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							
02/28/2018	\$ 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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2017/2 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 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:
	'	ANADARKO, OK
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, fown, 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.

	2017/2	FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	02572
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporat 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 filing	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know igs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	ANADARKO	OK
Community		
d Rows as Necessary		

Accounting Period: 2017/2 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 025721

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 	279	28.45						
 Service to additional set(s) 	185	0						
 FM radio (if separate rate) 								
Motel, hotel								
Commercial	24	31.36						
Converter								
 Residential 								
Non-residential								

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	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:

substitute program basis, as explained in the next paragraph.

SYSTEM ID# 025721

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 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
KAUT-TV	40	I-M	OKLAHOMA CITY, OK
KETA-TV	13	E	OKLAHOMA CITY, OK
KFOR-TV	27	N	OKLAHOMA CITY, OK
косв	33	l	OKLAHOMA CITY, OK
косм	46	l	NORMAN, OK
KOCO-TV	7	N	OKLAHOMA CITY, OK
KOKH-TV	24	I	OKLAHOMA CITY, OK
КОРХ	50	I	OKLAHOMA CITY, OK
KSBI	23	I	OKLAHOMA CITY, OK
KSWO-TV	11	N	LAWTON, OK
KTBO-TV	15	I	OKLAHOMA CITY, OK
KTUZ-TV	29	I	SHAWNEE, OK
KWTV-DT	39	N	OKLAHOMA CITY, OK
	•		
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

025721

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
							
			 				

A secunding Device	d. 2017/2						FOR	MACAAOE DAOE E				
Accounting Perio	LEGAL NAME OF OWNER OF		FORM SA1-2E. PAGE 5. SYSTEM ID#									
Name								025721				
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. Fexplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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 static 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. Use numerals, with the montifirst. Example: dive the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried by sour 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 lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation ming that y	ons in effect du our system wa	ring the accounting perions of the second second to delete under the second sec	od; enter the le	tter "P" if the and regulation	listed progr ns in TUTE	ram				
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		JRRED IMES - TO	7. REASON FOR DELETION				

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID: 02572
K Gross Receipts	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 (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nsmission servic nis amount, see	7,325.94
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137		
	1. Base amount under statutory formula	<u> </u>	
	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		
	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 \$52	27,600)	
	4. Fatasitis amount of areas position from annual K		
	Enter the amount of gross receipts from space K	= \	
	2. Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	·	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
1	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

