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	DUNTING 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)
	INISTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	'	PINE, AZ
		MAILING ADDRESS OF CABLE SYSTEM:
	_	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	1	h. Ann m t

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/1									
A0000011	2017,1	FORM SA1-2E. PAGE 1b.								
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	CEQUEL COMMUNICATIONS LLC	040141								
	Instructions: List each separate community served by the cable system. A "communit"									
D	"a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list known as the "first community." Please use it as the first community on all future filir	nmunities within unincorporated areas and including single, twill serve as a form of system identification hereafter ngs.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the dentified city.									
	CITY OR TOWN	STATE								
First	PINE	AZ								
Community	STRAWBERRY	AZ								
Add Rows as Necessary										

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

O40141

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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				
04750000 05 0500405	NO. OF	DATE	04750000 05 0500 405	NO. OF	DATE		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	526	60.99					
 Service to additional set(s) 	894	0					
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	10	66.52					
Converter							
Residential							
Non-residential							
1				T			

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 1				
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:

SYSTEM ID# 040141

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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
KAET	8	E	PHOENIX, AZ
KAET-HD	8	E-M	PHOENIX, AZ
KAET-KIDS	8	E-M	PHOENIX, AZ
KASW	49	l	PHOENIX, AZ
KASW-HD	49	I-M	PHOENIX, AZ
KAZT-HD	7	I-M	PRESCOTT, AZ
KAZT-METV	7	I-M	PRESCOTT, AZ
KAZT-TV	7	I	PRESCOTT, AZ
KNXV-HD	15	N-M	PHOENIX, AZ
KNXV-TV	15	N	PHOENIX, AZ
KPHO-HD	17	N-M	PHOENIX, AZ
KPHO-TV	17	N	PHOENIX, AZ
KPNX	12	N	MESA, AZ
KPNX-HD	12	N-M	MESA, AZ
KSAZ-HD	10	I-M	PHOENIX, AZ
KSAZ-TV	10	l	PHOENIX, AZ
KTAZ	39	l	PHOENIX, AZ
KTAZ-EXITOS	39	I-M	PHOENIX, AZ
KTAZ-HD	39	I-M	PHOENIX, AZ
KTVK	24	I	PHOENIX, AZ
KTVK-HD	24	I-M	PHOENIX, AZ
KTVW-DT	33	l	PHOENIX, AZ
KTVW-HD	33	I-M	PHOENIX, AZ
KUTP	26	l	PHOENIX, AZ
KUTP-BUZZR	26	I-M	PHOENIX, AZ

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 040141 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KUTP-HD** 26 I-M PHOENIX, AZ

I-M

PHOENIX, AZ

26

KUTP-MOVIES

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 040141

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						 	
						 	
							
						 	
						 	
							
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						[
						 	
						 	
						 	
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Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.	
-	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LL	_C					040141	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identification of the programmi 1. SPECIAL STATEMENT During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2.	E: SPECIA fy every nor ccounting pe ing that mus r CONCER od, did your tion?	AL STATEMEN anetwork televis eriod, under spe t be included in NING SUBST r cable system	cion program, broadcast becific present and former F this log, see page (v) of the TTUTE CARRIAGE carry, on a substitute base	y a distant stat CC rules, regu ne general instr sis, any nonne	lations, or aut ructions in the twork televis	paper SA1- on program YES	m carried on a For a further -2 form.	
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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 accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "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, in the case of Mexican or Canadian stations, if any, the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. 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 accurately 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 required 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								
	S. 1. TITLE OF PROGRAM	UBSTITUT	E PROGRAM 3. STATION'S			EN SUBSTIT	JRRED	7. REASON FOR DELETION	
	I. IIILL OI FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM -	- TO		

