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						
08/28/2017	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  20171  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
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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	1	IDENTIFICATION OF CABLE SYSTEM:
	, I	JONESBORO, LA
		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 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.

Accounting Period:	2017/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	024185
<b>D</b>	Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li known as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter ings.
Served	identified city.	
	CITY OR TOWN	STATE
First Community	JONESBORO	LA.
Community	E. HODGE HODGE	LA LA
Add Rows as Necessary	JACKSON PARISH	LA LA
Add Rows as Necessary	N. HODGE	LA
	QUITMAN	LA

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

024185

## E

### 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					
CATEGORY OF SERVICE	NO. OF	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:	SUBSCRIBERS	KAIL	CATEGORT OF SERVICE	SUBSCRIBERS	KAIL			
Service to first set	477	36.50						
Service to additional set(s)	890	0.00						
• FM radio (if separate rate)								
Motel, hotel								
Commercial	59	33.01						
Converter								
Residential								
Non-residential								
					I			

# 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			
<ul> <li>Pay cable</li> </ul>	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
<ul> <li>Fire protection</li> </ul>		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	40.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	40.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC SYSTEM ID# 024185

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 (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 *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.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (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 pager SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAQY-HD	11	N-M	COLUMBIA, LA
KAQY-LP	11	N	COLUMBIA, LA
KARD	36	<u> </u>	WEST MONROE, LA
KARD-HD	36	I-M	WEST MONROE, LA
KLTM-HD	13	E-M	MONROE, LA
KLTM-LPB2	13	E-M	MONROE, LA
KLTM-LPB3	13	E-M	MONROE, LA
KLTM-TV	13	E	MONROE, LA
KMCT-TV	38	<u> </u>	WEST MONROE, LA
KMLU	11	<u> </u>	COLUMBIA, LA
KNOE-CW	8	I-M	MONROE, LA
KNOE-HD	8	N-M	MONROE, LA
KNOE-TV	8	N	MONROE, LA
KSLA-TV	17	N	SHREVEPORT, LA
KTBS-TV	28	N	SHREVEPORT, LA
KTVE	27	N	EL DORADO, AR
KTVE-HD	27	N-M	EL DORADO, AR

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 024185

### **CEQUEL COMMUNICATIONS LLC**

# 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
		ļ					
		<u>-</u> -					
		<del> </del>					
		ļ					
					·		

Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.				
-	LEGAL NAME OF OWNER OF	CABLE SYST				SYSTEM ID#						
Name	CEQUEL COMMUNICA	TIONS LL	_C					024185				
l	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the acceptancing of the programming	fy every nor	nnetwork televis eriod, under spe	ion program, broadcast by cific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	thorizations.	For a further				
Substitute Carriage:	explanation of the programmi				ie general inst	ructions in th	e paper SAT	-2 101111.				
Special	<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> </ul>											
Statement and												
Program Log												
	<b>Note:</b> If your answer is "No" log in block 2.	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	2. LOG OF SUBSTITUTE In General: List each substi clear. If you need more space Column 1: Give the title of period, was broadcast by a of under certain FCC rules, reg Do not use general categori	itute progra ce, please a of every nor distant stati gulations, or	m on a separat add additional r nnetwork televi on and that you authorizations	ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the ger	e program") the ed for the prog neral instruction	at, during the gramming of ons for furthe	accounting another stat r informatior	tion				
	"NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Bulls."  In was broad sign of the sign of the sign of the sign of the sign adian statio the and day we "5/7."  It is when the Example: a per "R" if the nd regulation	lcast live, enter tation broadca: n's location (th ns, if any, the cwhen your syst substitute program carried listed program ons in effect duitation broadcast.	"Yes." Otherwise enter "sting the substitute progree community to which the community with which the tem carried the substitute gram was carried by youred by a system from 6:01 was substituted for progring the accounting period	No." am. e station is lice e station is ide c program. Use cable system :15 p.m. to 6:2 ramming that y d; enter the le er FCC rules a	ensed by the ntified). e numerals, vol. List the time 28:30 p.m. shour system tter "P" if the and regulation	FCC or, in with the mores accurate nould be was require listed programs in	ly d				
	0	LIDOTITLIT	E DDOODAA			EN SUBSTI		7 DEACON FOR				
	S		E PROGRAM			RIAGE OCC	URRED IMES	7. REASON FOR DELETION				
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	— TO					
							_					
							_					
							_					
							_					
							_					
							_					

