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

| STATEN | IENT OF ACCOUNT | FOR COPYRIG | HT OFFICE USE ONLY | Return completed workbook by email to: |
|------------------|--|--------------------------------|---------------------------------|--|
| for Second | lary Transmissions by tems (Short Form) | DATE RECEIVED | AMOUNT | <u>coplicsoa@loc.gov</u> |
| | ructions are located | 08/28/2017 | \$ | For additional information, contact the U.S. Copyright Office Licensing Division at: |
| in the first tal | b of this workbook | 00/20/2011 | ALLOCATION NUMBER | Tel: (202) 707-8150 |
| | | | | |
| Α | ACCOUNTING PERIOD COVERE | D BY THIS STATEMENT: (Y | YYY/(Period)) | |
| | 2017/1 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | | | | |

| A i | | 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 | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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: |
| | ' | SIBLEY, LA |
| | | 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 fling, a determination that would be made by a court of law.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
|---------------------|---|---|
| Name | CEQUEL COMMUNICATIONS LLC | 0009 |
| | Instructions: List each separate community served by the cable system. A "commun | |
| D | "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l known as the "first community." Please use it as the first community on all future fi | ommunities within unincorporated areas and including singl list will serve as a form of system identification hereafter ilings. |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city. | home parks should be reported in parentheses below the |
| | | |
| | CITY OR TOWN | STATE |
| First | SIBLEY | LA |
| Community | DOYLILNE | LA |
| | DUBBERLY | LA |
| d Rows as Necessary | HEFLIN | LA |
| | LAKE BISTINEAU | LA |
| | RINGOLD | LA |
| | WEBSTER COUNTY | LA |
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| | T | | | | | | | FORM SA1 | |
|-------------------------------|--|-------------------|----------|---------------------------|--------------|------------------|---------------|----------------|--------|
| Name | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | | | TEM ID |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 00093 |
| _ | SECONDARY TRANSMISSION | SERVICE: SU | BSCRI | BERS AND R | ATES | | | | |
| E | In General: The information in s | | | - | - | y transmission s | ervice of th | e cable | |
| | system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | nose existii | ng on the | |
| Transmission Service: Sub- | last day of the accounting period Number of Subscribers: Both | | | | | | le svetem | broken | |
| scribers and | down by categories of secondary | | | | | | | | |
| Rates | each category by counting the n | | | | | | | | |
| | separately for the particular serv | | | | | | | | |
| | Rate: Give the standard rate c unit in which it is generally billed | | | | | | | | |
| | category, but do not include disc | | | | ny stanuai | | s within a p | | |
| | Block 1: In the left-hand block | | | | ries of seco | 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 | | | | | | | | |
| | first set" and would be counted o | | | | | | | | |
| | Block 2: If your cable system | | | | | service that are | different fro | om those | |
| | printed in block 1 (for example, t | | | | | | | | |
| | with the number of subscribers a | and rates, in the | right-ha | and block. A tw | vo- or thre | e-word descripti | on of the se | ervice is | |
| | sufficient. | OCK 1 | | | | | BLOCK | 2 | |
| | | NO. OF | | DATE | CAT | | | NO. OF | DATE |
| | CATEGORY OF SERVICE Residential: | SUBSCRIBE | :RS | RATE | CAT | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE |
| | Service to first set | | 677 | 28.45 | | | | | |
| | Service to additional set(s) | 1 | .072 | 20.45 | | | | | |
| | • FM radio (if separate rate) | • | ,012 | v | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 36 | 33.66 | | | | | |
| | Converter | | | 55.00 | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMISS | SIONS: RATE | s | | | | |
| 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 | | | | | | | | |
| Fransmissions: Rates | Block 1: Give the standard rat Block 2: List any services that | | | | | | | were not | |
| Rales | listed in block 1 and for which a | | | | | | | | |
| | brief (two- or three-word) descrip | | | | | | | | |
| | | BLOC | CK 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | | | ORY OF SER | VICE | RATE | CATEGO | DRY OF SERVICE | RATE |
| | Continuing Services: | | Installa | tion: Non-res | idential | | | | |
| | Pay cable | 17.00 | • Mot | el, hotel | | | | | |
| | Pay cable—add'l channel | 19.00 | • Cor | nmercial | | | | | |
| | Fire protection | | • Pay | cable | | | | | |
| | Burglar protection | | • Pay | cable-add'l ch | nannel | | | | |
| | Installation: Residential | | • Fire | protection | | | | | |
| | First set | 40.00 | • Bur | glar protection | | | | | |
| | Additional set(s) | 25.00 | Other s | ervices: | | | | | |
| | • FM radio (if separate rate) | | • Rec | onnect | | 40.00 | | | |
| | | | | | | | | | |
| | • Converter | | • Disc | connect | | | | | |
| | · · · , | | | connect let relocation | | 25.00 | | | |