LEGAL NAME OF OWNER OF CARLE SYSTEM:					A1-2E. PAGE YSTEM IC
CEQUEL COMMUNICATIONS LLC					04014
all amounts (gross receipts) paid to your cable syst (as identified in space E) during the accounting per page (vii) of the general instructions located in the Gross receipts from subscribers for secondary	tem by subscribers for the riod. For a further explana paper SA1-2 form. rtransmission service(s)	e system's ation of ho	secondary tran w to compute th	smission service is amount, see	e
					•
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 spac Use block 2 if the amount of gross receipts in spac Use block 3 if the amount of gross receipts in spac	e K is more than \$137,10 e K is more than \$263,80	0 but less	than \$527,600	\$263,800	
BLOCK 1: GRO	OSS RECEIPTS OF \$13	37,100 OR	RLESS		
Instructions: As a cable system with gross receipts of accounting period is \$52.00	\$137,100 or less, the royal	lty fee that	you must pay fo	r this six-month	
Line 1. Royalty fee for accounting period					
Line 2. Interest charge. Enter the amount from line 4.	space Q, page 8				0.00
	•	,		, ,	
				_	
3. Subtract line 2 from line 1		\$	68,148.35	- _	
4. Enter the amount of gross receipts from space K			\$	195,651.65	
5. Enter the amount from line 3			\$	68,148.35	
6. Subtract line 5 from line 4			\$	127,503.30	
7. Multiply line 6 by .005 (enter figure here)				\$	637.52
8. Interest charge. Enter the amount from line 4, space	ce Q, page 8			·	0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUN	ITING PERIOD. Add lines	7 and 8		\$	637.52
BLOCK 3: GROSS RECEIPT	S OF MORE THAN \$26	3,800 (bu	it less than \$52	7,600)	
1. Enter the amount of gross receipts from space K				_	
2. Base amount under statutory formula		\$	263,800.00	_	
3. Subtract line 2 from line 1				=	
4. Multiply line 3 by .01			· ·		
5. Royalty due on the first \$263,800 of gross receipts	(under statutory formula) .		\$	1,319.00	
6. Interest charge. Enter the amount from line 4, space	ce Q, page 8			0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUN	ITING PERIOD. Add lines	4, 5, and 6			
FILING FEE AND T	OTAL REMITTANCE DU	JE			
Royalty Fee Payable for Accounting Period (from B	lock 1, 2, or 3, above)		. \$	637.52	
2. Filing Fee (See the instructions for more informatio	n on filing fee calculations)		\$	20.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERI	OD. Add lines 2 and 3			\$	657.52
	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC GROSS RECEIPTS Instructions: The figure you give in this space det all amounts (gross receipts) paid to your cable syst (as identified in space E) during the accounting page (vii) of the general instructions located in the Gross receipts from subscribers for secondary during the accounting period. IMPORTANT: You must complete a statement in s COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space Use block 2 if the amount of gross receipts in space 5 Use block 2 if the amount of gross receipts in space 5 Use block 2 if the amount of gross receipts in space 5 Use block 2 if the amount of gross receipts in space 5 Use block 2 if the amount of gross receipts in space 5 Use block 2 if the amount of gross receipts in space 6 Use block 2 if the amount of gross receipts in space 7 Use block 2 if the amount of gross receipts of accounting period is \$52.00 Line 1. Royalty fee for accounting period	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explane page (wi) of the general instructions is cated 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 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: - Complete block 1, block 2, or block 3. - Use block 2 if the amount of gross receipts in space K is more than \$137,10 - Use block 3 if the amount of gross receipts in space K is more than \$137,10 - Use block 3 if the amount of gross receipts in space K is more than \$137,10 - Use block 3 if the amount of gross receipts of \$137,100 or less, the roya accounting period is paper SA1-2 form for more placed in the paper SA1-2 form form form secepts of \$137,100 or less, the royal accounting period in the secept secepts form space K. Line 1. Royalty fee for accounting period form space K. 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 li	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the systems (as identified in space E) during the accounting period. For a further explanation of hopage (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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 the amount of gross receipts in space K is more than \$137,100 but less 1 use block 3 the amount of gross receipts in space K is more than \$137,100 but less 2 use block 3 the amount of gross receipts in space K is more than \$137,100 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1.) Base amount under statutory formula See Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 6. Subtract line 2 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less thange. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 FILING FEE AND TOTAL REMITTANCE DUE	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC 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 translation 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: - Complete block 1, block 2, or block 3. - Use block 3 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 \$137,100 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 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 in the part of gross receipts from space K. \$ 195,651,65	Incord Number or Commerce Count Existrate CEQUEL COMMUNICATIONS LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) and to your cable system by subscribers for the system's secondary transmission servic (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (wil) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)

Accounting Period:	2017/1								FORM SA1-2E. PAGE	E 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT								SYSTEM I 0401	
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the subscribers of the system carried television of the subscriber of the system carried television on which the cable system.	ne cable system's to f channels on which broadcast stations.	otal numl	ber of activate	ed channels duri	ing the ac	ccounting period.	stations	27	
	and nonbroadcast service	s							211	
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s	tatement of accoun		DRMATION IS	S NEEDED (Iden	ntify an ind				
for Further Information	Name SARAH	I BOGUE					Te	elephone	(903) 579-3121	
	(Number, s	SE LOOP 323 treet, rural route, apartm , TX 75701 state, zip)		iite number)						
	Email	SARAH.BOGUE	E@ALTI	CEUSA.COI	М		Fax (optional)			
O Certification	(Agent of owner of in line 1 of spa	certify that (Check on n corporation or particle B and that the owner) I am an officer (if ace B. ent of account and heat to the best of my keep) I am an officer (if ace B.	artnershi tion or pa wner is no f a corpora hereby de knowledg	artnership) I am the ow artnership) I at a corporation ation) or a particular particular under particular under particular information	oner of the cable and the duly authorn or partnership; ther (if a partnershenalty of law that and belief, and ma Warr	system as orized age or ship) of the all statem are made	identified in line 1 cent of the owner of the legal entity identifients of fact contains	of space B; ne cable sy- ed as owne ed herein		
		Typed or printed	name:	SABRIN PRESIDEN	A WARR IT OF ACCO	DUNTIN				

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

counting Period: 2017/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	040141
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
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.	O
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. 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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