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	IT 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	BY THIS STATEMENT: (YY	'YY/(Period))	

A	ACCO	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		
		Instructions:
В		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. 062439
		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 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:
	I	SMITHFIELD STATE CORRECTIONAL INSTITUTION
		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 fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	
		062439
_	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	as the "first community." Please use it as the first community on all future filings	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	ile home parks should be reported in parentheses below the
Served	identified city.	
		STATE
First	HUNTINGDON	PA
Community	(SMITHFIELD SCI)	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							06243
_	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND RA	TES				
E	In General: The information in sp								
	system, that is, the retransmission								
Secondary	about other services (including p						hose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la evetam	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate in	dicated	d-not the num	ber of set	s receiving serv	ce).	-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.	•	0			•			
	BLC	DCK 1					BLOCK		r
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEI	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		284	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATES	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		<b>3</b> • • • • • ,	
Fransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sneu. Lisi	these other serv	ices in the	IOTTI OF A	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER		RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res		NATE	CATEGO	DRT OF SERVICE	NATE
	Pay cable			el, hotel	acintiai				
	• Pay cable—add'l channel	_		nmercial					
	• Fire protection			r cable					
	•Burglar protection			r cable-add'l ch	annol				
	<b>U</b>								
	Installation: Residential			protection					
	First set	-		glar protection					
	Additional set(s)	- (		services:					
	FM radio (if separate rate)			connect		-			
	Converter			connect					
			- 0						
				let relocation /e to new addr		-			

ounting Period:	2017/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			062439
G Primary ransmitters: Television	PRIMARY TRANSMITTERS: 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 <i>not</i> list the station here station was carried <i>only</i> 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	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: a in space G—but do list it in space I (the a substitute basis. Also in space I, if the station was carrien n concerning substitute basis stations, s's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-tim he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute the Special Statement and Program Lo ed both on a substitute basis and also regard by our cable system on a substitute d both on a substitute basis and also regard by our cable system on a substitute arried by your cable system on a substitute the Special Statement and Program Lo ed both on a substitute basis and also regard by our cable system on a substitute d both on a substitute basis and also regard by our cable system on a substitute d both on a substitute basis and also regard by our cable system on a substitute and both on a substitute basis and also regard by our cable system on a substitute station, an independent station, or a re (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 is	evision stations) me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM-TV	24	N	ALTOONA, PA
	WWCP-TV	29	I	JOHNSTOWN, PA
Necessary	WTAJ-TV	32	N	ALTOONA, PA
	WPSU-TV	15	E	CLEARFIELD, PA
	WPCW	19	I	JEANNETTE, PA
	WJAC-TV	34	Ν	JOHNSTOWN, PA

EGAL NAME OF								SYSTEM   0624
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
cceivable if (1) in the basis of i or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If gnal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under of them whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
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 L	LC					062439
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi				•	ion. that your c	able svste	m carried on a
_	substitute basis during the a	ccounting p	eriod, under spe	ecific present and former FC	C rules, regul	ations, or autho	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the p	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete th	ne prograr	n
	log in block 2.				·			
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute	orogram") tha	t during the a	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further in	nformatior	ı.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			th the mon	nth
	first. Example: for May 7 giv	/e "5/7."		·	0	-		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sno	uid be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations	5 10	
					П			1
			E PROGRAM	1		EN SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						_		
						_		
						_		
			]			_		
						_		

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 062439
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 service s amount, see	e , <b>451.94</b>
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,		
	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	<u> </u>	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		<u> </u>
	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# 062439
M Channels	<ul> <li>to its subscribers, and (2) the cable system's to</li> <li>1. Enter the total number of channels on which system carried television broadcast stations .</li> <li>2. Enter the total number of activated channels on which the cable system carried television broadcast statements</li> </ul>		6
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHE we can contact about this statement of account	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
for Further Information	Name SARAH BOGUE	Telephone	9 (903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartm TYLER, TX 75701 (City, town, state, zip)	nent, or suite number)	
	Email SARAH.BOGUE	@ALTICEUSA.COM Fax (optional)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one</li> <li>(Owner other than corporation or particle)</li> <li>(Agent of owner other than corporation in line 1 of space B and that the ownormal space B.</li> <li>X (Officer or partner) I am an officer (if a in line 1 of space B.</li> <li>I have examined the statement of account and here a space b.</li> </ul>	<b>rtnership)</b> I am the owner of the cable system as identified in line 1 of space I <b>ion or partnership)</b> I am the duly authorized agent of the owner of the cable s wher is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as own ereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.	3; or system as identified
		X /s/ Sabrina Warr Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) name: SABRINA WARR	-
	Title:	VICE PRESIDENT OF ACCOUNTING ficial 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 I
QUEL COMMUNICATIONS LLC	06243
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.</li> </ul> </li> <li>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.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?</li> </ul>	sub- " 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 underpaym	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	n. Q
	n. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	n. 📿
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	n. 🔍
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	n. 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	n. Q Interest Assessme
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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	n. Q Interest Assessme - days - e) ease
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