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

				 Return completed workbook by
STATEM	ENT OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@loc.gov
General instru	ems (Short Form) actions 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
A	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	201	71 Barcode Data Filing Period (optional	I - see instructions)	
	Instructions:			
В	Give the full legal name of the owner of of the subsidiary, not that of the parent	-	diary of another corporation, give the full corp	oorate title
Owner	List any other name or names under wh	ich the owner conducts the business of th	ne cable system.	

D		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)
-	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	-	WALDRON, AR
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	~	(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 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 ' "a separate and distinct community or municipal entity (including unincorp	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community is known as the "first community." Please use it as the first community on al	hat you list will serve as a form of system identification hereafter
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	WALDRON	AR
Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	TIONS LLC							00312
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	bay cable) in sp	ace F, n	ot here. All the	facts you	state must be th			
Transmission Service: Sub-	last day of the accounting period						la avatam	brokon	
scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ly standa		within a p		
	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								
	first set" and would be counted of						1:66		
	Block 2: If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		-						
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		223	28.45					
	Service to additional set(s)		50	0					
	• FM radio (if separate rate)								
	Motel, hotel		~ ~ ~	04.70					
	Commercial Converter		21	34.78					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	6				
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	•	,		0				
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	arged on a varia	ble per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable	system for ea	ch of the a	annlicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	e the ra	te for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services: Pay cable	17.00		tion: Non-res el, hotel	idential				
	• Pay cable—add'l channel	19.00		nmercial					
	Fire protection	10.00		cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	40.00		glar protection					
	 Additional set(s) 			ervices:					
			• Rec	onnect		40.00			
	 FM radio (if separate rate) 			onnoor					
	FM radio (if separate rate) Converter			connect					
	· · · /		• Disc			25.00			

ting Period:	1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O			SYSTEM ID
	CEQUEL COMMUNIC			003124
G Primary Issmitters: Ievision	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 <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii 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 eacl educational station, by entu (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta 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 instruc orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. 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
	KAFT	9	E	FAYETTEVILLE, AR
	KFSM-TV	18	Ν	FORT SMITH, AR
s Necessary	KFTA-TV	27	l	FORT SMITH, AR
	KHBS	21	Ν	FORT SMITH, AR
	KHBS-CW	21	I-M	FORT SMITH, AR
	KNWA-TV	50	Ν	ROGERS, AR
	KXNW	34	I	EUREKA SPRINGS, AR
		34	1	EUREKA SPRINGS, AR
		34	<u>I</u>	EUREKA SPRINGS, AR
		34	<u>I</u>	EUREKA SPRINGS, AR
		34	<u>I</u>	EUREKA SPRINGS, AR
		34		EUREKA SPRINGS, AR
		34		EUREKA SPRINGS, AR
		34		EUREKA SPRINGS, AR
		34		EUREKA SPRINGS, AR
		34		EUREKA SPRINGS, AR
		34		EUREKA SPRINGS, AR
		34		EUREKA SPRINGS, AR

LEGAL NAME O								SYSTEM 003
	t every radio s	station c) arried on a separate and dise enerally receivable by your ca					н
eceivable if (1) on the basis of for detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li) it is carried b monitoring, to ormation abou rm. dentify the call State whether f the radio stat	y the sy be rece it the C I sign of the stati- ion's sig	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations of each station carried. on is AM or FM. gnal was electronically process k mark in the "S/D" column.	at the system's e system's FM a n this point, see	headend, and ntenna, during page (v) of the	(2) it ca I certain e genera	n be expected, stated intervals. I instructions in the.	Primary Transmitters Radio
Column 4: 0	Give the station	n's locat	ion (the community to which the community with which th			CC or,	in the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
					<u> </u>			
					<u>+</u>			
				·				

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					003124
	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 programmi							
Carriage:	1. SPECIAL STATEMENT			TITUTE CARRIAGE				
Special	• During the accounting peri	od, did you	r cable system	carry, on a substitute basi	is, any nonne	twork televis	sion program	ı
Statement and	broadcast by a distant stat	-					YES	× NO
Program Log	-				(C) / 1		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Lice abbroviations	whorovor pos	sible if their	mooning is	
	clear. If you need more space				wherever pos		meaning is	
				sion program ("substitute	program") tha	t, during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	r informatior	1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	toall." List specific program	n titles, for exa	ample, "I Lo	ve Lucy or	
			lcast live. enter	"Yes." Otherwise enter "N	No."			
				sting the substitute progra				
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			with the men	, th
	first. Example: for May 7 giv		when your syst		program. Use	numerais, v	with the mor	101
			substitute pro	gram was carried by your	cable svstem.	List the tim	es accurate	lv
	to the nearest five minutes.							5
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ining that y				ina rogalatio		
							T. 1 T.C	
	S	UBSTITUT	E PROGRAM			EN SUBSTI		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
			0.122 01011					
			+			<u>_</u>		
						<u>-</u>		
			+			<u>-</u>		
						<u>-</u>		
							_	
			+					
			+					
						<u>-</u>		
			+		-	<u>-</u>		
							_	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 003124
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 servic s amount, see	e 5,025.19
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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	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# 003124
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	7
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 Telephone	<mark>(903) 579-3121</mark>
	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.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <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	B; or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	_
	Typed or printed name: SABRINA WARR	
	Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)	
	Date: 08/18/2017	

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	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0031
 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 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 Assessme
×	
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	-
	-
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 - 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 \$	_
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 - - - - - 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@loc.gov. For further assistance please	-
x	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	
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	

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