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 COPYRIG	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>
General instructions are located in the first tab of this workbook	08/28/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
2017/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	Barcode Data Filing Period (ontional	- see instructions)	

		20171 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		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	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
C	names	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:
	-	DRUMRIGHT, OK
		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 fing, a determination that would be made by a court of law.

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	006965
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 filin	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 ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	DRUMRIGHT	OK
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					SYS	TEM ID
Name	CEQUEL COMMUNICAT	TONS LLC						00696
E	SECONDARY TRANSMISSION In General: The information in s			-	larv transmission s	ervice of t	ne cable	
	system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period					1	hard to a	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar							
Rates	each category by counting the n							
	separately for the particular serv	ice at the rate in	dicated-not	the number of s	sets receiving serv	ce).	-	
	Rate: Give the standard rate of							
	unit in which it is generally billed category, but do not include disc				dard rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				econdary transmis	sion 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 first set" and would be counted of					der "Servic	ce to the	
	Block 2: If your cable system					different fr	om those	
	printed in block 1 (for example, t	iers of services t	hat include o	ne or more seco	ondary transmissio	ns), list the	em, together	
	with the number of subscribers a	and rates, in the	right-hand blo	ock. A two- or th	nree-word descripti	on of the s	ervice is	
	sufficient.	OCK 1				BLOC	< 2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS RA		ATEGORY OF SEI	VICE	SUBSCRIBERS	RATI
	Service to first set		306	34.24				
	Service to additional set(s)		785	0				
	• FM radio (if separate rate)		100					
	Motel, hotel							
	Commercial		40	37.11				
	Converter		- -	57.11				
	Residential							
	Non-residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSIONS	RATES				
F	In General: Space F calls for rat	•	,	•	• •			
	not covered in space E, that is, t							
Services	service for a single fee. There ar furnished at cost or (2) services							
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the	rate column.	-	-	-		0	
ransmissions:							wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a							
	brief (two- or three-word) descrip							
		BLOC					BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY	OF SERVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			Ion-residentia	1			
	• Pay cable	17.00	• Motel, hot	el				
	Pay cable—add'l channel	19.00	 Commerci 	al				
	Fire protection		 Pay cable 					
	 Burglar protection 		• Pay cable	add'l channel				
			Fire protect	tion				
	Installation: Residential							
	Installation: Residential First set	40.00	 Burglar press 	Diection				
			• Burglar pro Other service					
	First set		0 1	s:	40.00			
	First setAdditional set(s)		Other service	s: t	40.00			
	 First set Additional set(s) FM radio (if separate rate) 		• Reconnec	r s: t t	40.00 25.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Name	CEQUEL COMMUNIC	ATIONS LLC		0069
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a 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 informatic Column 1: List each station multicast stream associated "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 m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th 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	t (1) stations carried only on a part he carriage of certain network prog S1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other tions. SPN, etc. Identify each oort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDOR-HD	17	I-M	BARTLESVILLE, OK
	KDOR-TV	17	vi	BARTLESVILLE, OK
ows as Necessary	KJRH	8	N	TULSA, OK
ows as necessary	KJRH-HD	8	N-M	TULSA, OK
	KMYT-GETTV	42	I-M	TULSA, OK
	KMYT-GRIT	42	I-M	TULSA, OK
	KMYT-HD	42	I-M	TULSA, OK
	KMYT-TV	42	 I	TULSA, OK
	KOED-HD	11	E-M	TULSA, OK
	KOED-TV	11	E	TULSA, OK
	KOKI-ESCAPE	22	I-M	TULSA, OK
	KOKI-ESCAPE KOKI-HD	22 22	I-M	TULSA, OK TULSA, OK
	кокі-нр	22	I-M	TULSA, OK
	KOKI-HD KOKI-METV	22 22		TULSA, OK TULSA, OK
	KOKI-HD KOKI-METV KOKI-TV	22 22 22 22	I-M I-M I	TULSA, OK TULSA, OK TULSA, OK
	KOKI-HD KOKI-METV KOKI-TV KOTV-DT	22 22 22 45	I-M I-M I N	TULSA, OK TULSA, OK TULSA, OK TULSA, OK
	KOKI-HD KOKI-METV KOKI-TV KOTV-DT KOTV-HD	22 22 22 45 45	I-M I-M I N N-M	TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK
	KOKI-HD KOKI-METV KOKI-TV KOTV-DT KOTV-HD KOTV-NEWS	22 22 22 45 45 45 45 45	I-M I-M I N	TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK
	KOKI-HD KOKI-METV KOKI-TV KOTV-DT KOTV-HD KOTV-NEWS KQCW-DT	22 22 22 45 45 45 45 20	I-M I-M I N N-M I-M I	TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK TULSA, OK MUSKOGEE, OK
	KOKI-HD KOKI-METV KOKI-TV KOTV-DT KOTV-HD KOTV-NEWS KQCW-DT KQCW-HD	22 22 22 45 45 45 45 20 20	I-M I-M I N N-M	TULSA, OK MUSKOGEE, OK
	KOKI-HD KOKI-METV KOKI-TV KOTV-DT KOTV-HD KOTV-NEWS KQCW-DT KQCW-HD KTPX	22 22 22 45 45 45 45 20 20 20 28	I-M I-M I N N-M I-M I I I I	TULSA, OK MUSKOGEE, OK MUSKOGEE, OK OKMULGEE, OK
	KOKI-HD KOKI-METV KOKI-TV KOTV-DT KOTV-HD KOTV-NEWS KQCW-DT KQCW-HD	22 22 22 45 45 45 20 20 20 28 28 28	I-M I-M I N N-M I-M I I I I-M I I I I I I I	TULSA, OK MUSKOGEE, OK MUSKOGEE, OK OKMULGEE, OK
	KOKI-HD KOKI-METV KOKI-TV KOTV-DT KOTV-HD KOTV-NEWS KQCW-DT KQCW-HD KTPX KTPX-HD KTUL	22 22 22 45 45 45 20 20 20 28 28 28 10	I-M I-M I N N-M I-M I I I I I I N	TULSA, OK MUSKOGEE, OK OKMULGEE, OK OKMULGEE, OK TULSA, OK
	KOKI-HD KOKI-METV KOKI-TV KOTV-DT KOTV-HD KOTV-NEWS KQCW-DT KQCW-HD KTPX KTPX-HD	22 22 22 45 45 45 20 20 20 28 28 28	I-M I-M I N N-M I-M I I I I-M I I I I I I I	TULSA, OK MUSKOGEE, OK MUSKOGEE, OK OKMULGEE, OK

