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	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20172 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	-	CLARKSVILLE, TX
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	CEQUEL COMMUNICATIONS LLC	0355
	Instructions: List each separate community served by the cable system. A "community"	
-	"a separate and distinct community or municipal entity (including unincorporated comm	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v	
	as the "first community." Please use it as the first community on all future filings.	will serve as a form of system identification herearter ki
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	no parks should be reported in parentheses helps, the
Area	identified city.	ne parks should be reported in parentneses below the
Served		
	CITY OR TOWN	STATE
-	CLARKSVILLE	TX
First Community		
Community	ANNONA	TX
	AVERY	TX
d Rows as Necessary	BLOSSOM	ТХ
	BOGATA	ТХ
	DEPORT	ТХ
	DETROIT	ТХ
	LAMAR COUNTY (PORTIONS)	ТХ
	TALCO	ТХ

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							03553
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
Е	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				iny standar	d rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1			1		BLOCK	· •	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		4-0						
	Service to first set		,179	38.24					
	Service to additional set(s)	1	,993	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		44	34.50					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATE	s				
-	In General: Space F calls for rat	-			-	l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar	•			•		• • •		
Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		loudiny					sgram baolo,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	inese other serv	lices in the	form of a	
							T		
		BLOC		ORY OF SER				BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable	17.00		el, hotel	lacinai				
	Pay cable—add'l channel	19.00		nmercial					
	• Fire protection	10.00		cable					
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential			protection					
	• First set	40.00		glar protection					
	Additional set(s)			ervices:					
	()	25.00		onnect		40.00			
	 FM radio (if separate rate) Converter 					40.00			
	Converter			connect		25.00			
			• Out	let relocation		25.00	l		
				ve to new addr		40.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC			035
	PRIMARY TRANSMITTERS:			
G	carried by your cable syster FCC rules and regulations i	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part- ne carriage of certain network progr	-time basis under rams [sections
Primary ansmitters: Television	substitute program basis, as Substitute Basis Stations	 e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations caules, regulations, or authorizations: 		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th		
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form.	see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep	tions. PN, etc. Identify each port multistream
	of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (station, an independent station, or	a noncommercial
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial educat ictions in the paper SA1-2 form. the community to which the station	tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAZD	39	1	LAKE DALLAS, TX
	KDAF	32		DALLAS, TX
ows as Necessary	KDAF-ANTENNA	32	- I-M	DALLAS, TX
	KDAF-HD	32	I-M	DALLAS, TX
	KDAF-THIS	32	I-M	DALLAS, TX
	KDFI	36	I	DALLAS, TX
	KDFI-BUZZR	36	I-M	DALLAS, TX
	KDFI-HD	36	I-M	DALLAS, TX
	KDFI-MOVIES	36	I-M	DALLAS, TX
	KDFW	35	 I	DALLAS, TX
	KDFW-HD	35	I-M	DALLAS, TX
	KDTN	43	E	DENTON, TX
	KDTX-TV	45		DALLAS, TX
	KERA-CREATE	14	E-M	DALLAS, TX
	KERA-HD	14	E-M	DALLAS, TX
	KERA-TV	14	E	DALLAS, TX
	KERA-WORLD	14	E-M	DALLAS, TX
	KFWD-SON HD	9	I-M	FORT WORTH, TX
	KFWD-SON LIFE	9	l	FORT WORTH, TX
	КМРХ	30	I	DECATUR, TX
	KPXD	42	I	ARLINGTON, TX
	KPXD-HD	42	I-M	ARLINGTON, TX
		T		
	KSTR-HD	48	I-M	IRVING, TX
	KSTR-HD KSTR-TV	48 48	I-M	IRVING, TX IRVING, TX

