cable—add'l channel	-	• Cor	nmercial						
	Fire protection		• Pay	cable						
	•Burglar protection		• Pay	cable-add'l ch	annel					
	Installation: Residential		• Fire	protection						
	• First set	-	• Bur	glar protection						
	<ul> <li>Additional set(s)</li> </ul>	-	Other s	services:						
			• Rec	connect		-				
	• FM radio (if separate rate)									
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect						
	, , ,		• Dis			-				
	, , ,		• Diso • Out	connect	ess					

Accounting Period:	2024/1			FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
	CEQUEL COMMUNIC	ATIONS LLC		061696			
G Primary Transmitters: Television	PRIMARY TRANSMITTERS:       TELEVISION         In General:       In space G, identify every television station (including translator stations and low power television stations)         carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under         FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections         76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (refering to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.         Substitute Basis Stations:       With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:         • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.         • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream         "WETA-2" as the same on the form.       Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. <t< td=""></t<>						
	1. CALL SIGN						
	WFYI-1	20	E				
			-				
	WHMB-1	40					
Add Rows as Necessary	WISH-1	8					
	WNDY-1	23					
	WRTV-1	6	N				
	WTHR-1	13	N				
	WTTV-1	4	N	INDIANAPOLIS, IN			
	WXIN-1	59					

EGAL NAME OI								SYSTEM 061
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> Ic	it is carried by monitoring, to prmation abou rm. lentify the call	y the sys be rece It the Co	II-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM.	at the system's h system's FM an	eadend, and ( tenna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing live the statior	g a chec n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	he station is lice	nsed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Name						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
	CEQUEL COMMUNICA	TIONS L	LC				061696
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every noi	nnetwork televi	s <i>ion program</i> , broadcast by	a distant sta	tion, that your cable sys	stem carried on a
	substitute basis during the a						
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of th	he general ins	structions in the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE			
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network television proc	gram
Statement and	broadcast by a distant sta		,		, <b>,</b>		
Program Log	-					YES	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete the pro-	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				s wherever p	ossible, if their meanin	ig is
	clear. If you need more spa					bot during the energy	ting
	period, was broadcast by a			vision program ("substitute our cable system substitut			
	under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.	Bulls."					
				er "Yes." Otherwise enter "			
				asting the substitute progr			·
	the case of Mexican or Car			he community to which the			, IN
				stem carried the substitute			month
	first. Example: for May 7 giv	,	When your eye		program. o		
	Column 6: State the time	es when the		ogram was carried by your			
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6	:28:30 p.m. should be	
	stated as "6:00–6:30 p.m."		1				
	to delete under FCC rules a			n was substituted for progr			
	was substituted for program						logram
	effect on October 19, 1976.	• •	, <b>,</b>				
						N SUBSTITUTE	
	SI		E PROGRAM		CARRI	AGE OCCURRED	7. REASON FOR
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN				7. REASON FOR DELETION
		2. LIVE?	3. STATION'S	4. STATION'S LOCATION	CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURRED 6. TIMES	

Accounting Period:	2024/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	/STEM ID# 061696
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 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.	nission service amount, se	,070.00
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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.	263,800	
	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 th accounting period is \$52.00.	is six-month	
	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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)	
	1. Base amount under statutory formula         \$         263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	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 \$527,6	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing For and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM:			SYSTEM ID# 061696
M Channels	to its subscribers, 1. Enter the total n	and (2) the cable system's number of channels on whic	total numl h the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	. 8
	on which the cab	number of activated channel ole system carried television st services	broadcas	st stations	54
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephon	e (903) 579-3152
		3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		ite number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
0	CERTIFICATION (T	This statement of account m	ust be ce	rtified and signed in accordance with Copyright Office regulations	;)
Certification	• I, the undersigned	d, hereby certify that (Check	one, <i>but oi</i>	nly one, of the boxes.)	
				ip) I am the owner of the cable system as identified in line 1 of space	
	in lin	e 1 of space B and that the o	wner is n	oartnership) I am the duly authorized agent of the owner of the cab ot a corporation or partnership; or	
	in lin <ul> <li>I have examined t</li> </ul>	e 1 of space B. the statement of account and and correct to the best of m	hereby d	ration) or a partner (if a partnership) of the legal entity identified as eclare under penalty of law that all statements of fact contained her lge, information, and belief, and are made in good faith.	
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement.	-
			Enter sig	nature using an "/s/ signature" (e.g.,  /s/ John Smith)	
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		8/29/2024	

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counting Period: 2024/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	06169
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
XNO	
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
<ul> <li>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
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 Address	
ID number First community served Accounting period	

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