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 workbool 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	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150

Counting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Counting Period Instructions: Image: Counting Period (optional - see instructions) B Instructions: Give the full legal name of the cover 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. Image: Counting Period (optional - see instructions) Counter Instructions: If there were different owners 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. Image: Counter of Counter of Counter of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalt for payment corering the entire accounting period. Image: Counter of Counter of Counter of Counter Counter of period (profereent) Image: Counter of period (profereent) Subperiod Internet of counter of period count	A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
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1 TRINITY, TX MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	С		
TRINITY, TX MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	System	1	IDENTIFICATION OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)			
			MAILING ADDRESS OF CABLE SYSTEM:
(City, town, state, zip code)		2	(Number, street, rural route, apartment, or suite number)
(City, town, state, zip code)			
		I	(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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Maine	CEQUEL COMMUNICATIONS LLC	035532
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp 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	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, c identified city.	r mobile home parks should be reported in parentheses below the
-	CITY OR TOWN TRINITY	TX
First Community		
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							03553
	SECONDARY TRANSMISSION		DecDIE		TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate ir	ndicated	-not the num	ber 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				ny standa	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondary 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 of								
	Block 2: If your cable system I					service that are	different fi	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	right-ha	ind block. A tw	vo- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOC	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	De	RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	кo	NAIL	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	NAIL
	Service to first set		195	28.45					
	Service to additional set(s)		62	20.40 0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		12	28.40					
	Converter			20.40					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	s				
F	In General: Space F calls for rat		,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
Transmissions:	Block 1: Give the standard rat							wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip				Silcu. List				
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	18.00	• Mote	el, hotel					
	Pay cable—add'l channel		• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
		40.00	• Burg	lar protection					
	First set	40.00	-				[T
	First setAdditional set(s)		Other s	ervices:					
				ervices: onnect		40.00			
	Additional set(s)		• Rec			40.00			
	Additional set(s)FM radio (if separate rate)		• Rec • Disc	onnect		40.00 25.00			

me	LEGAL NAME OF OWNER OF			SYSTEM ID#
				035532
G nary nitters: <i>v</i> ision	carried by your cable syster FCC rules and regulations i 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 informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	of (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	квтх-ти	50	N	BRYAN, TX
	KIAH	38	I	HOUSTON, TX
Necessary	KIAH KIVY	38 16	l	
lecessary			I I N	HOUSTON, TX
Vecessary	KIVY	16	-	HOUSTON, TX CROCKETT, TX
ecessary	KIVY KPRC-TV	16 35	-	HOUSTON, TX CROCKETT, TX HOUSTON, TX
lecessary	KIVY KPRC-TV KRIV	16 35 26	N I	HOUSTON, TX CROCKETT, TX HOUSTON, TX HOUSTON, TX
lecessary	KIVY KPRC-TV KRIV KTRE	16 35 26 9	N I N	HOUSTON, TX CROCKETT, TX HOUSTON, TX HOUSTON, TX LUFKIN, TX
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Necessary	KIVY KPRC-TV KRIV KTRE KTRK-TV KTXH	16 35 26 9 13 19	N I N N I	HOUSTON, TX CROCKETT, TX HOUSTON, TX HOUSTON, TX LUFKIN, TX HOUSTON, TX HOUSTON, TX
Necessary	KIVY KPRC-TV KRIV KTRE KTRK-TV KTXH	16 35 26 9 13 19	N I N N I	HOUSTON, TX CROCKETT, TX HOUSTON, TX HOUSTON, TX LUFKIN, TX HOUSTON, TX HOUSTON, TX
s Necessary	KIVY KPRC-TV KRIV KTRE KTRK-TV KTXH	16 35 26 9 13 19	N I N N I	HOUSTON, TX CROCKETT, TX HOUSTON, TX HOUSTON, TX LUFKIN, TX HOUSTON, TX HOUSTON, TX
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as Necessary	KIVY KPRC-TV KRIV KTRE KTRK-TV KTXH	16 35 26 9 13 19	N I N N I	HOUSTON, TX CROCKETT, TX HOUSTON, TX HOUSTON, TX LUFKIN, TX HOUSTON, TX HOUSTON, TX

