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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	_
Cable Syste	ctions 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
Α	ACCOUNTING PERIOD COVERED		(VV//Poriod))	
	2017/1	Period 1 = January 1 - June 30 1 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)	
Accounting Period		_		
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c		iary of another corporation, give the full cor	rporate title
Owner	List any other name or names under which	ch the owner conducts the business of th	e cable system.	
	If there were different owners during the single statement of account and royalty f		e last day of the accounting period should s ng period.	
	Check here if this is the system's first filin	ig. If not, enter the system's ID number a	ssigned by the Licensing Division.	063279
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		

		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)
		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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	PIOCHE CONSERVATION CAMP
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063279
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 film	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 he identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	PIOCHE	NV
Community	(PIOCHE CONS CAMPS)	
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	TIONS LLC							06327
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission se	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 secondary each category by counting the n								
Rates	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for each	n catego	ory of service. I	nclude bo	th the amount of	the charg		
	unit in which it is generally billed				ny standai	rd rate variations	within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmiss	tion servic	e 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 und	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	OCK 1			1		BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)		U	0					
	• FM radio (if separate rate)								
	Motel, hotel Commercial		18	41.90					
	Converter		10	41.89					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	-	• Mot	tel, hotel					
	 Pay cable—add'l channel 	-		nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 			v cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	-		glar protection					
		-	Other s	services:					
	 Additional set(s) 								
	 Additional set(s) FM radio (if separate rate) 		• Rec	connect		-			
				connect connect		-			
	• FM radio (if separate rate)		• Dise			-			

Inting Period:	-			FORM SA1-2E. PAGE 3
Name				SYSTEM ID# 063279
	CEQUEL COMMUNIC			005279
G Primary ansmitters: elevision	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 channe 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	Iso in space I, if the station was carrie n concerning substitute basis stations, '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-ti- ne carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC	16	I	LAS VEGAS, NV
	KLAS-TV	7	N	LAS VEGAS, NV
s as Necessary	KLVX	11	Е	LAS VEGAS, NV
	KSNV	22	N	LAS VEGAS, NV
	KTNV-TV	13	N	LAS VEGAS, NV
	KVCW	29	I	LAS VEGAS, NV
	Κ٧٧υ-Τ٧	9	I	HENDERSON, NV

EGAL NAME O									SYSTEM 063
	t every radio s	station c) arried on a separate and dis enerally receivable by your c						н
eceivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the call state whether the radio stat 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 sived at the headend, with the opyright Office regulations of each station carried. on is AM or FM. gnal was electronically proce ck mark in the "S/D" column. tion (the community to which	d at le s on th	the system's h ystem's FM an his point, see p ed by the cable	eadend, and tenna, during age (v) of the system as a	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
Mexican or Car			, 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.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063279
	SUBSTITUTE CARRIAGE				G			
	In General: In space I, identi		-		-	ion that you	r cable svete	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televis	sion program	1 <u></u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Noto: If your answor is "No"	loavo tho	roct of this pag	o blank. If your answor is	"Voc " vou mi		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	· meaning is	
	clear. If you need more space						inouring io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg	es like "mo	vies" or "basket	tball " List specific program	n titles for example	ample "I I o	ve Lucv" or	1.
	"NBA Basketball: 76ers vs.			prog.a		p.e, . <u>_</u> e		
				"Yes." Otherwise enter "N				
	Column 3: Give the call s Column 4: Give the broa					neod by tho	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv							
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."		program came	eu by a system nom 0.01.	15 p.m. to 0.2	o.ou p.m. si		
	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							am
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
								1
						N SUBSTI		
		2. LIVE?	E PROGRAM		5. MONTH	IAGE OCCI		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	<u> </u>	
							_	
			+		-			
			+					
			+		-			
			+		-			
			+		-			
					-			
			+		-			
			+					
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							_	
						-	_	
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	l		L					

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
			063279
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 1,566.00
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 \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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# 063279
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	7
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 cable s 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 a partner (if a partnership) of the legal entity identified as owr 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)] 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)	; or ystem as identified
	Typed or printed name: SABRINA WARR Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)	
	Date: 08/18/2017	

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ounting Period: 2017/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06327
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	Concerning Gross Receipts Exclusior
Name Name Mailing Address Mailing Address	
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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x 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 \$ (interest charge)	 ays
Line 2 Multiply line 1 by the interest rate* and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x 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 \$	 ays
Line 2 Multiply line 1 by the interest rate* and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x 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	 ays
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- ays -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- ays -
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