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)							
	INICTE	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:								
		BUENA VISTA CORRECTIONAL FACILITY							
		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 suffciency 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		040658									
	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 condiscrete 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 fili	nmunities within unincorporated areas and including single, t 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	BUENA VISTA	СО									
Community	(BUENA VISTA CORR)										
Add Rows as Necessary											

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

040658

Ε

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		
CATECORY OF CERVICE	NO. OF	DATE	CATECODY OF CEDVICE	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	0	-			
 Service to additional set(s) 	0	0			
FM radio (if separate rate)					
Motel, hotel					
Commercial	21	41.89			
Converter					
Residential					
Non-residential					

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		
Continuing Services:		Installation: Non-residential			
Pay cable	-	Motel, hotel			
 Pay cable—add'l channel 	-	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	-	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC
SYSTEM ID#

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations)

PRIMARY TRANSMITTERS: TELEVISION

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 pager 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 **KDVR** 31 DENVER, CO KBDI-TV 38 Ε **BROOMFIELD, CO KUSA-TV** 16 Ν DENVER, CO 50 **KCEC** ı DENVER, CO 17 **KMGH-TV** Ν DENVER, CO 35 KCNC-TV Ν DENVER, CO

Add Rows as Necessary

paper SA1-2 form.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 040658

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.

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 CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF								T
	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	d: 2017/1 LEGAL NAME OF OWNER OF	CADLE OVO	FF.M.				FOR	M SA1-2E. PAGE 5.		
Name								SYSTEM ID# 040658		
Substitute Carriage: Special Statement and Program Log										
	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 substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED									
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION		
-			T							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM II 0406								
	CEQUE COMMONICATIONS ELC		0400								
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 tra (as identified in space E) during the accounting period. For a further explanation of how to compute t 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 servio	5,387.22								
_	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 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 for accounting period is \$52.00	or 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										
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)									
	1. Base amount under statutory formula	<u>) </u>									
	2. Enter amount of gross receipts from space K	_									
	3. Subtract line 2 from line 1	<u> </u>									
	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)										
	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											
otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00									
	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								

Accounting Period:	2017/1								FORM	SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT									SYSTEM ID# 040658
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the system carried television of the cable system and nonbroadcast services.	ne cable system's tot f channels on which to broadcast stations f activated channels n carried television b	the cable	per of activate	ed channels du	ring the ac	ecounting period.	t stations	6	
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s	tatement of account.		PRMATION IS	S NEEDED (Ide	entify an in				
for Further Information	Address 3015 S (Number, s	SE LOOP 323 treet, rural route, apartme	nent, or sui	ite number)			Тє	elephone	903) 579-3121	
	(City, town,	state, zip) SARAH.BOGUE(@ALTIC	CEUSA.COI	М		Fax (optional)			
O Certification	(Agent of owner of in line 1 of spa	certify that (Check one in corporation or par other than corporation are B and that the owner) I am an officer (if a ace B. Lent of account and he act to the best of my kind (B).	ion or pa viver is no a corpora ereby decknowledg	ly one, of the p) I am the ow artnership) I at a corporatio ation) or a par clare under pr je, information /s/ Sabrir	wher of the cable am the duly author or partnership ther (if a partner enalty of law than, and belief, and	e system as norized age o; or rship) of the at all statem d are made	ent of the owner of the legal entity identified in line 1 of the owner of the legal entity identified entity identified entity identified entity in good faith.	of space B; ne cable sy: ed as owne ed herein	stem as identified	
			VICE F		A WARR NT OF ACCO		IG			
		Date:					08/18/2017			

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SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. Shame Mailing Address Name Mailing Address Name 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.	counting Period: 2017/1	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statellite 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 pager 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	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:	QUEL COMMUNICATIONS LLC	040658
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. S Name Making Address Name Making Address Name Making Address Nor 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. Line 2 Multiply line 1 by the interest rate* and enter the sum here. x days Line 3 Multiply line 2 by the number of days late and enter the sum here 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 17365, which is the interest assessment for one day late. NOTE: If you are filling 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 In D number First community served	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 sub-	Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? No		Receipts Exclusion
Name Mailing Address Name Mailing Address	made by satellite carriers to satellite dish owners?	
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Pour 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. Line 1 Enter the amount of late payment or underpayment		
Line 1 Enter the amount of late payment or underpayment		0
Line 2 Multiply line 1 by the interest rate* and enter the sum here		Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filling 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 filling. Owner Address ID number First community served		- -
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		_
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Owner Address ID number First community served	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
First community served		

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