This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY									
DATE RECEIVED	AMOUNT								
08/28/2017	\$ ALLOCATION NUMBER								

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	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)							
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С		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:							
		PECOS, TX							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	1100-1100-1100-1100-1100-1100-1100-110							
		(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

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

Accounting Period:	2017/1										
Accounting i crios.	2017/1	FORM SA1-2E. PAGE 1b.									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	CEQUEL COMMUNICATIONS LLC	007511									
Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the identified city.										
	CITY OR TOWN STATE										
First	PECOS	TX									
Community	REEVES COUNTY (PORTION)	TX									
Add Rows as Necessary											
,											

Accounting Period: 2017/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007511

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CEQUEL COMMUNICATIONS LLC

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 	764	28.45					
 Service to additional set(s) 	475	0					
FM radio (if separate rate)							
Motel, hotel							
Commercial	149	34.74					
Converter							
Residential							
Non-residential							
		l					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential			
 Pay cable 	17.00	Motel, hotel			
 Pay cable—add'l channel 	19.00	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
 First set 	40.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	40.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 007511

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMID	26	N	MIDLAND, TX
KMID-HD	26	N-M	MIDLAND, TX
KMLM	42	<u> </u>	ODESSA, TX
KOSA-HD	7	N-M	ODESSA, TX
KOSA-TV	7	N	ODESSA, TX
KPBT-TV	38	E	ODESSA, TX
KPEJ-HD	23	I-M	ODESSA, TX
KPEJ-TV	23	<u> </u>	ODESSA, TX
KTLE-TELEMUNDO	20	I-M	ODESSA, TX
KUPB	18	<u> </u>	MIDLAND, TX
KWES-HD	9	N-M	ODESSA, TX
KWES-TV	9	N	ODESSA, TX
		411111111111111111111111111111111111111	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 007511

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		T					
							
]					
			•				

Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.		
-	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	_C					007511		
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried or <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Substitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting peri				sis. anv nonne	twork televis	sion program	1		
Statement and Program Log	broadcast by a distant stat	•		, ,	, . , . ,		YES	X NO		
0 0			root of this pag	a blank. If your answer is	"Voo." vou m	uet complete	_			
	Note: If your answer is "No"	, leave the	rest or triis pag	e biank. Ii your answer is	res, you m	ust complete	e trie prograi	П		
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that your system was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976.			11			1			
	s	UBSTITUT	E PROGRAM			EN SUBSTI LIAGE OCC		7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		IMES TO	DELETION		
		163 01 140	CALL SIGN	4. STATIONS ECCATION	ANDDAT	TROW				
								"		
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ccounting Period:		GAL NAME OF	OWNER OF	CABLES	SYSTEM:										1-2E. PAGE YSTEM II
Name		EQUEL C													0075
K Gross Receipts	In: all (a:		: The figur gross rece in space E	ipts) pa E) durin I instrud n subsc	aid to yo g the ac ctions lo cribers fo	our cable ccounting cated in or seco	le systeming period. In the pape Indary trai	by subset For a futer SA1-2 Dismission	cribers for the rether explain form. In service (s	the system nation of	m's sec how to	condary trai compute ti	nsmission	servic t, see	
	IM	/IPORTANT											(Amou	nt of gro	ss receipts)
Copyright Royalty Fee	• Co • Us • Us • Us	PYRIGHT I cructions: T omplete blo se block 1 if se block 2 if se block 3 if page (vi) of	o compute ock 1, block f the amou f the amou f the amou f the amou	e the ro k 2, or int of gr int of gr int of gr	block 3. ross rec ross rec ross rec	eipts in eipts in eipts in	space K space K space K	is more	han \$137, han \$263,	100 but le 800 but le	ess tha	ın \$527,600		0	
		BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS													
		structions: A			with gros	ss recei	pts of \$13	7,100 or	ess, the ro	yalty fee t	hat you	ı must pay fo	or this six-n	nonth	
	Lir	ne 1. Royalt	v fee for ac	countin	na period	1									
		ne 2. Interes													0.00
		ne 2. mieres	st charge.	Enter th	e amou	TIL HOITI	ше 4, ъра	ice Q, pa	ge 0						0.00
	Lir	ne 3. TOTA l	L ROYALT	Y FEE	PAYAB	LE FOR	R ACCOU	NTING P	ERIOD Ad	d lines 1 a	and 2.		· · · <u> </u>		
									,	,		e than \$13	7,100)		
		Base amou										263,800.00	<u> </u>		
		Enter amou										97,267.15	<u>i</u>		
	3.	Subtract lin	e 2 from lin	ne 1						\$		66,532.85	<u>i</u>		
		Enter the a	_								_		197,267		
		Enter the a											66,532		
		Subtract lin											130,734	.30	
		Multiply line													653.67
	8.	Interest cha	arge. Enter	the am	ount fro	m line 4	, space Q	, page 8					•		0.00
	9.	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8											653.67		
		BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)													
	1.	Enter the a	mount of gi	ross rec	eipts fro	om spac	:е К			<u>.</u>			_		
	2.	Base amou	nt under st	atutory	formula					\$	2	263,800.00	<u> </u>		
	3.	Subtract lin	e 2 from lin	ne 1									_		
	4.	Multiply line	e 3 by .01 .								<u> </u>				
	5.	Royalty due	on the firs	st \$263,	800 of g	ross rec	ceipts (und	ler statut	ory formula)		\$	1,319	.00	
	6.	Interest cha	arge. Enter	the am	ount fro	m line 4	I, space Q	, page 8			· · · ·		0.	.00	
	7.	6. Interest charge. Enter the amount from line 4, space Q, page 8													
				F	EII ING	FFF A	ND TOTA	N DEM	TTANCE	DHE					
				•	ILIIVO	I LL / (1017	VE IVEIVI	TITUTOL	DOL					
Filing Fee and Total Remittance	1.	Royalty Fee	e Payable f	or Acco	ounting P	Period (f	rom Block	1, 2, or	B, above) .		<u>_</u>	\$	653	.67	
Due		Filing Fee (See the ins	struction	ns for mo	ore infor	mation on	filing fee	calculation	ns)	<u>_</u>	\$	20.	.00	
	3.	TOTAL AM	IOUNT DU	E FOR	ACCOU	NTING	PERIOD.	Add lin	es 2 and 3				\$		673.67
		Import													

Accounting Period:	2017/1								FORM SA1	1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT								s	YSTEM ID# 007511
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the system carried television on which the cable system.	ne cable system's to f channels on which broadcast stations. f activated channels n carried television I	otal numb	per of activated e	channels during th	the accountin	ng period.		12	
	and nonbroadcast service	9S								
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s	tatement of accoun		RMATION IS N	IEEDED (Identify a	an individua				
for Further Information	Name SARAI	1 BOGUE					Telephone	(903) 579-3	3121	
	(Number, s	SE LOOP 323 treet, rural route, apartm		ite number)						
	(City, town,	SARAH.BOGUE	E@ALTIC	CEUSA.COM		Fax (optional)			
	CERTIFICATION (This state	ment of account mu	ust be cer	rtified and signe	ed in accordance v	with Copyrigi	ht Office regulations)		
O Certification	 I, the undersigned, hereby certify that (Check one, but only one, 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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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)] 									
				-	Warr ure on the line abov /s/ signature" (e.g.,			-		
		Typed or printed	name:	SABRINA	WARR					
					OF ACCOUN	NTING				
		Date:				0	8/18/2017			

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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	007511
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	

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