| counting Period: | 2017/1 | | | FORM SA1-2E. PAGE |
|---|--|---|--|--|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM ID |
| | CEQUEL COMMUNIC | | | 00093 |
| G Primary Transmitters: Television | 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 ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and 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 (for independent multicast) For the meaning of these to Column 4: Give the location | also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th | t (1) stations carried only on a part- the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station | time 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 |
| | KLTS-HD | 24 | E-M | SHREVEPORT, LA |
| | KLTS-TV | 24 | E | SHREVEPORT, LA |
| Add Rows as Necessary | KMSS-HD | 34 | I-M | SHREVEPORT, LA |
| | KMSS-TV | 34 | l | SHREVEPORT, LA |
| | KPXJ | 21 | I | MINDEN, LA |
| | KPXJ-ANTENNA | 21 | I-M | MINDEN, LA |
| | KPXJ-HD | 21 | I-M | MINDEN, LA |
| | KPXJ-MOVIES | 21 | I-M | MINDEN, LA |
| | KPXJ-V ME | 21 | E-M | MINDEN, LA |
| | KSHV | 44 | I | SHREVEPORT, LA |
| | KSHV-HD | 44 | I-M | SHREVEPORT, LA |
| | KSLA-BOUNCE | 17 | I-M | SHREVEPORT, LA |
| | KSLA-GRIT | 17 | I-M | SHREVEPORT, LA |
| | KSLA-HD | 17 | N-M | SHREVEPORT, LA |
| | KSLA-TV | 17 | Ν | SHREVEPORT, LA |
| | KTAL-HD | 15 | N-M | TEXARKANA, TX |
| | KTAL-TV | 15 | Ν | TEXARKANA, TX |
| | KTBS-HD | 28 | N-M | SHREVEPORT, LA |
| | KTBS-NEWS | 28 | I-M | SHREVEPORT, LA |
| | KTBS-TV | 28 | Ν | SHREVEPORT, LA |
| | KTBS-WEATHER | 28 | I-M | SHREVEPORT, LA |
| | | | | |
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| CEQUEL CO | F OWNER OF | | | | | | | | SYSTEM |
|--|---|--|--|----------------------------|---|---|---|---|----------------------------------|
| | t every radio s | station c |) arried on a separate and dis enerally receivable by your c | | | | | | н |
| eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Column 4: Colum | it is carried b monitoring, to ormation abou rm. dentify the call tate whether the radio state this by placing Sive the station | y the sy be rece it the C I sign of the stati tion's sig g a cheo n's locat | II-Band FM Carriage: Unde stem whenever it is received eived at the headend, with th opyright Office regulations o each station carried. on is AM or FM. gnal was electronically proce ck mark in the "S/D" column. tion (the community to which , the community with which t | d a ne s on t ess | t the system's f system's FM an this point, see p red by the cable ne station is lice | headend, and tenna, during age (v) of the system as a nsed by the F | (2) it ca certain genera separat | n be expected, stated intervals. I instructions in the. e and discrete | Primary Transmitters Radio |
| | | | | TT | | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | Н | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | od: 2017/1 | | | | | | FOR | M SA1-2E. PAGE 5. |
|--------------------------|--|---------------|-------------------|---|-------------------|------------------------|---------------|-------------------|
| News | LEGAL NAME OF OWNER OF | CABLE SYS | FEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS LI | _C | | | | | 000932 |
| | SUBSTITUTE CARRIAGE | : SPECIA | | NT AND PROGRAM LO | G | | | |
| | In General: In space I, identi | fv everv nor | nnetwork televis | ion program. broadcast by | a distant stat | ion. that vou | r cable svste | m carried on a |
| _ | substitute basis during the ad | | | | | | | |
| Substitute | explanation of the programm | ing that mus | t be included in | this log, see page (v) of the | e general instr | uctions in the | e paper SA1 | -2 form. |
| Carriage: | 1. SPECIAL STATEMENT | | NING SUBST | ITUTE CARRIAGE | | | | |
| Special Statement and | During the accounting peri | od, did you | r cable system | carry, on a substitute basi | is, any nonne | 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. | | | - | - | | | |
| | 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 | program") 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 gene | eral instruction | ns for furthe | r informatior | ۱. |