ccounting Period:	2017/1			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		006965
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carrient n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	<i>bt</i> (1) stations carried only on a part-t the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instruct program services such as HBO, ESF re-air designation. For example, repo- evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education ructions in the paper SA1-2 form.	time basis under ams [sections tions carried on a bostitute 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
	KTUL-TBD	10	I-M	TULSA, OK
	КШНВ	47	I	TULSA, OK
	KWHB-HD	47	I-M	TULSA, OK

PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis all-band basis whose signals were generally receivable by your cable system Special Instructions Concerning All-Band FM Carriage: Under Copyright receivable if (1) it is carried by the system whenever it is received at the syste on the basis of monitoring, to be received at the headend, with the system's For detailed information about the Copyright Office regulations on this point, paper SA1-2 form. 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 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 CALL SIGN AM or FM S/D LOCATION OF STATION CALL S CALL SIGN AM or FM S/D LOCATION OF STATION CALL S Column 4: Development of the state of the system of the state of the state of the system of the state of the	00
 receivable if (1) it is carried by the system whenever it is received at the system the basis of monitoring, to be received at the headend, with the system's For detailed information about the Copyright Office regulations on this point, paper SA1-2 form. 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 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 Mexican or Canadian stations, if any, the community with which the station is seen the station is s	
	n's headend, and (2) it can be expected, M antenna, during certain stated intervals. ee page (v) of the general instructions in the. Transmitte Radio
CALLE SIGN AM OF FM S/D LOCATION OF STATION CALLE S Image: Sign of the state	
	SN 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	_C					006965
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi				-	ion that you	r cable syste	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programmi	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 Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonnei	twork televis	sion program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	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.			5		·	1 0	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more space			ows to the tables. sion program ("substitute	nroaram") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ns for furthe	r informatior	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ve Lucy" or	
			lcast live. enter	· "Yes." Otherwise enter "N	No."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	ım.			
	Column 4: Give the broa						FCC or, in	
	the case of Mexican or Cana Column 5: Give the mon			tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv	e "5/7."	5 5					
	Column 6: State the time							ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sł	nould be	
	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	
					11			1
	s	UBSTITUT	E PROGRAM	l		EN SUBSTI IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_	
							_	
								"
			+		-			
			+					
					-	·	_	
							_	
			†		·			
			+		-	·		
							_	
			+		-			
							_	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 006965
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	of e 5,153.26
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		
	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# 006965
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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	28 208
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 B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own 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)]	vstem as identified
	Date: 08/18/2017	

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

unting Period: 2017/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0069
 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? NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	O I
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessm

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 th 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 Office'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.