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 COPYRIGE | HT 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 | 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 | | |
| 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 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: |
| | · · | THREE LAKES VALLEY CONSERVATION CAMP |
| | | 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.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|-----------------------|--|--|
| Name | CEQUEL COMMUNICATIONS LLC | 063282 |
| D | Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or | prated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings. |
| Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | INDIAN SPRINGS | NV |
| Community | (3 LAKES VALLEY CONS) | |
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| Add Rows as Necessary | | |
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|-------------------------------|--|---------------------|----------|----------------------------------|------------|--------------------|--------------|---------------------------|--------|
| Name | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | | TEM ID |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 06328 |
| - | SECONDARY TRANSMISSION | SERVICE: SU | BSCRI | BERS AND RA | ATES | | | | |
| 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 svetom | broken | |
| scribers and | down by categories of secondary | | | | | | | | |
| Rates | each category by counting the nu | | | | | | | | |
| | separately for the particular servi | ice at the rate ir | ndicated | -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 | | | | | I 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. | , | Ũ | | | • | | | |
| | BLC | DCK 1 | r | | | | BLOCK | | r |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBE | RS | RATE | CAT | EGORY OF SEI | RVICE | 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 | | 11 | 41.89 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMISS | 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. | - | - | | - | | 3 • • • • • , | |
| 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 | VICE | RATE | CATEGO | BLOCK 2 DRY OF SERVICE | RATE |
| | Continuing Services: | | | tion: Non-res | | | UATEOC | | |
| | • Pay cable | - | | el, hotel | | | | | |
| | • Pay cable—add'l channel | _ | | nmercial | | | | | |
| | • Fire protection | | | cable | | | | | |
| | •Burglar protection | | | cable-add'l ch | annel | | | | |
| | Installation: Residential | | | protection | | | | | |
| | First set | _ | | glar protection | | | | | |
| | | | | giar protection | | | | | |
| | Additional set(s) EM radio (if concrete rate) | - | | | | | | | |
| | • FM radio (if separate rate) | | | connect | | - | | | |
| | Converter | | | connect | | | | | |
| | | | - () + | | | | | | |
| | | | | let relocation /e to new addr | | - | | | |

| Name | LEGAL NAME OF OWNER O | | | SYSTEM ID: 063283 |
|---|---|---|---|---|
| | CEQUEL COMMUNIC | | | 063282 |
| G Primary Issmitters: Ievision | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC m • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location | entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | (1) stations carried only on a part-tipe carriage of certain network progratic (2) and (4))]; and (2) certain state arried by your cable system on a submed by the system on a substitute basis and also see page (v) of the general instruction or gram services such as HBO, ESF ar designation. For example, reportion station for broadcasting over station, an independent station, or a for network multicast), "1" (for independent station, or a for network multicast), "1" (for independent in the paper SA1-2 form. the community to which the station | ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a 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 |
| | | | | |
| | KSNV | 22 | I | LAS VEGAS, NV |
| | KSNV KVCW | 22 29 | l | LAS VEGAS, NV LAS VEGAS, NV |
| Necessary | | ••• | I I E | |
| Vecessary | KVCW | 29 | | LAS VEGAS, NV |
| ecessary | KVCW KLVX | 29 11 | E | LAS VEGAS, NV LAS VEGAS, NV |
| ecessary | KVCW KLVX KLAS-TV | 29 11 7 | E | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV |
| lecessary | KVCW KLVX KLAS-TV KVVU-TV | 29 11 7 9 | E N I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV |
| Necessary | KVCW KLVX KLAS-TV KVVU-TV KINC | 29 11 7 9 16 | E N I I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV LAS VEGAS, NV |
| s Necessary | KVCW KLVX KLAS-TV KVVU-TV KINC | 29 11 7 9 16 | E N I I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV LAS VEGAS, NV |
| Vecessary | KVCW KLVX KLAS-TV KVVU-TV KINC | 29 11 7 9 16 | E N I I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV LAS VEGAS, NV |
| Necessary | KVCW KLVX KLAS-TV KVVU-TV KINC | 29 11 7 9 16 | E N I I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV LAS VEGAS, NV |
| s Necessary | KVCW KLVX KLAS-TV KVVU-TV KINC | 29 11 7 9 16 | E N I I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV LAS VEGAS, NV |
| ; Necessary | KVCW KLVX KLAS-TV KVVU-TV KINC | 29 11 7 9 16 | E N I I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV LAS VEGAS, NV |
| s Necessary | KVCW KLVX KLAS-TV KVVU-TV KINC | 29 11 7 9 16 | E N I I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV LAS VEGAS, NV |
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| as Necessary | KVCW KLVX KLAS-TV KVVU-TV KINC | 29 11 7 9 16 | E N I I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV LAS VEGAS, NV |
| as Necessary | KVCW KLVX KLAS-TV KVVU-TV KINC | 29 11 7 9 16 | E N I I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV LAS VEGAS, NV |
| s as Necessary | KVCW KLVX KLAS-TV KVVU-TV KINC | 29 11 7 9 16 | E N I I | LAS VEGAS, NV LAS VEGAS, NV LAS VEGAS, NV HENDERSON, NV LAS VEGAS, NV |

