This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	02/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (Y)	(YY/(Period))	

~	ACCI	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	035726
		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 u	
C	name	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:	
		WHITESBORO, 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 sufficiency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	035726
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	WHITESBORO	TX
Community	GRAYSON COUNTY	ТХ
	SADLER	ТХ
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							03572
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in sp								
	system, that is, the retransmission								
Secondary	about other services (including p						hose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi								
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standar	ro 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					I in the count un	der "Servic	e to the	
	Block 2: If your cable system h					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	<u>`</u> 0	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
			670	22.24					
	Service to first set		670 1,280	33.24					
	Service to additional set(s)		1,280	0					
	• FM radio (if separate rate)								
	Motel, hotel			~~~~					
	Commercial		36	36.35					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There and furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		· · · · ,	· · · · , ·		3		3 • • • • • ,	
Fransmissions:	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				SHEU. LISI			IOTTI OF A	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	17.00	• Mot	el, hotel					
	Pay cable—add'l channel	19.00		nmercial					
	Fire protection		• Pav	cable					
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential			protection					
	First set	40.00		glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	Converter			connect					
				let relocation		25.00			
			• N/ION	/e to new addr	222	40.00			

Nomo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC	ATIONS LLC		03
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syster FCC rules and regulations i	ntify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting tl e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-the carriage of certain network programs.	time basis under ams [sections
nsmitters: elevision	substitute program basis, as Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations ca iles, 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 (t		
	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 he form.	, see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo	ions. PN, etc. Identify each ort multistream
	of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	station, an independent station, or a	a noncommercial
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), c "rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDFI	36	I	DALLAS, TX
	KDFI-HD	36	I-M	DALLAS, TX
ws as Necessary	KDFI-BUZZR	36	I-M	DALLAS, TX
	KDFI-MOVIES	36	I-M	DALLAS, TX
	KDFW	35	I	DALLAS, TX
	KDFW-HD	35	I	DALLAS, TX
	KERA-CREATE	14	E-M	DALLAS, TX
			E-M E	DALLAS, TX DALLAS, TX
	KERA-TV	14	E 	DALLAS, TX
	KERA-TV KERA-WORLD	14 14	E E-M	DALLAS, TX DALLAS, TX
	KERA-TV KERA-WORLD KERA-HD	14 14 14	E E-M E-M	DALLAS, TX DALLAS, TX DALLAS, TX
	KERA-TV KERA-WORLD KERA-HD KMPX	14 14 14 30	E E-M E-M I	DALLAS, TX DALLAS, TX DALLAS, TX DECATUR, TX
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD	14 14 14 30 30	E E-M E-M I I-M	DALLAS, TX DALLAS, TX DALLAS, TX DECATUR, TX DECATUR, TX
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV	14 14 14 30 30 48	E E-M E-M I I I-M	DALLAS, TX DALLAS, TX DALLAS, TX DECATUR, TX DECATUR, TX IRVING, TX
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV KSTR-HD	14 14 14 30 30 48 48 48	E E-M E-M I I I-M	DALLAS, TX DALLAS, TX DALLAS, TX DECATUR, TX DECATUR, TX IRVING, TX IRVING, TX
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV KSTR-HD KTEN	14 14 14 30 30 48 48 48 26	E E-M E-M I I I-M I N	DALLAS, TX DALLAS, TX DALLAS, TX DECATUR, TX DECATUR, TX IRVING, TX IRVING, TX ADA, OK
