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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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 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)
C		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:
		LEXINGTON, MO 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.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		033171
	CEQUEL COMMUNICATIONS LLC	
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lisk hown as the "first community." Please use it as the first community on all future fili	nmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	LEXINGTON	MO
Community	NAPOLEON	МО
Add Rows as Necessary		
Add Rows as Necessary		

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

033171

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CEQUEL COMMUNICATIONS LLC

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 SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	416	28.45				
 Service to additional set(s) 	159	0				
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	39	35.86				
Converter						
 Residential 						
 Non-residential 						
		1		T	l'''''	

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			
 Pay cable 	17.00	Motel, hotel			
 Pay cable—add'l channel 	19.00	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
 First set 	40.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		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# 033171

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 paper 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
КСРТ	18	E	KANSAS CITY, MO
KCTV	24	N	KANSAS CITY, MO
KCWE	31	l	KANSAS CITY, MO
KMBC-TV	29	N	KANSAS CITY, MO
KMCI	41	l	LAWRENCE, KS
KMOS-TV	15	E	SEDALIA, MO
KPXE	51	l	KANSAS CITY, MO
KSHB-TV	42	N	KANSAS CITY, MO
KSMO-TV	47	I	KANSAS CITY, MO
KUKC-LD	20	I	KANSAS CITY, MO
WDAF-TV	34	I	KANSAS CITY, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 033171

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

Primary Transmitters: Radio

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.

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).

	1	1	1	1	1	1	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						 	
						 	
						 	
							
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Accounting Perio							FOR	M SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LI	_C					033171			
	SUBSTITUTE CARRIAGI	E. SDECIA	I STATEME	NT AND PROGRAM I C	ng.						
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor	nnetwork televis eriod, under spe	ion program, broadcast by	y a <i>distant</i> stat CC rules, regul	ations, or au	uthorizations.	For a further			
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting per				sis. anv nonne	twork televi	sion program	1			
Statement and	broadcast by a distant sta	-		, ,	, , ,		YES	X NO			
Program Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the prograr	n			
	log in block 2.										
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meanin clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information to use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the refirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accur to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was requited to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in											
	effect on October 19, 1976.										
					WHE	N SUBST	ITUTE				
	S	UBSTITUT	E PROGRAM		CARR	7. REASON FOR					
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>				
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Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 03317
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	o,572.72
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.		
	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 fo accounting period is \$52.00	r 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	<u> </u>	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	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 \$52	7,600)	
	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) \$		
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!

LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT										SYSTEM ID# 033171
to its subscribers, and (2) the subscribers, and (2) the subscribers and (2) the subscribers are subscribers, and (2) the subscribers, and (2) the subscribers are subscribers, and (2) the subscrib	ne cable system's to f channels on which broadcast stations. f activated channels	otal numb	ber of activa	ated channe	s during the	accounting per			11	
and nonbroadcast service	s									
			DRMATION	IS NEEDED	(Identify an	individual to wl	hom			
Name SARAF	I BOGUE						Telephone	(903) 579-3	3121	
(Number, st	treet, rural route, apartm		iite number)							
Email	SARAH.BOGUE	E@ALTI	CEUSA.C	MC		Fax (option	nal)			
Owner other that (Agent of owner of in line 1 of spanning line 1 of	certify that (Check one on corporation or particle B and that the owner) I am an officer (if a cace B. ent of account and he cot to the best of my k cace) I	tion or pa where is not f a corpora hereby de knowledg	artnership) ot a corporat ation) or a p eclare under ge, informati	e boxes.) Downer of the I am the duly ition or partner artner (if a partner) penalty of lartner, and belie rina Warr gnature on the	authorized a rship; or artnership) of w that all state f, and are made	as identified in gent of the own the legal entity ements of fact of de in good faith	line 1 of space E er of the cable s identified as owr contained herein	ystem as identif		
	Typed or printed r	name:	SABRI PRESIDE	NA WARI	CCOUNT	ING	2017			
	CEQUEL COMMUNICAT CHANNELS Instructions: You must give to its subscribers, and (2) the system carried television of the system carr	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 channels on which the cable system carried television and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTH we can contact about this statement of account Management of account in the contact and its subscribers. Tyler, TX 75701 (City, town, state, zip) Email SARAH.BOGUI CERTIFICATION (This statement of account minum of space B and that the output of space B and that the output of space B. I have examined the statement of account and are true, complete, and correct to the best of my [18 U.S.C., Section 1001(1986)] Typed or printed. Title: (Title of output of the cable system's table syst	CEQUEL COMMUNICATIONS LLC 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 cab system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activate 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 we can contact about this statement of account.) Name SARAH BOGUE Address 3015 S SE LOOP 323 (Number, street, rural route, spartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email SARAH.BOGUE@ALTICEUSA.Co. CERTIFICATION (This statement of account must be certified and some contact account of the contact account acc	CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable sy to its subscribers, and (2) the cable system's total number of activated channels. 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 we can contact about this statement of account.) 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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.COM CERTIFICATION (This statement of account must be certified and signed in accordance with 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 and that the owner is not a corporation or partnership; or in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all state are true, complete, and correct to the best of my knowledge, information, and belief, and are maltine true, complete, and correct to the best of my knowledge, information, and belief, and are maltine true, complete, and correct to the best of my knowledge, information, and belief, and are maltine true, complete, and correct to the best of my knowledge, information, and belief, and are maltine true, complete, and correct to the best of my knowledge, information, and belief, and are maltine true, complete, and correct to the best of my knowledge, information or partnership) (Egg., /s/s) signature* (e.g., /s/s	CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television brox to its subscribers, and (2) the cable system's total number of activated channels during the accounting per system carried television broadcast stations 1. 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 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, bown, sale, zip) Email SARAH, BOGUE@ALTICEUSA.COM Fax (option) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Off • 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 ine 1 of space B and that the owner is not a corporation or partnership, or X (Officer or sparcher) I am an officer (if a corporation or partnership) of the legal entity in line 1 of space B. and that the owner is not a corporation or partnership, or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity 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 care 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 coporation or partnership)	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. 1. 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 Telephone Address 3015 S SE LOOP 323 (City, Isowa, state, 29) Email SARAH BOGUE ACTIVELY TA 75701 (City, Isowa, state, 29) Email SARAH BOGUE ARAH BOGUE ARAH BOGUE TYPLER, TX 75701 (City, Isowa, state, 29) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E in line 1 of space B and that the owner is not a corporation or partnership; or line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or p	CEAUNEL 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 activated 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 roads, apartment, or sults number) TYLER, TX 75701 (Chy, town statement of account must be certified and signed in accordance with Copyright Office regulations) - 1. 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 and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partnership; or the loads and that the owner is not a corporation or partnership; or the cable in the 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. Typed or printed name: SABRINA WARR Title: VICE PRESIDENT OF ACCOUNTING (Title of afficial position heal is corporation or partnership)	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried relevision 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 thereign to macking stations. 2. Enter the total number of activated channels on which the cable system carried thereign to macking stations and nonbroadcast stations and nonbroadcast services. 80 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an inclividual to whom we can contact about this statement of account.) Name SARAH BOQUE Address 3015 S SE LOOP 323 Notes, see suit of the cable system as identified in line 1 of space B, or love understand the cable system as identified in line 1 of space B, or love or other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or love or other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or love or other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or love or other than corporation or partnership) I am the owner of the cable system as identified as owner of the cable system in line 1 of space B, or love or partnership or love or partnership or partnership or a partner or partnership or a partner or partnership or a partner or partnership or a partnership of the legal entity identified as owner of the cable system in line 1 of space B, or love or partnership and the owner is not a corporation or partnership of the legal entity identified as owner of the cable system in line 1 of space B, or line 1 of space B, or love other than corporation or partnership or partnership of the legal entity identified as owner of the cable system in line 1 of space B, or line 1

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#
CEQUEL COMMUNICATIONS LLC	033171
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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