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

POR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT \$ 2/28/2018 ALLOCATION NUMBER							
\$ \$	FOR COPYRIGHT OFFICE USE ONLY						
2/28/2018	DATE RECEIVED	AMOUNT					
	2/28/2018	7					

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 20172 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 salready 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>	HUGO, 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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/2							
necounting r crious	201//2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	010561						
	Instructions: List each separate community served by the cable system. A "communit							
D	"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 list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, twill serve as a form of system identification hereafter known						
Area Served	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	HUGO	OK						
Community	CHOCTAW COUNTY (PORTION)	OK						
Add Rows as Necessary								
		,						

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

010561

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:	OODOONIDENO	TVATE	OATEGORY OF GERVICE	OODOCKIDEKO	TVATE
 Service to first set 	551	28.45			
 Service to additional set(s) 	821	0			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	72	33.28			
Converter					
 Residential 					
Non-residential					
		T I			

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 	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: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 010561

CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television

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
K15AA-D	15	E	HUGO, OK
KTEN	26	N	ADA, OK
KTEN-CW	26	I-M	ADA, OK
KTEN-HD	26	N-M	ADA, OK
KTEN-HD	26	N-M	ADA, OK
KTEN-HD	26	N-M	ADA, OK
KXII	12	N	SHERMAN, TX
KXII-FOX	12	I-M	SHERMAN, TX
KXII-FOX	12	I-M	SHERMAN, TX
KXII-HD	12	N-M	SHERMAN, TX
KXII-MNT	12	I-M	SHERMAN, TX
	•		
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

010561

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 CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF	CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
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Accounting Dario	d. 2017/2							M CA1 OF DACE
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	CEQUEL COMMUNICA							010561
Substitute Carriage: Special Statement and Program Log	CEQUEL COMMUNICA SUBSTITUTE CARRIAGE In General: In space I, identification of the programming of the progr	E: SPECIAL fy every nor counting peng that must reconcile to the first series of the first series of every nor distant static gulations, ones like "more sign of the series of the serie	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 (th ons, if any, the of when your system e substitute pro- program carrie	sion program, broadcast becific present and former betific present and former betific present and former betific present and former bettification. TITUTE 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 substitute ur cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter is the substitute program the substitute program was carried by you and by a system from 6:01	by a distant start FCC rules, regulate he general instructions, any nonners "Yes," you must be program") that he for the program titles, for example, attains is lice to station is lice to program. Use the program. Use the program. Use the program. Use the program of the program of the program. Use the program of the program of the program. Use the program of the p	lations, or autructions in the ructions at complete at, during the gramming of ans for further ample, "I Lowensed by the ntified).	thorizations. paper SA1 ion program YES the program meaning is accounting another stal information ve Lucy" or FCC or, in with the more as accurate ould be	em carried on a For a further -2 form. NO m
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation ming that y	ons in effect du	ring the accounting perions of the second second to delete under the second sec	od; enter the leder FCC rules a	tter "P" if the	listed progr	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		MES - TO	DELETION

LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM II
CEQUEL COMMUNICATIONS LLC				01056
all amounts (gross receipts) paid to your cable system by sub (as identified in space E) during the accounting period. For a lipage (vii) of the general instructions located in the paper SA1 Gross receipts from subscribers for secondary transmissi during the accounting period.	scribers for the syster further explanation of -2 form. ion service(s)	n's secondary tran how to compute th	smission service is amount, see	,377.23
IMPORTANT: You must complete a statement in space P cor	ncerning gross receipt	S.	(Amount of gro	ss receipts)
 Use block 2 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more 	e than \$137,100 but le e than \$263,800 but le	ess than \$527,600	\$263,800	
BLOCK 1: GROSS RECE	EIPTS OF \$137,100	OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or accounting period is \$52.00	or less, the royalty fee the	nat you must pay fo	r this six-month	
Line 1. Royalty fee for accounting period				
Line 2 Interest charge. Enter the amount from line 4, space O, r	page 8			0.00
Eme 2. microst orange. Emer the unrount month into 1, option 4, p	Juge o			0.00
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·		·	_	
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			_	
				54.77
				0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER	IOD. Add lines 7 and 8		\$	54.77
BLOCK 3: GROSS RECEIPTS OF MOR	RE THAN \$263,800 ((but less than \$52	7,600)	
1. Enter the amount of gross receipts from space K				
			_	
	·		=	
	·		=	
			1,319.00	
			<u> </u>	
		<u> </u>		
EILING EEE AND TOTAL BE	MITTANCE DI IE			
TILINGTEL AND TOTAL KEP	WITTANCE DOL			
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or	r 3, above)	\$	54.77	
2. Filing Fee (See the instructions for more information on filing fe	ee calculations)	\$	20.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add II	ines 2 and 3		\$	74.77
	GROSS RECEIPTS Instructions: The figure you give in this space determines the all amounts (gross receipts) paid to your cable system by sub (as identified in space E) during the accounting period. For a page (vii) of the general instructions located in the paper SA1 Gross receipts from subscribers for secondary transmiss during the accounting period. IMPORTANT: You must complete a statement in space P co 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 show. • Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts in space K is more Use block 3 if the amount of gross receipts from line 4, space Q, page Instructions: As a cable system with gross receipts of \$137,100 of accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space C, gase 1. BLOCK 2: GROSS RECEIPTS OF \$2 1. Base amount under statutory formula 2. 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER BLOCK 3: GROSS RECEIPTS OF MO 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 (und	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 syster (as identified in space E) during the accounting period. For a further explanation of page (iii) of the general instructions located in the paper 5A1-2 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 instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is snore than \$137,100 but let a Use block 2 if the amount of gross receipts in space K is more than \$253,800 but let a Use block 3 if the amount of gross receipts in space K is more than \$253,800 but let a Use block 3 if the amount of gross receipts of \$137,100 or less, the royalty fee the 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. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 at BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula \$ 2. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 6. Subtract line 2 from line 1 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 of 1. Enter the amount of gross receipts (under statutory formula) 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	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 tran (as identified in space E) during the accounting period. For a further explanation of how to compute the page (iii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MIPORTANT: You must complete a statement in space P concerning gross receipts. 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 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 \$137,100 but less than \$527,600 See page (iv) 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 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,77.23 3. Subtract line 2 from line 1 \$ 263,800.00 2. Enter amount of gross receipts from space K \$ 137,377.23 3. Subtract line 6 from line 4 5. Enter the amount from line 4 5. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 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 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	GEQUEL COMMUNICATIONS LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total call amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (so identified in space 2) during the accounting period. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MPORTAINT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To complete the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 file amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 1 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 1 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 1 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 1 Use block 3 if the amount of gross receipts in space K is more than \$63,800 but less than or equal to \$263,800 2 Use block 3 if the amount of gross receipts in \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$20.00 Line 1, Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 2. Enter amount of gross receipts from space K 5 137,377.23 5. Enter the amount of gross receipts from space K 5 137,377.23 6. Enter the amount of gross receipts from space K 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 8. Interest charge. Enter the amount from line 4, space Q, page 8

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 010561
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 which the cable system carried television broadcast stations and nonbroadcast services.	11
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 (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 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; 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 owne 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/ Michael Schreiber 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: MICHAEL SCHREIBER Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	or tem as identified

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 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

counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	010561
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 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
x	_
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	

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.