2017/2																			FC	ORM SA	1-2E. I	PAGE 7
																				S		EM ID: 2572
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. 128																						
			ORM	MAT	TION	IS NE	EDEC	(Iden	tify an	indiv	vidu	al to	whon	n								
Name SARA	H BOGUE													Teler	ohone	(903	3) 57	9-31	21			
(Number,	street, rural route, apartmer	ent, or suit	uite nu	e numi	nber)																	
Email		@ALTIC	ICEL	EUS	SA.CC	OM					Fax	x (opt	tional)								
Owner other th (Agent of owner in line 1 of sponsors) X (Officer or part in line 1 of sponsors) I have examined the states are true, complete, and consideration.	certify that (Check one, an corporation or particular other than corporation on particular other than corporation once B and that the own once) I am an officer (if a pace B. ment of account and herect to the best of my knows (286)] English Typed or printed not be a compared to the particular of account and the pace to the best of my knows (286).	e, but only thership on or pai ner is not a corpora ereby dec nowledge Enter an e Enter sign	partner on the contraction of th	one, I am ttners a cor ion) c are u inform /s/	ship) I sproration or a parameter or	e boxe where am ti ion or arther benaltion, and and and and benaltion, and and and benaltion, and and and benaltion, and and and benaltion, and benal	of the duly partner (if a p. schro	v authorship; v authorship; v that is f, and a selection of the line line line line of the	above (e.g., /	agent f the I	t of t legal nts con good	il entition of factors	wner of the terminal	of the contified a	pace B able sy as own	/stem						
	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA CHANNELS Instructions: You must git to its subscribers, and (2): 1. Enter the total number of system carried television. 2. Enter the total number of on which the cable system and nonbroadcast service. INDIVIDUAL TO BE CON we can contact about this. Name SARA Address OUTPUT Address OUTPUT (City, town Email CERTIFICATION (This statement of the company of th	CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's tot. 1. Enter the total number of channels on which is system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television be and nonbroadcast services	CHANNELS Instructions: You must give (1) the number of channet to its subscribers, and (2) the cable system's total num. 1. Enter the total number of channels on which the cat system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number. 1. Enter the total number of channels on which the cable system carried television broadcast stations	CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on to its subscribers, and (2) the cable system's total number of 1. Enter the total number of channels on which the cable system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activations are carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.) Name SARAH BOGUE 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.CC CERTIFICATION (This statement of account must be certified and simple of the composition of partnership) I am the composition of partnership) I in line 1 of space B and that the owner is not a corporation in line 1 of space B and that the owner is not a corporation in line 1 of space B. I have examined the statement of account and hereby declare under pare true, complete, and correct to the best of my knowledge, informatic [18 U.S.C., Section 1001(1986)] Typed or printed name: MICHA Title: EVP, CHIEF Ct (Title of official position held in corporation held in	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cato its subscribers, and (2) the cable system's total number of activated of the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEW can contact about this statement of account.) Name SARAH BOGUE Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, lown, state, zip) Email SARAH.BOGUE@ALTICEUSA.COM CERTIFICATION (This statement of account must be certified and signed in line 1 of space B and that the owner is not a corporation or partnership) I am the owner in line 1 of space B. I have examined the statement of account and hereby declare under penalt are true, complete, and correct to the best of my knowledge, information, an [18 U.S.C., Section 1001(1986)] X /s/ Michael Enter an electronic signature using an "/ Typed or printed name: MICHAEL S Title: EVP, CHIEF CONT (Title of official position held in corporation or composition held in corporation held in corporation or composition held in corporation held in corporat	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable sy to its subscribers, and (2) the cable system's total number of activated channels. 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED WE can contact about this statement of account.) Name SARAH BOGUE 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 CERTIFICATION (This statement of account must be certified and signed in account in 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 in line 1 of space B and that the owner is not a corporation or partner (if a pain in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of large true, complete, and correct to the best of my knowledge, information, and belied [18 U.S.C., Section 1001(1986)] X /s/ Michael Schreen Typed or printed name: MICHAEL SCHEEN CONTENT Title: EVP, CHIEF CONTENT (Title of official position held in corporation or partnership) I and the corporation or partnership is given to the content of the content of the content of the composition held in corporation or partnership.	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels during 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Iden we can contact about this statement of account.) Name SARAH BOGUE 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 CERTIFICATION (This statement of account must be certified and signed in accordant in line 1 of space B and that the owner is not a corporation or partnership) I am the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, and [18 U.S.C., Section 1001(1986)] X /s/ Michael Schreiber Enter an electronic signature on the line Enter signature using an "/s/ signature" Typed or printed name: MICHAEL SCHREIB Title: EVP, CHIEF CONTENT OFF (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the 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. 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Name SARAH BOGUE Address 3015 S SE LOOP 323 (Number, steet, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Email SARAH.BOGUE@ALTICEUSA.COM CERTIFICATION (This statement of account must be certified and signed in accordance with a literacy of the properties of the cable system in line 1 of space B and that the owner is not a corporation or partnership) or in line 1 of space B and that the owner is not a corporation or partnership; or in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all state are true, complete, and correct to the best of my knowledge, information, and belief, and are meters in the complete, and correct to the best of my knowledge, information, and belief, and are meters in the complete, and correct to the best of my knowledge, information, and belief, and are meters of the complete, and correct to the best of my knowledge, information, and belief, and are meters in the complete, and correct to the best of my knowledge, information, and belief, and are meters in the complete, and correct to the best of my knowledge, information, and belief, and are meters in the complete in the line above Enter signature using an "/s/ signature" (e.g., /	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried tell to its subscribers, and (2) the cable system's total number of activated channels during the acc. 