This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syst	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
	uctions are located o of this workbook	08/28/2017	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	ED BY THIS STATEMENT: (Y	YYY/(Period))	
	2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20	171 Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parer		diary of another corporation, give the full co	rporate title
Owner	List any other name or names under w	which the owner conducts the business of th	ne cable system.	
	-	the accounting period, only the owner on t ty fee payment covering the entire account	he last day of the accounting period should a ing period.	submit a
	Check here if this is the system's first f	iling. If not, enter the system's ID number a	assigned by the Licensing Division.	025311
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LL	c		
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATION	IS		
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	3015 S SE LOOP 323			

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 suffciency of the fling, a determination that would be made by a court of law.

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.

(Number, street, rural route, apartment, or suite number)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

TYLER, TX 75701

(City, town, state, zip)

NEOSHO, MO

С

System

1

2

		FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	025311
D	Instructions: List each separate community served by the cable system. A "commur" a separate and distinct community or municipal entity (including unincorporated conditionated areas)." 47 C.F.R. 76.5(dd). The first community that you	ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter
Area	known as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or mobile	
Served	identified city.	
	CITY OR TOWN	STATE
First	NEOSHO	MO
Community	NEWTON COUNTY(PORTION)	MO
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT	TIONS LLC							02531
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of t	ne cable	
_	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
Rales	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for each	catego	y of service.	Include bo	oth the amount o	of the charg		
	unit in which it is generally billed				ny standai	rd rate variation	s within a p	particular rate	
	category, but do not include disc				.				
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca	able service to a	dditional	sets would b	e included	in the count un	der "Servi	ce to the	
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		ngnt-na			e-word descript			
	BLO	OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set	1	.025	28.45					
	Service to additional set(s)	1	,389	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		78	33.28					
	Converter			00.20					
	Residential								
	Non-residential								
	• NON-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							- 3,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) descrip				sneu. Lisi	these other serv	vices in the	i loini ol a	
	CATEGORY OF SERVICE	BLOC RATE		DRY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			ion: Non-res		TUTE	GITEO		
	• Pay cable	17.00		l, hotel					
	• Pay cable—add'l channel	19.00		mercial					
	• Fire protection		• Pay						
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	40.00		lar protection					
	Additional set(s)		•	ervices:					
	. ,	23.00		onnect		40.00			
	• FM radio (if separate rate)			onnect		40.00			
			- DISC	AND THE REPORT OF					
	Converter					05.00			
	• Converter		• Outle	et relocation e to new addr		25.00 40.00			

ng Period:	-			FORM SA1-2E. PAGI
ame	LEGAL NAME OF OWNER O			SYSTEM II 0253
	CEQUEL COMMUNIC			0233
G mary mitters: vision	In General: In space G, id 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 r • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each station 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 entu (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations c: ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p of with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain st arried by your cable system on a si he Special Statement and Program d both on a substitute basis and al- see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form.	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCLG-LD	32	I	NEOSHO, MO
	KFJX	13	I	PITTSBURG, KS
ecessary	KFJX-HD	13	I-M	PITTSBURG, KS
	KJPX-LP	35	l	JOPLIN, MO
	KOAM-HD	7	N-M	PITTSBURG, KS
	KOAM-TV	7	Ν	PITTSBURG, KS
	KODE-HD	43	N-M	JOPLIN, MO
	KODE-TV	43	Ν	JOPLIN, MO
	KOZJ	25	Е	JOPLIN, MO
	KSNF	46	Ν	JOPLIN, MO
	KSNF KSNF-HD	46 46	N N-M	JOPLIN, MO JOPLIN, MO
	KSNF-HD	46	N-M	JOPLIN, MO
	KSNF-HD KSPR-CW	46 19	N-M I-M	JOPLIN, MO SPRINGFIELD, MO
	KSNF-HD KSPR-CW KSPR-CW	46 19 19	N-M I-M I-M	JOPLIN, MO SPRINGFIELD, MO SPRINGFIELD, MO
	KSNF-HD KSPR-CW KSPR-CW	46 19 19	N-M I-M I-M	JOPLIN, MO SPRINGFIELD, MO SPRINGFIELD, MO
	KSNF-HD KSPR-CW KSPR-CW	46 19 19	N-M I-M I-M	JOPLIN, MO SPRINGFIELD, MO SPRINGFIELD, MO
	KSNF-HD KSPR-CW KSPR-CW	46 19 19	N-M I-M I-M	JOPLIN, MO SPRINGFIELD, MO SPRINGFIELD, MO
	KSNF-HD KSPR-CW KSPR-CW	46 19 19	N-M I-M I-M	JOPLIN, MO SPRINGFIELD, MO SPRINGFIELD, MO
	KSNF-HD KSPR-CW KSPR-CW	46 19 19	N-M I-M I-M	JOPLIN, MO SPRINGFIELD, MO SPRINGFIELD, MO
	KSNF-HD KSPR-CW KSPR-CW	46 19 19	N-M I-M I-M	JOPLIN, MO SPRINGFIELD, MO SPRINGFIELD, MO
	KSNF-HD KSPR-CW KSPR-CW	46 19 19	N-M I-M I-M	JOPLIN, MO SPRINGFIELD, MO SPRINGFIELD, MO