| | Do not use general categori "NBA Basketball: 76ers vs. | | vies" or "baske | tball." List specific program | n titles, for exa | ample, "I Lov | 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 broat the case of Mexican or Can | | | e community to which the | | | FCC or, in | |
| | | | | tem carried the substitute | | | with the mor | nth |
| | first. Example: for May 7 giv | e "5/7." | 5 5 | | | | | |
| | | | | gram was carried by your | | | | 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. sr | iouid be | |
| | Column 7: Enter the lette | | | was substituted for progra | | | | |
| | to delete under FCC rules a | | | | | | | am |
| | was substituted for program effect on October 19, 1976. | ming that y | our system was | s permitted to delete unde | r FCC rules a | nd regulatio | ns in | |
| | | | | | 11 | | | |
| | s | UBSTITUT | E PROGRAM | l | | EN SUBSTI IAGE OCCI | | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. T | IMES | DELETION |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM - | — то | |
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| Accounting Period: | 2017/1 | | FORM S | A1-2E. PAGE 6. |
|------------------------------------|--|---|----------------------------------|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | | S | WSTEM ID# 000932 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipt | m's secondary tran how to compute th | smission servi is amount, see | ee 4,123.81 |
| Copyright | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform | ess than \$527,600 | o \$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 t accounting period is \$52.00 Line 1. Royalty fee for accounting period | | | |
| | 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 a | | | <u> </u> |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula | | | |
| | 2. Enter amount of gross receipts from space K | | _ | |
| | 3. Subtract line 2 from line 1 | 109,676.19 | _ | |
| | 4. Enter the amount of gross receipts from space K | \$ | 154,123.81 | |
| | 5. Enter the amount from line 3 | \$ | 109,676.19 | |
| | 6. Subtract line 5 from line 4 | \$ | 44,447.62 | |
| | 7. Multiply line 6 by .005 (enter figure here) | | \$ | 222.24 |
| | 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 | | \$ | 222.24 |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 | (but less than \$52 | 7,600) | |
| | 1. Enter the amount of gross receipts from space K | | _ | |
| | 2. Base amount under statutory formula | 263,800.00 | _ | |
| | 3. Subtract line 2 from line 1 | | _ | |
| | 4. Multiply line 3 by .01 | | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) $\ldots \ldots$ | \$ | 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, an | d 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) | \$ | 222.24 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | \$ | 20.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | | \$ | 242.24 |
| | Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 forr | | | ghts! |

| Accounting Period: | 2017/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 000932 |
| 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 | 21 150 |
| 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. (Officer or partner) I am an officer (if a corporation) or a partner (if a 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)] (X /s/ Sabrina Warr Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: SABRINA WARR | ystem as identified |
| | Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership) | |
| | 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 telephoi 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 lave.

| unting Period: 2017/1 | FORM SA1-2E. PAG |
|---|---|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| QUEL COMMUNICATIONS LLC | 0009 |
| 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 Statemer Concerning Gros Receipts Exclusio |
| 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 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 | L Interest Assessm |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessm |
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| Line 1 Enter the amount of late payment or underpayment | LA 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.