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	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 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:
	<u> </u>	SOUTHEASTERN 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 sufficiency 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	063354										
	Instructions: List each separate community served by the cable system. A "communit											
D Area	"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 lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known										
Served	identified city.											
	CITY OR TOWN	STATE										
First	LANCASTER	OH										
Community	(SOUTHEASTERN 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

SYSTEM ID#

063354

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	41	41.89							
Converter									
 Residential 									
 Non-residential 									
	1				ı				

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.

	BLO	CK 1		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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063354

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1 CALL SIGN 2 BYCAST CHANNEL NUMBER 3 TYPE OF STATION

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFVS-TV	57	N	CAPE GIRARDEAU, MO
KBSI	23	I	CAPE GIRARDEAU, MO
WDKA	49	I	PADUCAH, KY
WPSD-TV	32	N	PADUCAH, KY
WTCT	27	l	MARION, IL
WSIL-TV	34	N	HARRISBURG, IL
WQWQ	9	l	PADUCAH, KY

			1

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

063354

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	d· 2017/1						FOR	M SA1-2E. PAGE 5.
Accounting r crio	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:				1010	SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063354
Substitute Carriage: Special Statement and Program Log	CEQUEL COMMUNICA SUBSTITUTE CARRIAGE In General: In space I, identisubstitute basis during the acexplanation of the programmi 1. SPECIAL STATEMENT • During the accounting peribroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, recondition to the case of Mexican or Canace Column 3: Give the call second the case of Mexican or Canace Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m."	FROGRA itute progra ce, please a of every nor distant stati gulations, or es like "mor Bulls." n was broad sign of the s iddcast statio addan statio addan statio at and day re "5/7." es when the Example: a	AL STATEMEI Innetwork televis eriod, under spet to be included in RNING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televis ton and that yo r authorizations vies" or "baske dcast live, enter estation broadca on's location (the ons, if any, the of when your system e substitute pro- program carrier	crific present and former For this log, see page (v) of the ITITUTE CARRIAGE carry, on a substitute base blank. If your answer is the line. Use abbreviations rows to the tables. It is is program ("substitute ur cable system substitutes. See page (v) of the ger thall." List specific program of "Yes." Otherwise enter "sting the substitute program or "Yes." Otherwise enter sisting the substitute program carried the substitute gram was carried by your ed by a system from 6:01	y a distant star CC rules, regu ne general instr sis, any nonne s "Yes," you m s wherever pos e program") the ed for the prog- neral instructio m titles, for ex No." am. e station is lice e station is idea e program. Use r cable system :15 p.m. to 6:2	lations, or au ructions in the ruction in th	thorizations. e paper SA1 sion program YES e the program r meaning is e accounting another star information ve Lucy" or FCC or, in with the more es accurate anould be	em carried on a For a further -2 form. NO m S d tion n.
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting perios permitted to delete und	d; enter the le er FCC rules a	tter "P" if the	listed progr ons in	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	DELETION
						-		
						-		"
							<u> </u>	
							<u>– </u>	
								"
								
						-	<u>- </u>	

Accounting Period:	2017/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 063354
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	0,200.00
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 fo accounting period is \$52.00	r 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
İ	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	<u> </u>	
	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 \$52	7,600)	
	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	_	
	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	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	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		ihts!

Accounting Period:	2017/1																									FOR	M SA	1-2E.	. PA	GE 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT																										S	_		1 ID# 354
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) to the subscribers, and (2) to the subscribers of the subscrib	he cable system's total f channels on which the broadcast stations f activated channels in carried television broadcast.	tal number	ole	e	of a	ons	ated	d cha	anne	s du	ring t	he a	CCOL	unti	ing	peri	iod.		ations					7]
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			ORM	RMA	MAT	ION	IS	NEE	DEC	(lde	ntify	an in	divi	idua	al to	wh	nom												
for Further Information	Name SARAI	H BOGUE																	Tele	phon	e (9	03)	579	9-31	21					
		SE LOOP 323 street, rural route, apartmen	ent, or suit	uite n	te nui	numb	oer)																							
		R, TX 75701 , state, zip)																												
	Email	SARAH.BOGUE@	@ALTIC	ICE	CEU	EUS	A.C	OM	l					F	Fax	(op	otior	nal)												
	CERTIFICATION (This state	ment of account must	st be cert	ertifie	tified	ied a	and s	sign	ed i	n acc	orda	nce \	with (Copy	yriç	ght	Offic	ce re	egula	tions	;)									
O Certification	• I, the undersigned, hereby	certify that (Check one,	e, but only	nly oi	y one	one,	of th	e bo	oxes	s.)																				
	(Owner other tha	an corporation or part	rtnership	ip) l	o) I a	l am	the o	own	er o	f the	cable	syst	em a	s ide	enti	ified	l in li	ine 1	of s	pace	B; or									
		other than corporatio ace B and that the own											ed age	ent c	of th	he c	wne	er of	the c	able	syste	m as	iden	ntified	I					
	(Officer or partn	ner) I am an officer (if a ace B.	a corpora	ratio	ation)	on) o	rap	artn	ner (i	if a pa	artnei	rship)) of th	ie le	egal	l ent	ity id	dent	ified a	as ow	ner o	of the	cabl	e sys	stem					
	I have examined the statem are true, complete, and corre [18 U.S.C., Section 1001(19)]	ect to the best of my kn																	ned h	nereir	1									
		-	X	/:	/s	/s/ S	Sab	rin	a V	Varr											_									
			Enter an e Enter sign					_										tem	ent.											
		Typed or printed na	name:	S	S	SAI	BRI	NA	\ W	/AR	R																			
		Title: V	VICE P										NTI	NG	i															
		Date:														08/	18/2	2017												

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counting Period: 2017/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	063354
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment x Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	Q Interest Assessment
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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