LEGAL NAME O									SYSTEM 025
	t every radio s	station c) arried on a separate and dis enerally receivable by your c						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Column 4: Colum	it is carried b monitoring, to ormation abou rm. dentify the cal state whether the radio state this by placin Sive the statio	by the sy be rece ut the C I sign of the stati tion's sig g a chee n's locat	II-Band FM Carriage: Under stem whenever it is received sived at the headend, with the opyright Office regulations of each station carried. ion is AM or FM. gnal was electronically proce ck mark in the "S/D" column. tion (the community to which , the community with which t	d a ne on ess	at the system's H system's FM ar this point, see p sed by the cable ne station is lice	headend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
	AN4 514			-	0.000		0 (5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					025311
	SUBSTITUTE CARRIAGE				G			
	In General: In space I, identi		-		-	ion that you	r cabla eveta	m carried on a
•	substitute basis during the ad							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting peri	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	sion program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	NO
Program Log	-		wast of this was	a blank. If your analysis is i	·//		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	e the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if thei	r meaning is	
	clear. If you need more space						incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o es like "mo	r authorizations	 See page (v) of the gene thall " List specific program 	eral instruction	ns for furthe	r informatior	1.
	"NBA Basketball: 76ers vs.			toall. Elst speeline program		impic, i Lo	VC LUCY OF	
	Column 2: If the program	n was broad		"Yes." Otherwise enter "N				
				sting the substitute progra			FOO in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv		5	·	Ū			
				gram was carried by your of				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. si	nould be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system	was require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	IMES — TO	DELETION
		163 01 140	CALL SIGN	4. STATION S LOCATION		TROW	_ 10	
			+			·	<u> </u>	
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Accounting Period:	2017/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC			025311
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	secondary trans w to compute thi	mission servi s amount, see \$ 23	се
Copyright	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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that 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 r	more than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	238,739.34		
	3. Subtract line 2 from line 1	25,060.66		
	4. Enter the amount of gross receipts from space K	\$ 2	38,739.34	
	5. Enter the amount from line 3		25,060.66	
	6. Subtract line 5 from line 4		13,678.68	
	7. Multiply line 6 by .005 (enter figure here)		•	1,068.39
	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		\$	1,068.39
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	it less than \$527	7,600)	
	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 Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,068.39	
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		\$	1,088.39
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f	-		ghts!

Accounting Period:	2017/1								FORM	I SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC								SYSTEM ID# 025311
M Channels	 to its subscribers, 1. Enter the total system carried to 2. Enter the total on which the call 	u must give (1) the number , and (2) the cable system's number of channels on whi television broadcast station number of activated channe ble system carried televisio ast services	s total num ich the cab is els on broadca	nber of acti ble ast stations	vated channels d	uring the a	accounting perio		14	
N Individual to Be Contacted		BE CONTACTED IF FURT		ORMATIO	N IS NEEDED (Ic	lentify an ir	ndividual to who	om		
for Further Information	Name	SARAH BOGUE						Telephone	(903) 579-3121	
	Address	3015 S SE LOOP 32 (Number, street, rural route, apa		suite number)						
		TYLER, TX 75701 (City, town, state, zip)								
	Email	SARAH.BOGU	UE@ALTI	FICEUSA.	СОМ		Fax (optiona	l)		
O Certification		This statement of account r d, hereby certify that (Check			-	lance with	Copyright Offic	e regulations)		
	(Owner	other than corporation or	partnershi	h ip) I am the	e owner of the cab	le system a	as identified in lir	ne 1 of space B	; or	
	in li	of owner other than corpor ne 1 of space B and that the	owner is n	not a corpor	ration or partnersh	ip; or				
	I have examined	r or partner) I am an officer ne 1 of space B. the statement of account and , and correct to the best of m n 1001(1986)]	d hereby de	declare unde	er penalty of law th	nat all state	ments of fact co		er of the cable system	
				n electronic	brina Warr signature on the li ng an "/s/ signature			ement.		
		Typed or printe	ed name:	SABR						
		Title: (Title of			DENT OF ACC		NG			
		Date:					08/18/20	17		

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unting Period: 2017/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0253
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statemen Concerning Gross Receipts Exclusio
Name	
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
	Internet Accession
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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