This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) actions are located of this workbook	08/28/2017	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	20171	Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		liary of another corporation, give the full corp	porate title
Owner	List any other name or names under which If there were different owners during the single statement of account and royalty fe Check here if this is the system's first filing	accounting period, only the owner on the payment covering the entire account	he last day of the accounting period should suing period.	ıbmit a 061726
	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 3015 S SE LOOP 323			
	(Number, street, rural route, apartment, or suite r TYLER, TX 75701 (City, town, state, zip)	umber)		
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:	-		

 1
 CIBOLA COUNTY CORRECTIONAL FACILITY

 MAILING ADDRESS OF CABLE SYSTEM:

 2
 (Number, street, rural route, apartment, or suite number)

 (City, town, state, zip code)

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061726
D	Instructions: List each separate community served by the cable system. A "communit" 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 h identified city.	
Jerveu		
	CITY OR TOWN	STATE
First	MILAN	NM
Community	(CIBOLA COUNTY CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
Name	CEQUEL COMMUNICAT	TIONS LLC							06172
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar each category by counting the n								
Nates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h catego	ory of service. I	Include bo	oth the amount of	f the charg		
	unit in which it is generally billed				ny standai	rd rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	o that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.							<u> </u>	
	BL	OCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel			44.00					
	Commercial		28	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				Silcu. List				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	-	• Mot	el, hotel					
	 Pay cable—add'l channel 	-	• Con	nmercial					
	. Fine much action		• Pay	cable					
	 Fire protection 		• Pay	cable-add'l ch	annel				
	Burglar protection								
	•		• Fire	protection					
	•Burglar protection	-		protection glar protection					
	•Burglar protection Installation: Residential		• Bur	•					
	•Burglar protection Installation: Residential • First set		• Burg Other s	glar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec	glar protection		-			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Burg Other s • Rec • Disc	glar protection services: connect					

	-			FORM SA1-2E. PAGE
me	LEGAL NAME OF OWNER OF			SYSTEM ID 06172
	CEQUEL COMMUNIC			00172
hary hitters: ision	carried by your cable syster 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 <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial eendent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KASA-TV	27	I	SANTA FE, NM
	KASY-TV	45	1	ALBUQUERQUE, NM
essary	KLUZ-TV	42	l	ALBUQUERQUE, NM
	KOAT-TV	7	Ν	ALBUQUERQUE, NM
	КОВ	26	Ν	ALBUQUERQUE, NM
	KRQE	13	N	ALBUQUERQUE, NM
	KRQE KTFQ-TV	13 22	N	ALBUQUERQUE, NM ALBUQUERQUE, NM
			N 1 1	
	KTFQ-TV	22	N 	ALBUQUERQUE, NM
	KTFQ-TV	22	N 	ALBUQUERQUE, NM
	KTFQ-TV	22	N 1 1	ALBUQUERQUE, NM
	KTFQ-TV	22	N 1 1	ALBUQUERQUE, NM
	KTFQ-TV	22	N 1 1	ALBUQUERQUE, NM
	KTFQ-TV	22	N 1	ALBUQUERQUE, NM
	KTFQ-TV	22	N 1	ALBUQUERQUE, NM
	KTFQ-TV	22	N 1	ALBUQUERQUE, NM
	KTFQ-TV	22		ALBUQUERQUE, NM
	KTFQ-TV	22		ALBUQUERQUE, NM
	KTFQ-TV	22		ALBUQUERQUE, NM
	KTFQ-TV	22		ALBUQUERQUE, NM
	KTFQ-TV	22		ALBUQUERQUE, NM
	KTFQ-TV	22		ALBUQUERQUE, NM

LEGAL NAME O								SYSTEM 061
	st every radio	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate) it is carried b monitoring, to formation abou- orm. dentify the cal State whether f the radio state this by placing	y the sy be rece ut the C I sign of the stati tion's sig g a chec	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which	at the system's e system's FM a n this point, see ssed by the cabl	headend, and ntenna, during page (v) of the e system as a	(2) it ca genera genera	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitter: Radio
Mexican or Ca			, the community with which th					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					061726
					•			
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT				0			
Special	During the accounting peri				is, anv nonne	twork televi	sion progran	า
Statement and	broadcast by a distant stat	-		····;, ··· · ··········	, ,	Ī	YES	XNO
Program Log	-				<i></i>		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			to line. I lee abbroviatione	whorover pee	aibla if thai	ir mooning ig	
	In General: List each subst clear. If you need more space				wherever pos		ii meaning is	1
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							٦.
	"NBA Basketball: 76ers vs.			toali. List specific program		ampie, i Lu		
	Column 2: If the program	n was broad	lcast live, enter	"Yes." Otherwise enter "	No."			
	Column 3: Give the call s						FOO and in	
	Column 4: Give the broat the case of Mexican or Can						e FCC or, in	
	Column 5: Give the mon						with the mor	nth
	first. Example: for May 7 giv	e "5/7."						
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	hould be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if the	e listed progr	
	was substituted for program	ming that y	our system was	s permitted to delete unde	er FCC rules a	ind regulation	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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			+		-		_	
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Accounting Period:	2017/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
			061726
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	e 6 ,927.18
Copyright	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 \$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# 061726
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	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables in line 1 of space B and that the owner is not a corporation or partnership) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Typed or printed name: X /s/ Sabrina Warr Typed or printed name: SABRINA WARR Title: VICE PRESIDENT OF ACCOUNTING (Title of official position heid in corporation or partnership) 	; or ystem as identified
	Date: 08/18/2017	

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 t 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

inting Period: 2017/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0617
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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