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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	PUEBLO UNIT
		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		061262
	CEQUEL COMMUNICATIONS LLC	
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated cor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	known as the "first community." Please use it as the first community on all future fili	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	PUEBLO	CO
Community	(PUEBLO UNIT)	
Add Rows as Necessary		

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

061262

# 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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	0	-				
<ul> <li>Service to additional set(s)</li> </ul>	0	0				
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	21	41.89				
Converter						
<ul> <li>Residential</li> </ul>						
Non-residential						
				1	I	

# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block** 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	-	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	-	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	-	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	-	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

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 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.

substitute program basis, as explained in the next paragraph.

• 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
KKTV	11	N	COLORADO SPRINGS, CO
KXRM-TV	22	l	COLORADO SPRINGS, CO
KRDO-TV	24	N	COLORADO SPRINGS, CO
KOAA-TV	42	N	PUEBLO, CO
KTSC	8	<b>E</b>	PUEBLO, CO
KVSN	48	<u>l</u>	PUEBLO, CO

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 061262

### **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

all-band basis whose signals were generally receivable by your cable system during the accounting period.

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).

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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	_C					061262
	SUBSTITUTE CARRIAGE	- SPECIA	I STATEMEN	NT AND PROGRAM I C	)G			
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor	nnetwork televis eriod, under spe	ion program, broadcast by cific present and former F	y a <i>distant</i> stat CC rules, regul	ations, or au	ıthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	<b>CONCER</b>	NING SUBST	TITUTE CARRIAGE				
Special Statement and	During the accounting period	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televi	sion progran	1 <u> </u>
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No"	. leave the	rest of this pag	e blank. If vour answer is	"Yes." vou mu	ust complete	e the program	n
	log in block 2.	,		,	, <b>,</b> , , ,			
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another sunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informa Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the n 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 accurate 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 by delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program in the accounting period; enter the letter "P" if the listed program in the accounting period; enter the letter "P" if the listed program in the accounting period; enter the letter "P" if the listed program in the accounting period; enter the letter "P" if the listed program in the accounting period; enter the l								tion n. nth ly
	effect on October 19, 1976.							
						EN SUBST		
	S		E PROGRAM		CARR	IAGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	ΓIMES — TO	BELLTION
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ccounting Period:	2017/1	FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM II 06126
<b>K</b> 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 trans (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission servicis amount, see	e 5,386.98
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	_	
	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 \$52	7,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	=	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!

