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 COPYRIGHT	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> For additional information,
General instructions are located in the first tab of this workbook	2/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))				
Accounting Period	Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Period 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. 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. 031253 Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division. 031253 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Ceoule Communications LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM SUDDENLINK ComMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM Mailing address of FOWNER OF CABLE SYSTEM 3015 SS EL LOOP 323 Number, stear, rural route, apartment, or suite number) Type: Type: apart and route, apartment, or suite number) Type: Tipe: any business or trade names used to identify the business and operation of the system in space B. System 1 IDENTIFICATION OF CABLE SYSTEM: Alling ADDRESS OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYS			20172 Barcode Data Filing Period (optional - see instructions)	
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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 CABLE SYSTEM 3015 S SEL LOOP 323 [Number, street, rural route, apartment, or suite number] TYLER, TX 75701 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM:				
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Image: Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) Image: already appear in space B. In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: MONT BELVIEU, TX MAILING ADDRESS OF CABLE SYSTEM: 2 "Number, street, rural route, apartment, or suite number)				
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2 (Number, street, rural route, apartment, or suite number)	System	1		
(City, town, state, zip code)		2	(Number, street, rural route, apartment, or suite number)	
			(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	031253
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	MONT BELVIEU	ТХ
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT								03125
Е	SECONDARY TRANSMISSION			-	-	, transmission o	onvige of th		
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both								
Rates	down by categories of secondary each category by counting the nu								
	separately for the particular serv							onargoa	
	Rate: Give the standard rate c								
	unit in which it is generally billed.				iy standar	rd rate variations	s within a p	oarticular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					i in the count un	der Servic	to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	right-ha	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	(2	
		NO. OF	- DO	DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		682	28.45					
	Service to additional set(s)		916	20.45					
	• FM radio (if separate rate)		0.0	Ŭ					
	Motel, hotel								
	Commercial		29	36.15					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-							
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually b	oilled. If any rat	es are ch	arged on a varia	able per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		a cabla	system for ear	sh of the s	annlicable servic	os listad		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip	tion and include	e the rat	e for each.					
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER\		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi	dential				
	• Pay cable	17.00		el, hotel					
	Pay cable—add'l channel	19.00		nmercial					ļ
	Fire protection		• Pay						
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential	10.00		protection					
	• First set	40.00		lar protection					
	Additional set(s)	25.00		ervices:		10.05			
	FM radio (if separate rate)			onnect		40.00			
	Converter			connect		05.00			
			• ()utt	et relocation		25.00			
				e to new addre		40.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		0312
	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	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca	<i>t</i> (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta	time basis under ams [sections tions carried on a
lelevision	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	ules, regulations, or authorizations: e in space G—but do list it in space I (th n a substitute basis.	he Special Statement and Program	Log)—if the
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI	el number the FCC assigned to the tele VRC is channel 4 in Washington, D.C.	, see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo evision station for broadcasting over	tions. PN, etc. Identify each ort multistream the air in its community
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	h case whether the station is a network s ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	(for network multicast), "I" (for indeport or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station the community with which the station	endent), "I-M" ional multicast). is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KETH-TV	24		
	KFTH-HD	36	I-M	ALVIN, TX
Rows as Necessary	KFTH-TV	36		
	KHOU-BOUNCE	11	I-M	HOUSTON, TX
	KHOU-HD	11	N-M	HOUSTON, TX
	KHOU-TV	11	Ν	HOUSTON, TX
	KIAH	38	I	HOUSTON, TX
	KIAH-ANTENNA	38	I-M	HOUSTON, TX
	KIAH-HD	38	I-M	HOUSTON, TX
	KLTJ	23	E	GALVESTON, TX
	KPRC-HD	35	N-M	HOUSTON, TX
	KPRC-HEROS	35	I-M	HOUSTON, TX
	KPRC-THIS	35	I-M	HOUSTON, TX
	KPRC-TV	35	N	HOUSTON, TX
	КРХВ	32	l	CONROE, TX
	KPXB-HD	32	I-M	CONROE, TX
	KRIV	26	l	HOUSTON, TX
	KRIV-HD	26	I-M	HOUSTON, TX
	KTBU	42	l	CONROE, TX
	KTMD	48	I	GALVESTON, TX
	KTMD-EXITOS	48	I-M	GALVESTON, TX
	KTMD-HD	48	I-M	GALVESTON, TX
	KTRK-HD	13	N-M	HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV	13 13	I-M	HOUSTON, TX HOUSTON, TX

