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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information,	
General instructions are located in the first tab of this workbook	08/28/2017 ALLOCATION NUMBER		contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	/YY/(Period))		

2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20171 Barcode Data Filing Period (optional - see instructions)	
20171 Barcode Data Filing Period (optional - see instructions)	
201/1	
201/1	
Accounting Period	
Instructions:	
B 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 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.	
System IDENTIFICATION OF CABLE SYSTEM:	
1 HEARNE, TX	
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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	004439
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	rated communities within unincorporated areas and including single, aat you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
-	CITY OR TOWN HEARNE	STATE TX
First Community		
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							00443
	SECONDARY TRANSMISSION		DecDIE		TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						alo avotom	brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				Ty Stanua		s within a p		
	Block 1: In the left-hand block	in space E, the	form lis	ts the categor					
	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 c	nce again unde	er "Servi	ce to additiona	al set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, to with the number of subscribers a								
	sufficient.	ind rates, in the	nynt-ne			e-word descripti			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		198	45.65					
	 Service to additional set(s) 		173	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		44	53.88					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	6				
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						a a liata d		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip	tion and include	e the rat	e for each.					
		BLOC						BLOCK 2	_
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res	idential				
	• Pay cable	17.00		el, hotel					
	Pay cable—add'l channel Fire protection	19.00		mercial					
	Fire protection		• Pay		onnol				
	•Burglar protection Installation: Residential			cable-add'l ch protection	ame				
	First set	40.00		lar protection					
	Additional set(s)			ervices:					
			Suici 2						
			• Rec	onnect		40.00			
	• FM radio (if separate rate)			onnect		40.00			
			• Disc	onnect onnect et relocation		40.00 25.00			

ounting Period: 2	-			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			8YSTEM ID# 004439
	CEQUEL COMMUNICA			
G Primary ransmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. 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	<i>it</i> (1) stations carried only on a part-til the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	ime basis under ims [sections itions carried on a postitute program Log)—if the poon some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAGS-LD	23	N	BRYAN, TX
	KAMU-TV	12	E	COLLEGE STATION, TX
as Necessary	KBTX-CW	50	I-M	BRYAN, TX
	КВТХ-ТV	50	N	BRYAN, TX
	KRHD-CD	15	N-M	BRYAN, TX
	KRHD-LP	15	N	BRYAN, TX
	КЖКТ	44	I	WACO, TX
	KYLE	28	I	BRYAN, TX

EGAL NAME OI								SYSTEM II 0044
RIMARY TRA	Nemittede							
n General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: Io Column 2: S Column 3: If	it is carried by monitoring, to prmation about rm. dentify the call state whether the radio stat	y the sys be recein at the Co l sign of the static cion's sig	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante this point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st eneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: C	Give the station	n's locati	on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0	LOOKTION OF STATION	UALL SIGN		5,0	LOOKTION OF STATION	
		+						
	p================	1						

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					004439
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv no	nnetwork televis	ion program, broadcast by	a <i>distant</i> stat	ion. that vour	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	<u>ion</u> program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	o blonk. If your onowor in '			-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	
	clear. If you need more spa						inouning io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ov	niformation	1.
	"NBA Basketball: 76ers vs.					ampio, 1 201	10 Lucy 0.	
				"Yes." Otherwise enter "N				
				sting the substitute progra		nood by the	FCC or in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCL	JRRED	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. TI FROM –	IMES – TO	DELETION
							-	
								·
						-	_	
						-	_	
						-	_	
							_	
						-	_	
						-	_	
1		1	1					7

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	*STEM ID 004439
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 servic s amount, see	of e 1,433.80
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and 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		hts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004439
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
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 (90	03) 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; or (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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of 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)] 	
	Typed or printed name: SABRINA WARR Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)	
	Date: 08/18/2017	

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unting Period: 2017/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0044
 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 Statemen Concerning Gross Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
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	Q Interest Assessme
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