				eveter
Name				SYSTEM 035
	CEQUEL COMMUNIC			
		entify every television station (including	translator stations and low power t	talevision stations)
G	carried by your cable syste	em during the accounting period, except	t (1) stations carried only on a part-	-time basis under
Primary		in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6		
ransmitters:	substitute program basis, a	as explained in the next paragraph. : With respect to any distant stations ca		
Television	basis under specific FCC ru	ules, regulations, or authorizations:		
	 Do not list the station here station was carried only on 	re in space G—but do list it in space I (th n a substitute basis.	he Special Statement and Program	n Log)—if the
	• List the station here, and	also in space I, if the station was carried		
	Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	SPN, etc. Identify each
	multicast stream associated "WETA-2" as the same on the same of th	d with a station according to its over-the the form.	e-air designation. For example, rep	port multistream
	Column 2: Give the channel	el number the FCC assigned to the tele	evision station for broadcasting over	r the air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network s	station, an independent station, or	a noncommercial
	educational station, by enter	ering the letter "N" (for network), "N-M" ((for network multicast), "I" (for indep	pendent), "I-M"
	For the meaning of these te	 "E" (for noncommercial educational), o erms, see page (iv) of the general instru 	uctions in the paper SA1-2 form.	·
	Column 4: Give the locatio	on of each station. For U.S. stations, list	the community to which the station	
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	he community with which the statio	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ктут	19	N	
	L	10	1	FORT WORTH, TX
	KTVT-DECADES	19	I-M	FORT WORTH, TX FORT WORTH, TX
	KTVT-DECADES KTVT-HD			
		19	I-M	FORT WORTH, TX
	KTVT-HD	19 19	I-M	FORT WORTH, TX FORT WORTH, TX
	KTVT-HD KTXA	19 19 29	I-M N-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX
	KTVT-HD KTXA KTXA-HD	19 19 29 29	I-M N-M I I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD	19 19 29 29 46	I-M N-M I I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-TV KUVN-HD	19 19 29 29 46 46	I-M N-M I I-M I-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-TV	19 19 29 29 46 46 23	I-M N-M I I-M I-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV	19 19 29 29 46 46 23	I-M N-M I I-M I-M I I I-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI	19 19 29 29 46 46 23 23 41	I-M N-M I I-M I-M I I I-M I I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX FORT WORTH, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-TV	19 19 29 29 46 46 23 23 41 41 41	I-M N-M I I-M I-M I I I I I I N-M N	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD KUVN-HD KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-HD KXAS-TV KXTX-EXITOS	19 19 29 29 46 46 23 23 41 41 41 40	I-M N-M I I I-M I I I I I I I M N-M N N N I-M	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXDALLAS, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-TV KUVN-HD KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-TV KXTX-EXITOS KXTX-HD	19 19 29 29 46 46 23 23 41 41 41 40 40	I-M N-M I I-M I-M I I I-M N-M N-M N N-M N I-M I-M	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXDALLAS, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-TV KXTX-EXITOS KXTX-HD KXTX-TV	19 19 29 29 46 46 23 23 41 41 41 41 41 41 41 41 41 40 40 40	I-M N-M I I I-M I I I I-M N-M N-M N N-M N I I-M I-M I I-M I I I	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXDALLAS, TXDALLAS, TXDALLAS, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-HD KXAS-TV KXTX-EXITOS KXTX-HD KXTX-HD	19 19 29 29 46 46 23 23 41 41 41 40 40 40 8	I-M N-M I I-M I-M I I I-M I I I-M N-M N I-M I-M I-M I I N-M	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXDALLAS, TXDALLAS, TXDALLAS, TXDALLAS, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-HD KXAS-TV KXTX-EXITOS KXTX-HD KXTX-TV WFAA-HD WFAA-JUSTICE	19 19 29 29 46 46 23 23 41 41 41 41 41 41 41 41 41 8 8 8 8	I-M N-M I I I-M I I I I-M I N-M N I N-M I I-M I I M I I M I I I I I I I I I I	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXDALLAS, TXDALLAS, TXDALLAS, TXDALLAS, TXDALLAS, TX
	KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-HD KXAS-TV KXTX-EXITOS KXTX-HD KXTX-HD	19 19 29 29 46 46 23 23 41 41 41 40 40 40 8	I-M N-M I I-M I-M I I I-M I I I-M N-M N I-M I-M I-M I I N-M	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXDALLAS, TXDALLAS, TXDALLAS, TXDALLAS, TX

EGAL NAME OI								SYSTEM I 0355
	t every radio	station ca	arried on a separate and discr					н
II-band basis v	whose signals	were ge	nerally receivable by your cat	ole system during	the accountin	ng perio	d.	
eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process of mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain s general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
	AN4 514	0/D			AN4 514	0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
	+	+						
	+							
		l						
					·····			

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					035534
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	on program	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	5		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	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	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	Information	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OF	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 an in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			ith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas 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 l	isted progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCU	IRRED	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. TII FROM –	MES - TO	DELETION
							-	
							-	
						=		
							_	
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							-	
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							-	
						_	_	
							-	

Accounting Period:	2017/2		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
	CEQUEL COMMUNICATIONS LLC		03553
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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	's secondary trans ow to compute thi	mission service
Copyright	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 les • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more information	s than \$527,600	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at 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		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 an	d 2	· · <u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,	100)
	1. Base amount under statutory formula	263,800.00	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	· · · <u>· · · · · · · · · · · · · · · · </u>	
	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 (b	out less than \$527	7,600)
	1. Enter the amount of gross receipts from space K	277,529.35	
	2. Base amount under statutory formula	263,800.00	
	3. Subtract line 2 from line 1	13,729.35	
	4. Multiply line 3 by .01	\$	137.29
	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	\$ 1,456.29
	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)	\$	1,456.29
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		\$ 1,476.29
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form	• •	

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035534
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	44
	on which the cable system carried television broadcast stations and nonbroadcast services	304
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)	
•	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	 I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E	; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s	uctom 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 partner (if a partnership) of the legal entity identified as owr in line 1 of space B.	er of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	X /s/ Michael Schreiber	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: MICHAEL SCHREIBER	
	Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	
	Date: 02/18/2018	

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

unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0355
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 a scribers 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 transmission made by satellite carriers to satellite dish owners? X NO	sub- " Special Statemen Concerning Gros Receipts Exclusio
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	
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