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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	uctions are located of this workbook	08/28/2017	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period)) Period 2 = July 1 - December 31	-
Accounting Period	20171	Barcode Data Filing Period (optional	- see instructions)	
	Instructions:			
В	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 corpo	orate title
Owner	List any other name or names under which	n the owner conducts the business of th	e cable system.	
	If there were different owners during the a single statement of account and royalty fe		ne last day of the accounting period should sub ng period.	omit 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.	003698
	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 n	umber)		
	TYLER, TX 75701 (City, town, state, zip)			
<u> </u>	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ider	ntify the business and operation of the	system unless these

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 Office'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.

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.

U.S. Copyright Office

С

System

1

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

MONAHANS, TX

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	003698
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you known as the "first community." Please use it as the first community on all future f	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
First	CITY OR TOWN MONAHANS	STATE TX
Community	THORNTONVILLE	TX
-	WARD COUNTY(PORTION)	TX
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT	TONS LLC							00369
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose exist	ing on the	
Transmission	last day of the accounting period	`		,	,	,	la avatam	brokon	
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	dicated-	-not the num	nber of set	s receiving serv	ice).	-	
	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								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of								
	Block 2: If your cable system I					service that are	different fi	rom those	
	printed in block 1 (for example, t	iers of services	that inclu	ude one or m	ore second	dary transmissio	ns), list the	em, together	
	with the number of subscribers a	and rates, in the	right-hai	nd block. A tv	vo- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF	DC	RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	RO	RAIE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	RAIL
	Service to first set		443	28.45					
	Service to additional set(s)		264	20.40 0					
	• FM radio (if separate rate)		·	Ŭ					
	Motel, hotel								
	Commercial		128	33.24					
	Converter			00.24					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	ONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
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	rate column.	-	-		-			
Transmissions:								wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
	, , ,	BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		nstallat	ion: Non-res	idential				
	• Pay cable	17.00	 Mote 	I, hotel					
	Pay cable—add'l channel	19.00	• Com	mercial					
	Fire protection		• Pay o	cable					
			• Pay o	cable-add'l ch	nannel				
	•Burglar protection								
	•Burglar protection Installation: Residential		 Fire µ 	protection					
	U	40.00		protection lar protection					
	Installation: Residential			lar protection					
	Installation: Residential • First set		• Burg	lar protection ervices:		40.00			
	Installation: Residential • First set • Additional set(s)		• Burg Other se • Reco	lar protection ervices:		40.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other se • Recc • Disco	lar protection ervices: onnect		40.00			

				OVOTEM
ame				SYSTEM II 00369
	CEQUEL COMMUNIC			
G imary smitters: evision	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 ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (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- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc program 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 educate uctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each or multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMID	26	N	MIDLAND, TX
	KMLM	42	I	ODESSA, TX
Necessary	KOSA-TV	7	Ν	ODESSA, TX
	KPBT-TV	38	E	ODESSA, TX
	KPBT-TV KPEJ-TV	38 23	EI	ODESSA, TX ODESSA, TX
			E I I-M	
	KPEJ-TV	23	<u>l</u>	ODESSA, TX
	KPEJ-TV KTLE-TELEMUNDO	23 20	<u>l</u>	ODESSA, TX ODESSA, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	I	MIDLAND, TX

LEGAL NAME O									SYSTEM 003
	t every radio s	station c) arried on a separate and dis enerally receivable by your c						н
eccivable 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 ormation abou rm. dentify the cal state whether f the radio stat this by placin Sive the statio	y the sy be rece it the C I sign of the stati tion's sig g a cheo n's locat	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 proce ck mark in the "S/D" column. tion (the community to which	l at ti e sy: n thi ssec the	he system's h stem's FM an s point, see p d by the cable station is lice	eadend, 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 Transmitter: Radio
		-					C/D		
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	_C					003698
	SUBSTITUTE CARRIAGE			NT AND PROGRAM I O	G			
	In General: In space I, identi				-	ion that you	r cable svste	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	-	2				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			to line. Lice abbroviations	whorovor pos	sible if their	mooning is	
	In General: List each subst 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.							-)
	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		
						EN SUBSTI		
	S	UBSTITUT	E PROGRAM			IAGE 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
			+		-			
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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	SI	STEM ID# 003698
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 trans (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	, 857.54
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	,000)	
	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	1. 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 003698
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	8 53
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	(903) 579-3121
	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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 identified as own 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)] It uses a 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	ystem as identified
	(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
UEL COMMUNICATIONS LLC	0036
 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? NO 	P Special Statemen Concerning Gros Receipts Exclusio
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 Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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