2017/1										FORM SA1-2E. PAGE	7
										SYSTEM II 06126	
to its subscribers, and (2) t  1. Enter the total number o system carried television  2. Enter the total number o on which the cable syster	he cable system's to f channels on which broadcast stations. f activated channels n carried television b	otal numb	ber of activ	ated channe	ells during the	e accounting		s			
we can contact about this s	statement of account		DRMATION	I IS NEEDEI	O (Identify an	ı individual to					=
Address 3015 S	SE LOOP 323		uite number)				Telephon	e <b>(903)</b>	579-3121		
	, state, zip)	E@ALTI	CEUSA.C	ОМ		Fax (op	tional)				
Owner other that  (Agent of owner in line 1 of sp.  X (Officer or partn in line 1 of sp.  I have examined the statem are true, complete, and corre	other than corporation or particle B and that the owner. I am an officer (if a ace B.  enent of account and he act to the best of my k ace)	tion or pa where is no a corpora hereby de knowledg	artnership) on a preclare under ge, informate	owner of the I am the duly tion or partner partner (if a p penalty of la ion, and belie	cable system y authorized a ership; or artnership) of w that all stat st, and are ma	agent of the of the legal enterents of factoring good factoring to certify this	in line 1 of space where of the cable ity identified as over contained hereinith.	B; or system as		m	
	Title:	VICE I	PRESID	ENT OF A	CCOUNT		8/2017				
	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT  CHANNELS Instructions: You must give to its subscribers, and (2) to 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services  INDIVIDUAL TO BE CONT We can contact about this services  Name  SARAI  Address  OUTPUBLIE  (City, town  Email  CERTIFICATION (This states  I, the undersigned, hereby of (Owner other that  (Agent of owner in line 1 of sp.  I have examined the statem are true, complete, and correct  1 to its subscribers, and correct  CHANNELS  Instructions: You must give SARAI  (City, town  (City, town  (City, town  In line 1 of sp.  I have examined the statem are true, complete, and correct  In line 1 of sp.	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services	CHANNELS Instructions: You must give (1) the number of channe to its subscribers, and (2) the cable system's total num  1. Enter the total number of channels on which the cab system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of active 1. Enter the total number of channels on which the cable system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which the cable s to its subscribers, and (2) the cable system's total number of activated channel.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Number, street, ruar route, apartment, or sulte number)  TYLER, TX 75701  (City, town, state, zip)  Email  SARAH BOGUE@ALTICEUSA.COM  CERTIFICATION (This statement of account must be certified and signed in account in line 1 of space B and that the owner is not a corporation or partner ship) I am the owner of the in line 1 of space B and that the owner is not a corporation or partner ship in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of large true, complete, and correct to the best of my knowledge, information, and belie [18 U.S.C., Section 1001(1986)]  X /s/ Sabrina Warr  Enter an electronic signature on the Enter signature using an "/s/ signature using an "/s/ signature using an "/s/ signature using an "/s/ signature of the Complete in Compl	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify and we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 [Niumber, street, rural route, apartment, or sulte number)  TYLER, TX 75701 [City, lown, state, zip)  Email  SARAH BOGUE@ALTICEUSA.COM  CERTIFICATION (This statement of account must be certified and signed in accordance with the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system  (Agent of owner other than corporation or partnership) I am the duly authorized, in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all stare true, complete, and correct to the best of my knowledge, information, and belief, and are me true to complete, and correct to the best of my knowledge, information, and belief, and are me true complete, and correct to the best of my knowledge, information, and belief, and are me true complete, and correct to the best of my knowledge, information, and belief, and are me true complete, and correct to the best of my knowledge, information, and belief, and are me true complete, and correct to the best of my knowledge, information, and belief, and are me true complete, and correct to the best of my knowledge, information or partnership) or in line 1 of space B.  Typed or printed name:  SABRINA WAR	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701 (City, town, state, zip)  Email  SARAH.BOGUE@ALTICEUSA.COM  Fax (op  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright of the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the or in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partners) I am an officer (if a corporation) or a partner (if a partnership) of the legal ent in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statements of far are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fa IT BUS.C., Section 1001(1996)]  X /s/ Sabrina Warr  Enter an electronic signature on the line above to certify this Enter signature using an "/s/ signature" (e.g., /s/ John Smith Enter signature using an "/s/ signature" (e.g., /s/ John Smith	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  SARAH BOGUE  Telephon  Address  3015 S SE LOOP 323 (Number, street, road roads, systement or sude number)  TYLER, TX7501  (City, town, stide, zp)  Email  SARAH.BOGUE@ALTICEUSA.COM  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space in line 1 of space B and that the owner is not a corporation or partnership) or in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as on in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as on in line 1 of space B.  • I have examined the statement of account and b	EGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. 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(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 as 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 partnership, or  X (Officer or partner) I am an officer (if a corporation) or partnership, or the 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.  [It is a complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  SABRINA WARR  Title:  VICE PRESIDENT OF ACCOUNTING	LEGAL NAME OF CWARE OF CABLE SYSTEM: CECULE COMMUNICATIONS LLC  CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and individual stations and individual stations.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S.E LOOP 323  [Buries; interest, variations, spetters, or sale number)  TYLER, TX.7501  City, lown, sales, 20)  Email  SARAH BOGUE@ALTICEUSA.COM.  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or  (Agent of owner other than corporation or partnership) I am the outper of a partnership of the legal on the counter of the cable system in line 1 of space B and the the owner is not a corporation or partnership of the legal entity identified as owner of the cable system in line 1 of space B.  **I have examined the statement of account and hereby dedure under penalty of law that all statements of fact contained herein are true, complete, and corroct to the best of my knowledge, information, and befief, and are made in good faith.  **I have examined the statement of account and hereby dedure under penalty of law that all statements of fact contained herein tensor to the best of my knowledge, information, and befief, and are made in good faith.  **I have examined the statement of account and hereby dedu	ECAL NAME OF CWNERT OF CABLE SYSTEM: CROUDE COMMUNICATIONS LLC    CANNELS

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

accounting Period: 2017/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	061262
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	Special Statement Concerning Gross Receipts Exclusion
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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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