	LEGAL NAME OF OWNER OF			SYSTEM
Name				031
	CEQUEL COMMUNIC			
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC rule. Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter	entify every television station (including ti m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. :: With respect to any distant stations car ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si irried by your cable system on a si the Special Statement and Program I both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M"
	Column 4: Give the locatio	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list t dian stations, if any, give the name of the	the community to which the statio	
	Column 4: Give the locatio	n of each station. For U.S. stations, list t	the community to which the statio	
	Column 4: Give the locatio FCC. For Mexican or Canac 1. CALL SIGN	n of each station. For U.S. stations, list t dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	the community to which the station the community with which the station 3. TYPE OF STATION	A. LOCATION OF STATION
	Column 4: Give the locatio FCC. For Mexican or Canad 1. CALL SIGN KTRK-TV	n of each station. For U.S. stations, list t dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13	the community to which the station the community with which the station 3. TYPE OF STATION N	A. LOCATION OF STATION HOUSTON, TX
	Column 4: Give the locatio FCC. For Mexican or Canad 1. CALL SIGN KTRK-TV KTXH	n of each station. For U.S. stations, list t dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13 19	the community to which the station the community with which the station 3. TYPE OF STATION N I	A. LOCATION OF STATION HOUSTON, TX HOUSTON, TX
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	Column 4: Give the locatio FCC. For Mexican or Canad 1. CALL SIGN KTRK-TV KTXH KTXH-BUZZR	n of each station. For U.S. stations, list t dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13 19	the community to which the station the community with which the station 3. TYPE OF STATION N I I I-M	A. LOCATION OF STATION HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX
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	Column 4: Give the locatio FCC. For Mexican or Canad 1. CALL SIGN KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-HD KTXH-MOVIES KUBE-TV KUHT KUHT-CREATE KUHT-HD	n of each station. For U.S. stations, list t dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13 19 19 19 19 41 8 8 8 8	the community to which the station the community with which the station 3. TYPE OF STATION N I I-M I-M I-M E-M E-M	A. LOCATION OF STATION HOUSTON, TX HOUSTON, TX
	Column 4: Give the locatio FCC. For Mexican or Canad 1. CALL SIGN KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-MOVIES KUBE-TV KUHT KUHT-CREATE KUHT-HD KUHT-VME	n of each station. For U.S. stations, list t dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13 19 19 19 19 41 8 8 8 8 8 8 8 8	the community to which the station the community with which the station 3. TYPE OF STATION N I I -M I-M I-M I -M I -M 	A. LOCATION OF STATION HOUSTON, TX HOUSTON, TX
	Column 4: Give the locatio FCC. For Mexican or Canad 1. CALL SIGN KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-MOVIES KUBE-TV KUHT KUHT-CREATE KUHT-HD KUHT-HD KUHT-HD	n of each station. For U.S. stations, list t dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13 19 19 19 19 41 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	the community to which the statio the community with which the statio 3. TYPE OF STATION N I I I-M I-M I E E E-M E-M E-M I-M	A. LOCATION OF STATION 4. LOCATION OF STATION HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX ROSENBERG, TX
	Column 4: Give the locatio FCC. For Mexican or Canad 1. CALL SIGN KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-MOVIES KUBE-TV KUHT-CREATE KUHT-CREATE KUHT-HD KUHT-VME KXLN-HD KXLN-TV	n of each station. For U.S. stations, list t dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 13 19 19 19 19 41 8 8 8 8 8 8 8 8 8 8 45 45 45	the community to which the station the community with which the station 3. TYPE OF STATION N I I -M I -M I -M I -M I E -M E -M E -M I -M	A. LOCATION OF STATION HOUSTON, TX HOUSTON, TX ROSENBERG, TX ROSENBERG, TX

CEQUEL CO	OWNER OF C							SYSTEM II 0312
PRIMARY TRA	NSMITTERS							
n General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat	y the sys be recein at the Co sign of the static ion's sig	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	it the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: O	Give the station	n's locati	on (the community to which the the community with which the			C or, in	the case of	
		0/5			AN4 514	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	 -							

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					031253
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi				-	ion that your ca	ahle syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	n program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pas	o blank. If your anowar is "	Voo "vou mi	unt complete th	-	
	-	, leave the	rest of this pag	e Diarik. Il your answer is	res, you mu	ist complete th	e program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their m	eaning is	
	clear. If you need more spa						ourning to	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ove	liormation	1.
	"NBA Basketball: 76ers vs.						2009 01	
				r "Yes." Otherwise enter "N				
				sting the substitute progra		need by the EC	C or in	
	the case of Mexican or Can			e community to which the			C or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, with	n the mon	ith
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. shou	ild be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	s require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	enter the let	ter "P" if the list	ted progra	
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulations	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCUR	RED	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	6. TIME FROM —	ES TO	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# 031253
				031253
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the and all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	secondary trans w to compute thi	smission servic is amount, see	e 7,621.21
	COPYRIGHT ROYALTY FEE			
L 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for	this six-month	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r		,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		137,621.21	
	5. Enter the amount from line 3	. \$	126,178.79	
	6. Subtract line 5 from line 4	\$	11,442.42	
	7. Multiply line 6 by .005 (enter figure here)		\$	57.21
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		\$	57.21
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	it less than \$52	7,600)	
	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		0.00	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	57.21	
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		\$	77.21
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form for	-		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 031253
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 . on which the cable system carried television broadcast stations and nonbroadcast services .	40 241
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 system 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 own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] (I'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) 	rstem as identified
	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 lav

unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0312
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name 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.	^L Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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