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individence can contact about this statement of account.) Name SARAH BOGUE 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 CERTIFICATION (This statement of account must be certified and signed in accordance with Co. 1. 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 it in ine 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 in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statemers true, complete, and correct to the best of my knowledge, information, and belief, and are made in [18 U.S.C., Section 1001(1986)] X /s/ Milchael Schreiber Enter an electronic signature on the line above to one that or position held in corporation or partnership). Typed or printed name: MICHAEL SCHREIBER Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	LEGAL NAME OF CWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the account. 1. Enter the total number of activated 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual we can contact about this statement of account.) 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Name SARAH BOGUE Address 3015 S SE LOOP 323 (Number, street, rural roule, apartment, or suite number) TYLER, TX 75701 (City, town, state, zap) Email SARAH.BOGUE@ALTICEUSA.COM Fax (op CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Countries of the cable system as identified and in line 1 of space B and that the owner is not a corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entitin line 1 of space B and that the owner is not a corporation or partnership) of the legal entitin line 1 of space B and that the owner is not a corporation or partnership) of the legal entitin line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of fac are true, complete, and correct to the best of my knowledge, information, and betief, and are made in good fail (IS U.S.C., Section 1001(1986)) Typed or printed name: MICHAEL SCHREIBER Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadc 1. 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(Owner other than corporation or partnership) I am the owner of the cable system as identified in line (Agent of owner other than corporation or partnership) in the duly subholized agent of the owner 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 of the cable system as identified in line (Agent of owner other than corporation or partnership) I am the duly subholized agent of the owner 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 of the cable system as identified in line I have examined the statement of account and hereby declare under penalty of law that all statements of fact cont are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 1 I have examined the statement of account and hereby declare under penalty of law that all statements of fact cont are true, complete, and correct to the best of my knowledge,	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. 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(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 a partnership) of the legal entity identified in line 1 of space B and that the owner is not a corporation or partnership) or the that all statements of fact contained hare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (ISU.S.C., Section 1001(1986)) Typed or printed name: MICHAEL SCHREIBER Title: EVP, CHIEF CONTENT OFFICER (Title of officials position had in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC 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. 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Typed or printed name: MICHAEL SCHREIBER Title: EVP, CHIEF CONTENT OFFICER Title: EVP, CHIEF CONTENT OFFICER	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) 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Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: MICHAEL SCHREIBER Title: EVP, CHIEF CONTENT OFFICER	EGAL NAME OF OWNER OF CABLE SYSTEM CECUEL COMMUNICATIONS LLC 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 and nonbroadcast stations on which the cable system carried television broadcast stations and nonbroadcast system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name SARAH BOGUE Telephone (903) 57 Address 3015 S SE LOOP 323 (Number, storic rular size, apartment, or suse number) TYLER, TX 75701 (City, box, statist, 29) Email SARAH BOGUE@ALTICEUSA.COM Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, 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 and that the owner is not a corporation or partnership); or X (Officer or partner) i am an officer (if a corporation) or a partnership); of the legal entity identified as owner of the cable in line 1 of space B and that the owner is not a corporation or partnership); or X (Officer or partnership) am an officer (if a corporation) or a partner (if a partnership); of the legal entity identified as owner of the cable 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 bast of my knowledge, information, and belief, and are made in good faith. * I have examined the statement of account and hereby declare under penalty of law that all statem	LECAL NAME OF OWNER OF CABLE SYSTEM: CECULE COMMUNICATIONS LLC 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. 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Einter the total number of advated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. 128 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name SARAH BOQUE Telephone (903) 579-3121 Address 3015 S SE LOOP 323 TYLER, TY 5701 (Cry, bown, state, at) Fax (optional) Email SARAH BOQUE@ALTICEUSA.COM Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1, the undesigned, hereby carrify 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 (Owner other than corporation or partnership) I am the owner of the cable system as identified as owner of the cable system is line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system is line 1 of space B. 1 In the version of a statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and cover to the best of my knowledge, information, and belief, and are made in good fash. 1 In the complete, and covered to the best of my knowledge, information, and belief, and are made in good fash. 1 In the contain power in the cover is not coporation or partnership) of the legal entity identified as owner of the cubic system are the line abo	ECAL NAME OF OWNER OF CARLE SYSTEM: 0

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	025721
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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