EGAL NAME OI								SYSTEM I 0355
	NSMITTERS							
n General: Lis	t every radio	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo	it is carried b monitoring, to prmation abou rm.	y the sys be recein at the Co	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on	it the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If	State whether the radio stat	the statio	each station carried. on is AM or FM. nal was electronically process c mark in the "S/D" column	sed by the cable s	system as a se	eparate	and discrete	
Column 4: C	Give the station	n's locati	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in	the case of	
	T			1	r			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+							

Accounting Peri	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					035532
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO	3			
I I	In General: In space I, ident				-	on that you	ır cable syste	m 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 instru	uctions in th	e paper SA1	·2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televi	<u>sion</u> program	<u>1</u>
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Note: If your answer is "No	" loovo tho	rost of this pag	io blank. If your answor is "		- et complet	-	
	-	, leave the	rest of this pag	je Dialik. Il your answer is	res, you mu	st complete	e the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if thei	r meaning is	
	clear. If you need more spa						i mouning io	
				ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o ies like "mo	vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for example	ample "I I o	er information	1.
	"NBA Basketball: 76ers vs.					p.io, 1 Eo		
				r "Yes." Otherwise enter "N				
				sting the substitute progra		and by the	FCC or in	
	the case of Mexican or Can			ne community to which the			e FCC or, in	
				tem carried the substitute			with the mor	ith
	first. Example: for May 7 give		, ,	·	0			
				gram was carried by your o				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	enter the let	er "P" if the	e listed progr	
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC	URRED	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. 1 FROM	TIMES — TO	DELETION
							-	
							<u> </u>	
							-	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 035532
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e I,288.95
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.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	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		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		
	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 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 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)	52.00	
Due	2. 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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: MMUNICATIONS LLC	SYSTEM ID 035532
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television ers, and (2) the cable system's total number of activated channels during the account otal number of channels on which the cable ed television broadcast stations	ting period.
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individua ct about this statement of account.)	al to whom
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		x (optional)
O Certification	I, the undersite (Ow (Ag X (Of V (Ag X (Of	ON (This statement of account must be certified and signed in accordance with Copyrig gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) oner other than corporation or partnership) I am the owner of the cable system as identic ent of owner other than corporation or partnership) I am the duly authorized agent of the in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal in line 1 of space B. hed the statement of account and hereby declare under penalty of law that all statements of lete, and correct to the best of my knowledge, information, and belief, and are made in good ction 1001(1986)]	tified in line 1 of space B; or the owner of the cable system as identified Il entity identified as owner of the cable system of fact contained herein
		Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John Su	
		Typed or printed name: MICHAEL SCHREIBER	
		Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	

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

inting Period: 2017/2				FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:				SYSTEM
UEL COMMUNICATIONS LLC				0355
SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section 1 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary bro- scribers and amounts collected from subscribers receiving s For more information on when to exclude these amounts, see the n located in the paper SA1-2 form. During the accounting period, did the cable system exclude any am made by satellite carriers to satellite dish owners?	11(d)(1)(A), of the adcast transmitters secondary transmis note on page (vii) of	Copyright Act by adding the fo the cable system for the basic , the system shall not include s sions pursuant to section 119.' the general instructions	sub- ,	P Special Statemen Concerning Gross Receipts Exclusio
X NO				
YES. Enter the total here and list the satellite carrier(s) below.		.\$		
NameMailing Address	Name Mailing Address			
INTEREST ASSESSMENT				
You must complete this worksheet for those royalty payments subn				0
You must complete this worksheet for those royalty payments subn For an explanation of interest assessment, see page (viii) of the get				Q
For an explanation of interest assessment, see page (viii) of the ge	neral instructions lo	cated in the paper SA1-2 form		Q Interest Assessme
	neral instructions lo	cated in the paper SA1-2 form		Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the genuine 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here .	neral instructions lo	xx		Q Interest Assessme
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