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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	uctions are located of this workbook	08/28/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20171	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		liary of another corporation, give the full corp	orate title
Owner	List any other name or names under which	h the owner conducts the business of th	e cable system.	
	If there were different owners during the single statement of account and royalty fe		ne last day of the accounting period should su ng period.	bmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	002741

		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)
		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	4	IDENTIFICATION OF CABLE SYSTEM:
		HENRIETTA, TX
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, z/p 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 suffciency of the fing, a determination that would be made by a court of law.

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "commun	
D	"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	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.	
		STATE
First Community	HENRIETTA	
Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT	IONS LLC							00274
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						1	harden a	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate in	ndicated	-not the num	nber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	e that cable	
	systems most commonly provide	e to their subscr	ibers. G	ive the numbe	er of subsc	ribers and rate f	or each lis	ted category	
	that applies to your system. Note			-		-			
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					i in the count un	uer Servio		
	Block 2: If your cable system					service that are	different fi	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	right-ha	and block. A tv	vo- or thre	e-word descripti	on of the s	ervice is	
		OCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODOCIVIDE	.110		UAT		(VIOL	GODGORIDERG	
	Service to first set		106	28.45					
	Service to additional set(s)		18	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		4	28.84					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-			-				
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually t	oilled. If any ra	ites are ch	larged on a varia	able per-pr	ogram basis,	
ransmissions:			ne cable	system for ea	ich of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a				shed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip			e for each.			1		
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res		NATE	CATEG	ORT OF SERVICE	
	Pay cable	17.00		el, hotel					
	• Pay cable—add'l channel	19.00		nmercial					
	Fire protection		• Pay	cable					
				cable-add'l ch	nannel				
	•Burglar protection		- 5						
	•Burglar protection Installation: Residential		 Fire 						
	U	40.00		protection					
	Installation: Residential		• Burg						
	Installation: Residential • First set		• Burg Other s	protection glar protection		40.00			
	Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec	protection glar protection ervices:		40.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s • Rec • Disc	protection glar protection ervices: onnect		40.00			

ounting Period:	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 00274
	CEQUEL COMMUNIC			00274
G Primary ransmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th b)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr a(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repr evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K44GS-D	44	E	WICHITA FALLS, TX
	KAUZ-CW	22	I-M	WICHITA FALLS, TX
Necessary	KAUZ-TV	22	N	WICHITA FALLS, TX
	KFDX-TV	28	N	WICHITA FALLS, TX
	KJBO-LP	35	I	WICHITA FALLS, TX
	KJTL	15	I	WICHITA FALLS, TX
	KSWO-TELEMUNDO	11	I-M	LAWTON, OK
	KSWO-TV	11	N	LAWTON, OK

EGAL NAME O								SYSTEM 002
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					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: G	it is carried b monitoring, to prmation abourn. dentify the cal tate whether the radio stat this by placin Sive the statio	y 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 eived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which the , the community with which the	at the system's h e system's FM ar this point, see p used by the cable the station is lice	neadend, and Itenna, during page (v) of the e system as a nsed by the F	(2) it ca certain genera separat	in be expected, stated intervals. Il instructions in the. e and discrete	Primary Transmitter: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
							·	
							·	
							·	
							·	

Accounting Perio	od: 2017/1						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					002741
					•			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT				- <u>j</u>			
Special	During the accounting peri				sis anv nonne	twork television	program	
Statement and	broadcast by a distant stat	-		ourry, on a substitute bac	no, any nonne			XNO
Program Log	-						YES	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust complete the	e program	l
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more space				wherever pos	sible, if their me	eaning is	
	Column 1: Give the title				program") that	at during the ac	countina	
	period, was broadcast by a							on
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instructio	ns for further inf	ormation.	
	Do not use general categori		vies" or "basket	ball." List specific program	m titles, for ex	ample, "I Love L	ucy" or	
	"NBA Basketball: 76ers vs.		lagat liva antar	"Vaa " Othanuiga antar "	No."			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broa					ensed by the FC	C or, in	
	the case of Mexican or Can						,	
	Column 5: Give the mon		when your syst	em carried the substitute	program. Use	e numerals, with	the mont	h
	first. Example: for May 7 giv					1 :		
	Column 6: State the time to the nearest five minutes.							/
	stated as "6:00–6:30 p.m."	Example. a	program came	ed by a system norm 0.01.	15 p.m. to 0.2	.o.ou p.m. snoui	ube	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that y	our system was	s required	1
	to delete under FCC rules a							m
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	and regulations i	n	
	effect on October 19, 1976.							
					WHE	EN SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM			IAGE OCCURI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
						_		
							•••••••••••••••••••••••••••••••••••••••	
						_		
			+					
			+					
			+					
			+					
			L					

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	*STEM ID# 002741
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e , 422.87
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,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	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	: 2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 002741
M Channels	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 on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE T	elephone (903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
O	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re • 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the inline 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified 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 contair 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)] • Typed or printed name: SABRINA WARR Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership) Date: 08/18/2017	of space B; or he cable system as identified fied as owner of the cable system ned herein

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unting Period: 2017/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0027
 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 Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td>-</td>	-
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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