Accounting Period:	2017/1			FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			S	92418
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's	secondary tran w to compute the	nsmission servionis amount, see	9,985.96
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	) but less informati	than \$527,600 ion.		
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that	you must pay fo	or this six-month	
	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 lin	nes 1 and	2	<u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but n	nore than \$137	7,100)	
	Base amount under statutory formula	\$	263,800.00	<u> </u>	
	Enter amount of gross receipts from space K	\$	139,985.96	<u>i_</u>	
	3. Subtract line 2 from line 1	\$	123,814.04	<u>.</u>	
	Enter the amount of gross receipts from space K		\$	139,985.96	
	5. Enter the amount from line 3		\$	123,814.04	
	6. Subtract line 5 from line 4		\$	16,171.92	
	7. Multiply line 6 by .005 (enter figure here)			\$	80.86
	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		\$	80.86
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (bu	t less than \$52	27,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			<del>_</del> ,	
	3. Subtract line 2 from line 1		·	<u> </u>	
	4. Multiply line 3 by .01			_	
	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			-	
				· ·	
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	80.86	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	100.86
1	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		jhts!

2017/1										FO	RM SA1-2E. PAGE 7
											SYSTEM ID# 024185
to its subscribers, and (2) to	he cable system's to f channels on which broadcast stations. f activated channels	otal num	ber of activ	vated channe	els during the	e accountir		stations		17	
and nonbroadcast service	es									130	
we can contact about this	statement of accoun		DRMATION	IS NEEDE	<b>D</b> (Identify ar	n individual					
Name SARAI	H BOGUE						Tel	lephone _	(903) 579-	-3121	
(Number, s	street, rural route, apartn		uite number)								
Email	SARAH.BOGUE	E@ALTI	ICEUSA.C	OM		Fax (	optional)				
Owner other that  (Agent of owner in line 1 of sp  X (Officer or partr in line 1 of sp  I have examined the staten are true, complete, and corre	other than corporat ace B and that the over B.  ace B.  an officer (if ace B.  ace B.	artnershi tion or paymen is not	artnership ot a corpora ration) or a eclare unde ge, informat	owner of the I am the dul ation or partn partner (if a p	cable system y authorized a ership; or artnership) or aw that all sta	n as identifi agent of the	ed in line 1 of e owner of the entity identifier	f space B; e cable sy: d as owne	stem as ident		
	Title:	name:	SABR PRESID	g an "/s/ sign INA WAR	R	/s/ John Smi	ith)				
	LEGAL NAME OF OWNER OF CEQUEL COMMUNICATOR CHANNELS Instructions: You must give to its subscribers, and (2) to its subscribers, and number of on which the cable system and nonbroadcast services  INDIVIDUAL TO BE CONTINUED WE can contact about this subscribers, and contact about this subscribers, and contact and contact about this subscribers, and contact about this subscr	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to its subscribers.  2. Enter the total number of activated channel on which the cable system carried television and nonbroadcast services	CHANNELS Instructions: You must give (1) the number of channe to its subscribers, and (2) the cable system's total num  1. Enter the total number of channels on which the cat system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activated system carried television broadcast stations  1. Enter the total number of channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701 (City, town, state, zip)  Email  SARAH.BOGUE@ALTICEUSA.C  CERTIFICATION (This statement of account must be certified and  1. I, the undersigned, hereby certify that (Check one, but only one, of the composition of partnership) I am the composition of partnership in line 1 of space B and that the owner is not a corporation in line 1 of space B and that the owner is not a corporation in line 1 of space B.  1. I have examined the statement of account and hereby declare undeare true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)]  Typed or printed name:  SABRI  Title:  VICE PRESID  (Title of official position held in control of position held in control of ficial	CHANNELS Instructions: You must give (1) the number of channels on which the cable s to its subscribers, and (2) the cable system's total number of activated channel.  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDE we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Number, street, ruar foute, apartment, or suite number)  TYLER, TX 75701  (City, town, state, zip)  Email  SARAH.BOGUE@ALTICEUSA.COM  CERTIFICATION (This statement of account must be certified and signed in account in line 1 of space B and that the owner is not a corporation or partner on the in line 1 of space B.  (Owner other than corporation or partnership) I am the owner of the in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of la are true, complete, and correct to the best of my knowledge, information, and belic [18 U.S.C., Section 1001(1986)]  X /s/ Sabrina Warr  Enter an electronic signature on tenter signature using an "/s/ signature using an "	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the 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  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify a we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Number, street, rural route, apartment, or sulte number)  TYLER, TX 75701  (City, town, state, zip)  Email  SARAH.BOGUE@ALTICEUSA.COM  CERTIFICATION (This statement of account must be certified and signed in accordance with 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 in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all stare true, complete, and correct to the best of my knowledge, information, and belief, and are me true; complete, and correct to the best of my knowledge, information, and belief, and are me true; complete, and correct to the best of my knowledge, information, and belief, and are me true; complete, and correct to the best of my knowledge, information, and belief, and are me true; complete, and correct to the best of my knowledge, information or partnership) or Enter an electronic signature on the line above the signature using an "/s/ signature" (e.g., Typed or printed name:  SABRINA WARR  Title: VICE PRESIDENT OF ACCOUNTERS OF The Complete of The	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accountiful system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nontroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Rumber, street, rural route, apartment, or suite number)  TYLER, TX 75701  (City, town, state, 2p)  Email  SARAH.BOGUE@ALTICEUSA.COM  Fax (  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyriging 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 and that the owner is not a corporation or partnership; or in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all statements of are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good (18 U.S.C., Section 1001(1986))  X /s/ Sabrina Warr  Enter an electronic signature on the line above to certify the terms signature using an "/s/ signature" (e.g., /s/ John Sm.  Typed or printed name:  SABRINA WARR  Title:  VICE PRESIDENT OF ACCOUNTING  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 [Number, street, rural route, speriment, or suite number)  TYLER, TX 75701  ((City, town, state, zp)  Email  SARAH BOGUE@ALTICEUSA.COM  Fax (optional)  *- 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 and that the owner is not a corporation or partnership; of the legal entity identifies 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 contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  SABRINA WARR  Title:  VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM.  CEQUEL COMMUNICATIONS LLC  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Number, Stock, ruar rows, separated, to rause number)  TYLER, TX 75701  (City, lown, sate, zp)  Email  SARAH BOGUE@ALTICEUSA.COM  Fax (optional)  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 duly authorized agent of the owner of the cable system as identified in line 1 of space B; in line 1 of space B and that the owner is not a corporation or partnership; or  (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner 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 co	LEGAL NAMIC OF OWNER OF CABLE SYSTEM:   CEQUEL COMMUNICATIONS LLC   CHANNELS	LECAL NAME OF OWNER OF CABLE SYSTEM: CECUEL COMMUNICATIONS LLC  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 stolal number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system activated behavior 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.  136  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about the statement of account.)  Name  SARAH BOGUE  Address  3015 S S E LOOP 323  SARAH BOGUE  TYLER, TX 75701  (Cry, team, state, and the statement of account, and the statement of account.)  Email  SARAH BOGUE@ALTICEUSA.COM.  Fax (optional)  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.)  (Appert of womer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or  (Appert of womer other than corporation or partnership) is mit the duty authorized agent of the owner of the cable system as identified in line 1 of space B, or  (Appert of womer other than corporation or partnership) is mit the owner of the legal entity identified as owner of the cable system as identified in line 1 of space B, or  (Appert of womer other than corporation or partnership) is mit the duty authorized agent of the owner of the cable system as identified in line 1 of space B, or  (Appert of womer other than corporation or partnership) is mit the duty authorized agent of the owner of the cable system as identified in line 1 of space B, or  (Inter of Space B, and other is a corporation or partnership) of the legal entity

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 the 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 telephon 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 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

ccounting Period: 2017/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	024185
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
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 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	
* 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@loc.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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