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	OUNTING 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	1	IDENTIFICATION OF CABLE SYSTEM:
	'	EASTERN MARYLAND CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		
	CEQUEL COMMUNICATIONS LLC	063188
D	Instructions: List each separate community served by the cable system. A "communit "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 filing.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	WESTOVER	MD
Community	(E. MARYLAND CORR)	
Add Rows as Necessary		

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

063188

E

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:							
 Service to first set 	0	-					
Service to additional set(s)	0	0					
FM radio (if separate rate)							
Motel, hotel							
Commercial	61	41.89					
Converter							
Residential							
Non-residential							
		1					

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

Accounting Period:	2017/1			FORM SA1-2E. PAGE	3						
	LEGAL NAME OF OWNER OF	CADI E SVSTEM		SYSTEM ID							
Name	CEQUEL COMMUNICATIONS LLC										
		06318	Ĕ								
		PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)									
G		m during the accounting period, except									
Drimon		n effect on June 24, 1981, permitting to (2), and (4), or 76.63 (referring to 76.									
Primary Transmitters:	substitute program basis, as	ations carried on a									
Television		: With respect to any distant stations of les, regulations, or authorizations:	carried by your cable system on a su	bstitute program							
		e in space G—but do list it in space I (the Special Statement and Program	Log)—if the							
	station was carried <i>only</i> on		ad both on a substitute basis and als	a an aama athar							
	basis. For further informatio	also in space I, if the station was carrie n concerning substitute basis stations	, see page (v) of the general instruc	tions.							
		n's call sign. Do not report origination I with a station according to its over-th									
	"WETA-2" as the same on t	he form.									
		el number the FCC assigned to the tell RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community							
	Column 3: Indicate in each	case whether the station is a network									
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	, , , , ,	,, , , , , , , , , , , , , , , , , , ,							
	For the meaning of these te	rms, see page (iv) of the general instr	ructions in the paper SA1-2 form.	,							
		n of each station. For U.S. stations, lis	•								
	1 00.1 of Wexteatt of Cartac	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							
				4. LOCATION OF STATION							
	WMDT	47	N	SALISBURY, MD							
	WMDT WCPB	47 28	N E	SALISBURY, MD							
Add Rows as Necessary				SALISBURY, MD SALISBURY, MD							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB	28	E	SALISBURY, MD SALISBURY, MD							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							
Add Rows as Necessary	WCPB WNBC	28 4	E N	SALISBURY, MD SALISBURY, MD NEW YORK, NY							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063188

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

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.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio							FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	_C					063188		
	SUBSTITUTE CAPPIAGE	E. SDECIA	I STATEMEN	NT AND PROCESSMILE)G					
Substitute	In General: In space I, identi substitute basis during the a	ify every nor	nnetwork televis eriod, under spe	NT AND PROGRAM LOG sion program, broadcast by a distant station, that your cable system carried on a ecific present and former FCC rules, regulations, or authorizations. For a further a this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and										
Program Log										
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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 accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "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, in 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 month 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 accurately 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 required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976.									
					WHF	EN SUBST	ITUTE			
	S	UBSTITUT	E PROGRAM	I		CARRIAGE OCCURRED 7. REASON				
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION		
	1. THEE OF TROOTCAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO			
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Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 063188								
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (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.	nsmission service nis amount, see	5,300.00								
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.										
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS										
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	or this six-month									
	Line 1. Royalty fee for accounting period	¢	52.00								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00								
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2										
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137		52.00								
	1. Base amount under statutory formula	1									
	Enter amount of gross receipts from space K										
	3. Subtract line 2 from line 1	_									
	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)										
	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. Fator the amount of gross respires from appear K										
	Enter the amount of gross receipts from space K	<u> </u>									
		<u>'-</u>									
	Subtract line 2 from line 1	_									
	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 Total Remittance	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!								

Accounting Period:	2017/1									FORM SA1-2	E. PAGE 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT									SYS	063188
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the system carried television of the system carried television on which the cable system and nonbroadcast services.	ne cable system's tot f channels on which to broadcast stations f activated channels n carried television b	the cable	per of activative de	ted channels d	luring the a	ccounting period.	st stations		10	
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s	tatement of account.		PRMATION I	S NEEDED (Id	dentify an in					
for Further Information	Address 3015 S (Number, st	SE LOOP 323 treet, rural route, apartme	nent, or sui	ite number)				Telephone (903) 579-312	21	
	(City, town,		@ALTIC	CEUSA.CO	M		Fax (optional)				
O Certification	(Agent of owner of in line 1 of spa	certify that (Check one n corporation or par other than corporation ace B and that the own er) I am an officer (if a ace B. ent of account and he ect to the best of my ki	ice, but only irtnership ion or pa vner is no a corpora	ly one, of the p) I am the over artnership) I ot a corporation ation) or a pa	wner of the cab am the duly au on or partnersh rtner (if a partn penalty of law th n, and belief, an	ole system a othorized age ip; or or the or all staten	s identified in line 1 ent of the owner of le legal entity identi	of space B; of the cable syst	tem as identified		
		Typed or printed n	name:	SABRIN PRESIDE	nature on the li an "/s/ signature IA WARR NT OF ACC oration or partner	e" (e.g., /s/		nt.			

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Accounting Period: 2017/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	063188
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."	P Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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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