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 COPYRIGH	T 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	02/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20172 Barcode Data Filing Period (optional - see instructions)	
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 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: OKMULGEE, OK	
		MAILING ADDRESS OF CABLE SYSTEM:	_
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
r			

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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	020017
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	ted communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Served		
	CITY OR TOWN	STATE
First	OKMULGEE	OK
Community	OKMULGEE COUNTY	ОК
Add Rows as Necessary		
Add Rows as Necessary		

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							02001
_	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIB	ERS 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						hose 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 nu								
	separately for the particular servi	ice at the rate in	dicated-	-not the nun	nber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				iny standa	rd rate variation:	s within a p	articular rate	
	Block 1: In the left-hand block				ries of sec	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					I in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					convice that are	difforant fr	om thoso	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.	,	0			·			
	BLC	DCK 1 NO. OF	<u> </u>				BLOCK	2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 	1	,234	33.24					
	 Service to additional set(s) 	2	.,802	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		310	34.23					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
_	In General: Space F calls for rat				-	l vour cable svs	tem's servi	ces that were	
F	not covered in space E, that is, th	•	,		•	• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		isually b	lled. If any ra	ates are ch	larged on a varia	able per-pro	ogram basis,	
Fransmissions:	Block 1: Give the standard rat		e cable :	system for ea	ach of the a	applicable servio	es listed.		
Rates	Block 2: List any services that							vere not	
	listed in block 1 and for which a s				ished. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	tion and include	e the rate	e for each.					
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ion: Non-res	sidential				
	• Pay cable	17.00		l, hotel					
	Pay cable—add'l channel	19.00		mercial					
	Fire protection		• Pay						
	•Burglar protection			able-add'l cl	nannel				
	Installation: Residential			protection					
	• First set	40.00	0	ar protection	Ì				
	 Additional set(s) 	25.00	Other se						
	• FM radio (if separate rate)		 Reco 	nnect		40.00			
			D:						
	Converter		• DISCO	onnect					
	• Converter			onnect t relocation		25.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		020
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations i	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections
ansmitters: relevision	substitute program basis, as Substitute Basis Stations basis under specific FCC ru	s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations:	arried by your cable system on a sut	ostitute program
	station was carried only on	e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie		
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t	on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form.	, see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo	ions. PN, etc. Identify each ort multistream
	of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. a case whether the station is a network pring the letter "N" (for network), "N-M"	station, an independent station, or a	noncommercial
	(for independent multicast), For the meaning of these te Column 4: Give the location	, "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDOR-TV	17	1	BARTLESVILLE, OK
	KGEB	49		TULSA, OK
ows as Necessary	KGEB-HD	49	I-M	TULSA, OK
	KJRH	8	Ν	TULSA, OK
	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	l	TULSA, OK
	KOED-HD	11	E-M	TULSA, OK
	KOED-TV	11	Е	TULSA, OK
	KOKI-ESCAPE	22	I-M	TULSA, OK
	KOKI-HD	22	I-M	TULSA, OK
	KOKI-METV	22	I-M	TULSA, OK
	ΚΟΚΙ-ΤΥ	22	I	TULSA, OK
	KOTV-DT	45	Ν	TULSA, OK
		45	N-M	TULSA, OK
	KOTV-HD			
	KOTV-HD KOTV-NEWS	45	I-M	TULSA, OK
	KOTV-NEWS		I-M I	TULSA, OK MUSKOGEE, OK
	KOTV-NEWS KQCW-DT	20	<u>l</u>	MUSKOGEE, OK
	KOTV-NEWS KQCW-DT KQCW-HD	20 20		MUSKOGEE, OK MUSKOGEE, OK
	KOTV-NEWS KQCW-DT	20	<u>l</u>	MUSKOGEE, OK MUSKOGEE, OK OKMULGEE, OK
	KOTV-NEWS KQCW-DT KQCW-HD KTPX	20 20 28 28 28	I I-M I I-M	MUSKOGEE, OK MUSKOGEE, OK OKMULGEE, OK OKMULGEE, OK
	KOTV-NEWS KQCW-DT KQCW-HD KTPX KTPX-HD	20 20 28	I I-M I	MUSKOGEE, OK MUSKOGEE, OK OKMULGEE, OK

Accounting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		020017
	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 information Column 1: List each station multicast stream associated "WETA-2" as the same on th 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 ter Column 4: Give the location	n during the accounting period, except n effect on June 24, 1981, permitting 1 (2) and (4), or 76.63 (referring to 76. explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instra of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subs the Special Statement and Program Loc ed both on a substitute basis and also of , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program bg)—if the on some other ns. J, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTUL-HD	10	N-M	TULSA, OK
	KTUL-TBD	10	I-M	TULSA, OK
	кwнв	47	I	TULSA, OK

PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations camed on an all-band basis wholes winds were accessible by your cable system during the accounting periad. In Separate and discrete basis and list those FM stations camed on an all-band basis wholes winds were accessible by your cable system during the accounting periad. In Separate and discrete basis and list those FM stations camed on an all-band basis wholes were all the sequence during the accessible by your cable system during the accounting periad. In Separate and discrete basis and list those FM stations camed on an all-band basis wholes were all the sequence during the accessible on the basic of monotopic, be the reacted at the sequence during the accessible on the basic of monotopic, be the reacted at the sequence during the accessible on the basic of monotopic board and secrete and discrete signal. Inclust the by placing a check mark in the "SOD" courne. Column 3: the readios tation's span were destination to basic of monotopic basis and the system during the accessible on 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified. Column 3: the 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. In All or FM Station																																										—		 2	543		EN 02	
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Print Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Print Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Print Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Print Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Print Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Print Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Print Special Instructions if the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. Ration For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Ration Special Instruction 1: Identify the call sign of each station carried. 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 identified). Mexican or Canadian station																															d c	n	an												ł	-		
 Transr To detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. To detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. To detailed information about the Station is point, see page (v) of the general instructions	ceivable by	receiv	eceiva	ivabl	able	e by	by y	y yo	yo	/Οι	our	r ca	ab	le	sy	st	em	۱d	lur	inę	g t	he	a	cco	our	ntir	ng	per	ioo	١.																		
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	hever it is n e headend, ffice regula on carried. or FM. lectronicall the "S/D" c ommunity to	enev he he Offic ation 1 or F elect in the comr	never e hea Office ion ca or FM electro the ": omm	ver it neade ce re n carr FM. ctron e "S/ mun	r it is aden regu arrie 1. onica S/D' unity	is n end, gula ied. icall D" c ity t	d, v lati d. ally co to	rece , wi atic ly p colu	vit tion / pr olu	vith on pro	eive th t ns roc ımr	ved the s or oces nn. ich	at es nt sso th	t th sys his ed	ne ste s p I by	sy emi poi y t	vst 's nt, he	en FN se ca	n's /l a ee ab	s hi ant pa lle	ea er ag sy	de ina e (' 'ste	nd a, (v) err	l, a dui of	anc ring th	d (/ g c e ç a s	2) cer ger	t ca tain nera	an st al i	be ate nst	ex d i ruc	tio	cte erv ns	ed, als in	5.								Т	ar	nsr	nit	te	
CALL SIGN AM OFFM SID LOCATION OF STATION CALL SIGN AM OFFM SID LOCATION OF STATION Image: Side Side Side Side Side Side Side Side		TION			05	- 01			• -	<u></u>											T							0/5						_			0.	T 4	. . .		<u></u>	_						
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Accounting Perio	od: 2017/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC				020017
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi				-	ion that your cable	system carried on a
-	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television pro	
Program Log	broadcast by a distant sta	tion?				YE	S 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 pro	ogram
	log in block 2.						0
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meani	ng is
	clear. If you need more spa			ows to the tables. sion program ("substitute	orogram") tha	t during the accou	ntina
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further inform	nation.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy	/" or
			dcast live, ente	"Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		
				e community to which the			r, in
	the case of Mexican or Can Column 5: Give the mon	th and day	when vour svs	tem carried the substitute	orogram. Use	numerals, with the	month
	first. Example: for May 7 giv	ve "5/7."			_		
				gram was carried by your			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	9
		er "R" if the	listed program	was substituted for progra	imming that y	our system was rea	quired
	to delete under FCC rules a						orogram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
						N SUBSTITUTE	
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCURREE 6. TIMES) 7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	го
						_	
						_	
						_	
					·		
						_	
						_	

Accounting Period:	2017/2			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			\$	6YSTEM ID# 020017
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's stion of how	secondary trans to compute this	mission servi s amount, see \$ 40	ice
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	1
	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 li	nes 1 and 2	2	· · <u> </u>	<u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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	7 and 8	· · · · · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	407,046.26		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	143,246.26		
	4. Multiply line 3 by .01		\$	1,432.46	
	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	4, 5, and 6 .		\$	2,751.46
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,751.46	
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			\$	2,771.46
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 020017
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	28
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	384
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; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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)] 	stem as identified
	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)	
	Date: 02/18/2018	

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

ounting Period: 2017/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0200
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 ad lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall n scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruct located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmiser of gross receipts for secondary transmiser of grost gr	r the basic ot include sub- ection 119." Special Statemen Concerning Gros Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u	and a second second
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