| EGAL NAME OF | | | | | | | | SYSTEM I |
|---|--|--|--|--|---|--|--|----------------------------------|
| CEQUEL CO | MMUNICA | TIONS | LLC | | | | | 0632 |
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate | tions Conce it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing | rning Al y the sys be recein to the Co sign of o the static ion's sig g a check | I-Band FM Carriage: Under (tem whenever it is received a ved 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 th | Copyright Office r it the system's he system's FM ante this point, see pa sed by the cable s | regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se | n FM sig 2) it can ertain si general i eparate | nal is generally be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| lexican or Car | | | the community with which the | | | | | |
| 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 | d: 2017/1 | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------------------|---|------------------------------|-------------------------------------|--|---------------------|------------------|---------------|-------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS L | LC | | | | | 063282 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | NT AND PROGRAM LO | G | | | |
| I I | In General: In space I, identi | | | | - | ion that your | cable syste | m carried on a |
| • | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBST | TITUTE CARRIAGE | | | | |
| Special | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | s, any nonnet | twork televisi | ion program | 1 |
| Statement and Program Log | broadcast by a distant star | tion? | | | | | YES | × NO |
| Program Log | Notes If your energy is "No? | | waat of this was | a blank. If your analysis is i | ·/ " | | - | |
| | Note: If your answer is "No' | , leave the | rest of this pag | e blank. If your answer is | Yes, you mu | ist complete | the program | n |
| | log in block 2. | | MO | | | | | |
| | 2. LOG OF SUBSTITUTE In General: List each subst | | | te line. I lse abbreviations i | wherever nos | sihle if their | meaning is | |
| | clear. If you need more spa | | | | Milerever pos | | incaning is | |
| | Column 1: Give the title | of every no | nnetwork televi | sion program ("substitute | | | | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re Do not use general categor | gulations, o les like "mo | r authorization: vies" or "baske | See page (v) of the gene thall " List specific program | titles for ex | ns for further | ntormatior | 1. |
| | "NBA Basketball: 76ers vs. | | | toali. List speeine program | | | C LUCY OI | |
| | | | dcast live, ente | "Yes." Otherwise enter "N | lo." | | | |
| | | | | sting the substitute progra | | | 500 au in | |
| | the case of Mexican or Can | | | e community to which the | | | FCC or, in | |
| | Column 5: Give the mon | th and day | when your sys | tem carried the substitute | program. Use | numerals, w | vith the mor | nth |
| | first. Example: for May 7 giv | ve "5/7." | | | - | | | |
| | | | | gram was carried by your o | | | | ly |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example: a | i program carrie | ed by a system from 6:01: | 15 p.m. to 6:2 | 8:30 p.m. sn | ould be | |
| | | er "R" if the | listed program | was substituted for progra | mming that y | our system v | vas require | d |
| | to delete under FCC rules a | nd regulation | ons in effect du | ring the accounting period | ; enter the let | ter "P" if the l | listed progra | |
| | was substituted for program | | our system wa | s permitted to delete unde | r FCC rules a | nd regulatior | ns in | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | WHE | N SUBSTIT | UTE | |
| | S | UBSTITUT | E PROGRAM | | CARR | AGE OCCU | JRRED | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TI FROM – | MES – TO | DELETION |
| | | 100 01 110 | ONEE OIGH | | THE BITT | THOM | 10 | |
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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# 063282 |
| 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 services amount, see | e 2,688.00 |
| 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, | 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 | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Multiply line 3 by .01 | <u> </u> | |
| | 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 Due | 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: 063282 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activated in the total number of channels on which the cable system carried television broadcast stations | ated channels during the accounting period. 7 11 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.) | I IS NEEDED (Identify an individual to whom |
| 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. | OM Fax (optional) |
| O Certification | (Agent of owner other than corporation or partnership in line 1 of space B and that the owner is not a corpor | ne boxes.) owner of the cable system as identified in line 1 of space B; or I am the duly authorized agent of the owner of the cable system as identified tion or partnership; or partner (if a partnership) of the legal entity identified as owner of the cable system |
| | Enter an electronic | orina Warr signature on the line above to certify this statement. g an "/s/ signature" (e.g., /s/ John Smith) |
| | | INA WARR |
| | (Title of official position held in o | |

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 fing, a determination that would be made by a court of law

| unting Period: 2017/1 | FORM SA1-2E. PAGE |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| QUEL COMMUNICATIONS LLC | 06328 |
| 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 s scribers 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 transmission made by satellite carriers to satellite dish owners? | 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 | |
| | |
| | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form | |
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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 | |
| 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 Line 1 Enter the amount of late payment or underpayment | |
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