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	ти	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:								
		ansmissions by	DATE RECEIVED	AMOUNT	-							
Cable Syste					<u>coplicsoa@copyright.gov</u>							
				\$	For additional information, contact the U.S. Copyright							
General instru	ctions	are located	02/28/2020		Office Licensing Division at:							
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150							
_	1											
A	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))										
		2010/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31								
	2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31											
		20192	Barcode Data Filing Period (optional	I - see instructions)								
Accounting												
Period												
		Instructions:										
В	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.	003698							
	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											
	3015 S SE LOOP 323											
		TYLER, TX 75701	mber)									
		(City, town, state, zip)										
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.											
	name	IDENTIFICATION OF CABLE SYSTEM:	дічен ін space b.									
System	1	MONAHANS, TX										
		MAILING ADDRESS OF CABLE SYSTEM:										
	2	(Number, street, rural route, apartment, or suite nu	imber)									
		(City, town, state, zip code)										
-				ne personally identifying information (PII) reque trace an individual, such as name, address an								

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	CEQUEL COMMUNICATIONS LLC	003698
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis 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 ho	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, at will serve as a form of system identification hereafter known
Area Served	identified city.	ome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First Community	MONAHANS	
Community		
dd Dewe ee Neesser	WARD COUNTY(PORTION)	TX
dd Rows as Necessary		

									-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CA		SYSTEM ID									
	CEQUEL COMMUNICAT	IONS LLC							00369			
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES							
E	In General: The information in s					ry 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											
Secondary	· •	• • •					those exis	ting on the				
Transmission Service: Sub-	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											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	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 c	-	-	•				-				
	unit in which it is generally billed category, but do not include disc	• •	,			ard rate variation	is within a	particular rate				
	Block 1: In the left-hand block					condary transmis	ssion servi	ce that cable				
	systems most commonly provide	e to their subso	ribers. C	Give the numb	er of subse	cribers and rate	for each li	sted category				
	that applies to your system. Not			-		•						
	categories, that person or entity											
	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)."											
	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, t											
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	ee-word descript	ion of the	service is				
	sufficient.	DCK 1			1		BLOC	()				
		NO. OF					BLUC	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE			
	Residential:		500									
	Service to first set		582	34.99								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		54	34.99								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC				.e							
_						all your cable sys	stem's ser	vices that were				
F	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 ar	•			•		• •	,				
Services Other Than	furnished at cost or (2) services											
Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	Dilleu. Il ally la	ates are ci	nargeu on a van	able per-p	logram basis,				
ransmissions:	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.											
Rates	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.											
	brief (two- or three-word) descrip											
		BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			tion: Non-res	idential							
	• Pay cable	19.00		el, hotel								
	 Pay cable—add'l channel 	19.00	-	nmercial								
	Fire protection		-	cable								
	 Burglar protection 		-	cable-add'l ch	nannel							
	•		 Fire 	protection								
	Installation: Residential											
	Installation: Residential First set 	99.00		glar protection								
	Installation: Residential First set Additional set(s) 	99.00 25.00	Other s	ervices:								
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Rec	ervices: connect		40.00						
	Installation: Residential First set Additional set(s) 		Other s • Rec • Disc	ervices: connect connect								
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Rec • Disc	ervices: connect		40.00 25.00						

	-			FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM I							
Name	CEQUEL COMMUNIC	ATIONS LLC		0036							
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary ansmitters: Felevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	 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, <i>except</i> (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 (referring 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). "I' (for independent multicast). "E' (for noncommercial educational, or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 for									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KMID-1	2	N	MIDLAND, TX							
	KMLM-1	42	N	ODESSA, TX							
ws as Necessary	KOSA-1	7	N	ODESSA, TX ODESSA, TX							
аѕ месеззану	KOSA-1	7.2	I-M	ODESSA, TX ODESSA, TX							
	KPBT-1	36	E	ODESSA, TX							
	KPEJ-1	24		ODESSA, TX							
	KTLE-1		i-M								
		(5	1-171	ODESSA TX							
		7.5	I-1VI	ODESSA, TX MIDI AND TX							
	KUPB-1	18		MIDLAND, TX							
			I N								
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							
	KUPB-1	18		MIDLAND, TX							

CEQUEL CO	OWNER OF C							SYSTEM 003
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically processed mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	?) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
•								

Accounting Perio	od: 2019/2				FORM	A SA1-2E. PAGE 5.					
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	ATIONS L	LC					003698			
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G						
I I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a										
•	substitute basis during the a										
Substitute	explanation of the programn	xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and Program Log											
r rogram Eog	broadcast by a distant station? YES X NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	-	, leave the	e rest of this pa	ige blank. If your answer is	s res, your	nust comp	piete the prog	Jram			
	log in block 2. 2. LOG OF SUBSTITUT	E PROGR	AMS								
	In General: List each subs				s wherever p	ossible, if	their meaning	g is			
	clear. If you need more spa										
	period, was broadcast by a			vision program ("substitute							
	under certain FCC rules, re										
	Do not use general catego										
	"NBA Basketball: 76ers vs.										
				er "Yes." Otherwise enter							
				asting the substitute prog the community to which th		concod by	the ECC or	in			
	the case of Mexican or Car										
	Column 5: Give the more	nth and day		stem carried the substitute			als, with the n	nonth			
	first. Example: for May 7 gi										
				ogram was carried by you				ately			
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example.	a program car	ned by a system from 0.0	1.15 p.m. to d	.20.30 p.n					
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	ired			
	to delete under FCC rules	and regulat	tions in effect d	luring the accounting perio	od; enter the l	etter "P" if	the listed pro				
	was substituted for program	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations in				
	effect on October 19, 1976	•									
				N SUBST							
			E PROGRAM		5. MONTH	AGE OCO		7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то				
							_				
							_				
							_				
							_				
1											
							_				

Accounting Period:	2019/2 FORM SA1-	2E. PAGE 6.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS CEQUEL COMMUNICATIONS LLC	O03698								
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 total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	982.31 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$63,800 but less than \$527,60(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-month 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	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 \$137,100)									
	1. Base amount under statutory formula \$ 263,800.00									
	2. Enter amount of gross receipts from space K \$ 141,982.31									
	3. Subtract line 2 from line 1									
	4. Enter the amount of gross receipts from space K \$ 141,982.31									
	5. Enter the amount from line 3									
	6. Subtract line 5 from line 4									
		100 02								
		100.82								
	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	100.82								
	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) \$ 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) \$ 100.82									
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00									
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$	20.82								
	EFT Trace # or TRANSACTION ID #									
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.									

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 003698
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 on which the cable system carried television broadcast stations and nonbroadcast services	9 148
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name RODNEY HASKINS	(903) 579-3152
Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email RODNEY.HASKINS@ALTICEUSA.COM	
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, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 herei 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)] 	system as identified wner of the cable system
	X /s/ Alan Dannenbaum 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: 02/18/2020	

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.

ounting Period: 2019/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00369
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
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.	Receipts Exclusion
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 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 Assessmen
X	
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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 \$ (interest charge)	
* 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	
Address	
Address ID number	
Address	

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