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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/29/24	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright
Office Licensing Division at (202) 707-8150.

Α	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
Accounting	20241 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.									
	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	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these mes 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:									
	MONTGOMERY CORRECTIONAL FACILITY									
	MAILING ADDRESS OF CABLE SYSTEM:									
	(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.

CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings. 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 BOYD MD (MONTGOMERY CORR)		1	FORM SA1-2E. PAGI							
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"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings. 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 BOYD MD (MONTGOMERY CORR)	Name	CEQUEL COMMUNICATIONS LLC	0631							
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings. 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 BOYD MD (MONTGOMERY CORR)		Instructions: List each separate community served by the cable system. A	community" is the same as a "community unit" as defined in FCC rule							
Area Served CITY OR TOWN First Community Community (MONTGOMERY CORR) Asserved Served Served Served Giscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. STATE BOYD MD (MONTGOMERY CORR)	D									
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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 BOYD MD (MONTGOMERY CORR)										
Area Served identified city. CITY OR TOWN STATE First BOYD MD Community (MONTGOMERY CORR)	_									
CITY OR TOWN STATE First BOYD MD Community (MONTGOMERY CORR)										
First BOYD MD Community (MONTGOMERY CORR)	Served									
First BOYD MD Community (MONTGOMERY CORR)										
First BOYD MD Community (MONTGOMERY CORR)		CITY OR TOWN	CTATE							
Community (MONTGOMERY CORR)										
			WD							
Rote a Note and Protection of the Control of the Co	Community	(MONIGOMERY CORR)								
Roman Nessers										
	Rows as Necessary									
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Accounting Period: 2024/1
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 063191

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	0	-				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	13	42.41				
Converter						
Residential						
Non-residential						
		•				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	-	Motel, hotel			
 Pay cable—add'l channel 	-	Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	-	Burglar protection			
Additional set(s)	-	Other services:			
 FM radio (if separate rate) 		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		 Move to new address 	-		

Accounting Period:	2024/1			FORM S	A1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		S	YSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC			063191
	PRIMARY TRANSMITTERS:	TELEVISION			
G	carried by your cable syste	entify every television station (including m during the accounting period, except	t (1) stations carried only on a par	t-time basis under	
Primary	_	in effect on June 24, 1981, permitting the) (2) and (4), or 76.63 (referring to 76.6		•	
Transmitters: Television	Substitute Basis Stations	s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a s	ubstitute program	
		ules, regulations, or authorizations: e in space G—but do list it in space I (th	ne Special Statement and Program	n Log)—if the	
	station was carried only on	a substitute basis.		ζ,	
		also in space I, if the station was carried on concerning substitute basis stations,			
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, E	SPN, etc. Identify each	
	multicast stream associated "WETA-2" as the same on	d with a station according to its over-the	e-air designation. For example, re	port multistream	
	Column 2: Give the channe	el number the FCC assigned to the tele	vision station for broadcasting over	er the air in its community	
		RC is channel 4 in Washington, D.C. n case whether the station is a network	station an independent station or	a noncommercial	
	educational station, by ente	ering the letter "N" (for network), "N-M" (for network multicast), "I" (for inde	pendent), "I-M"	
		, "E" (for noncommercial educational), c erms, see page (iv) of the general instru	•	itional multicast).	
		on of each station. For U.S. stations, list		n is licensed by the	
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	he community with which the station	on is identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STAT	ION
	WJLA-1	7	N	WASHINGTON DC	
	WTTG-1	5		WASHINGTON DC	
Add Rows as Necessary	WUSA-1	9	N	WASHINGTON DC	
		•			
		•			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

063191

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						 	
					 		

Accounting Perio	nd· 2024/1						FORI	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				1011	SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS L	LC					063191		
	SUBSTITUTE CARRIAGE				_					
ı	In General: In space I, identi substitute basis during the a									
Substitute	explanation of the programm	٠.		•						
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting per				sis, any nonr	network tele	vision prog	ram		
Statement and Program Log	broadcast by a distant stat	tion?	·	•	•		YES	X NO		
. rogium 20g	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each subst		-	ate line. Use abbreviations	s wherever po	ossible, if th	eir meanin	g is		
	clear. If you need more spa				W. 41					
	period, was broadcast by a			vision program ("substitute our cable system substitut						
	under certain FCC rules, re		•							
	Do not use general categor		vies" or "bask	etball." List specific progra	ım titles, for e	example, "I	Love Lucy"	or		
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ente	er "Yes." Otherwise enter "	'No."					
	Column 3: Give the call	sign of the	station broadc	asting the substitute progr	am.					
	Column 4: Give the broathe case of Mexican or Can			he community to which the			he FCC or,	in		
				stem carried the substitute			s, with the r	nonth		
	first. Example: for May 7 giv		, ,		. 0		•			
	Column 6: State the time to the nearest five minutes.			ogram was carried by your						
	stated as "6:00–6:30 p.m."	Lxample.	a program can	led by a system nom o.o.	. 13 p.iii. to 0	7.20.30 p.iii.	Siloulu De			
	Column 7: Enter the lette			n was substituted for prog						
	to delete under FCC rules a was substituted for program							ogram		
	effect on October 19, 1976.		your system w	as permitted to delete und	ici i oo iulos	and regula	itions in			
	01	IDOTITUT				N SUBSTI		7 DEASON FOR		
	St		E PROGRAM 3. STATION'S		-	AGE OCCI	URRED IMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— TO			
							_			
							<u> </u>			
						-				
						-	_			
						_				
							<u> </u>			
						-	_			
							_			
						-				
						-				
							_			

Accounting Period:	2024/1 FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063191
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 tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, so 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.	/ic€
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 \$263,800 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-mont accounting period is \$52.00.	n
	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 \$137,100)	_
	1. Base amount under statutory formula	
	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 \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	_
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	_
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	_
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	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 of Copyright See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2024/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063191
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	18
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	70 2452
for Further Information	Name RODNEY HASKINS Telephone (903) 57 Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	3-3132
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 8/29/2024	

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Accounting Period: 2024/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063191 **CEQUEL COMMUNICATIONS LLC** 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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? X NO 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here 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 * 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. ** 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 Address ID number First community served Accounting period

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