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV KSTR-HD KTEN KTEN-ABC	14 14 14 30 30 48 48 48 26 26 26	E E-M E-M I I I-M I I-M N N-M	DALLAS, TX DALLAS, TX DALLAS, TX DECATUR, TX DECATUR, TX IRVING, TX IRVING, TX ADA, OK
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV KSTR-HD KTEN KTEN-ABC KTEN-CW	14 14 14 30 30 48 48 48 26 26 26 26 26	E E-M E-M I I I-M N N N-M I-M	DALLAS, TX DALLAS, TX DALLAS, TX DECATUR, TX DECATUR, TX IRVING, TX IRVING, TX IRVING, TX ADA, OK ADA, OK
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV KSTR-HD KTEN KTEN-ABC KTEN-ABC KTEN-ABC HD	14 14 14 14 30 30 30 48 48 26 26 26 26 26 26 26	E E-M E-M I I I-M N N N-M I-M N-M	DALLAS, TX DALLAS, TX DALLAS, TX DECATUR, TX DECATUR, TX IRVING, TX IRVING, TX IRVING, TX ADA, OK ADA, OK
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV KSTR-HD KTEN KTEN-ABC KTEN-ABC KTEN-ABC HD KTEN-HD	14 14 14 14 14 30 30 30 30 30 26 26 26 26 26 <td>E E-M E-M I I I-M I I I-M N N-M I-M N-M N-M</td> <td>DALLAS, TXDALLAS, TXDALLAS, TXDECATUR, TXDECATUR, TXIRVING, TXIRVING, TXADA, OKADA, OK</td>	E E-M E-M I I I-M I I I-M N N-M I-M N-M N-M	DALLAS, TXDALLAS, TXDALLAS, TXDECATUR, TXDECATUR, TXIRVING, TXIRVING, TXADA, OKADA, OK
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV KSTR-HD KTEN KTEN-ABC KTEN-ABC KTEN-ABC HD KTEN-HD KTXA	14 14 14 14 30 30 30 30 26 27	E E-M E-M I I I-M I I I-M N N N-M I-M N-M I I I	DALLAS, TX DALLAS, TX DALLAS, TX DALLAS, TX DECATUR, TX DECATUR, TX IRVING, TX IRVING, TX IRVING, TX ADA, OK ADA, OK ADA, OK ADA, OK FORT WORTH, TX
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV KSTR-HD KTEN KTEN-ABC KTEN-ABC KTEN-ABC HD KTEN-ABC HD KTEN-HD KTXA KTXA-HD	14 14 14 14 14 30 30 30 30 30 26 26 26 26 26 26 26 26 26 26 26 26 26 29 29	E E-M E-M I I I-M I I I-M N-M I-M I-M I-M I I I I I I I I I I I	DALLAS, TXDALLAS, TXDALLAS, TXDALLAS, TXDECATUR, TXDECATUR, TXIRVING, TXIRVING, TXADA, OKADA, OKADA, OKADA, OKADA, OKADA, OKFORT WORTH, TXFORT WORTH, TX
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV KSTR-HD KTEN KTEN-ABC KTEN-ABC KTEN-ABC HD KTEN-HD KTXA KTXA-HD KXAS-COZI	14 14 14 14 14 30 30 30 30 30 30 30 30 30 26 27 29 29 41	E E-M E-M I I I-M N N N-M I-M N-M I I I I I I I I I I I I I I I I I I I	DALLAS, TXDALLAS, TXDALLAS, TXDALLAS, TXDECATUR, TXDECATUR, TXIRVING, TXIRVING, TXADA, OKADA, OKADA, OKADA, OKFORT WORTH, TXFORT WORTH, TXFORT WORTH, TX
	KERA-TV KERA-WORLD KERA-HD KMPX KMPX-HD KSTR-TV KSTR-HD KTEN KTEN-ABC KTEN-ABC KTEN-ABC HD KTEN-ABC HD KTEN-HD KTXA KTXA-HD	14 14 14 14 14 30 30 30 30 30 26 26 26 26 26 26 26 26 26 26 26 26 26 29 29	E E-M E-M I I I-M I I I-M N-M I-M I-M I-M I I I I I I I I I I I	DALLAS, TXDALLAS, TXDALLAS, TXDALLAS, TXDECATUR, TXDECATUR, TXIRVING, TXIRVING, TXADA, OKADA, OKADA, OKADA, OKADA, OKADA, OKADA, OKFORT WORTH, TXFORT WORTH, TX

Name	LEGAL NAME OF OWNER C			SYSTEM
	CEQUEL COMMUNIC	CATIONS LLC		035
	PRIMARY TRANSMITTERS:	TELEVISION		
G		dentify every television station (including the		
U		em during the accounting period, except in effect on June 24, 1981, permitting th		
Primary	76.59(d)(2) and (4), 76.61	(e)(2) and (4), or 76.63 (referring to 76.6		
ransmitters: Television		as explained in the next paragraph. s: With respect to any distant stations ca	rried by your cable system on a s	substitute program
relevision	basis under specific FCC	rules, regulations, or authorizations:		
	 Do not list the station he station was carried only o 	ere in space G—but do list it in space I (th on a substitute basis	e Special Statement and Progran	n Log)—if the
	,	I also in space I, if the station was carried	I both on a substitute basis and al	lso on some other
		ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p		
		ed with a station according to its over-the		
	"WETA-2" as the same on			
		nel number the FCC assigned to the telev NRC is channel 4 in Washington, D.C.	vision station for broadcasting ove	er the air in its community
			station, an independent station, or	
	educational station, by ent	tering the letter "N" (for network), "N-M" (f	for network multicast), "I" (for inde	ependent), "I-M"
	educational station, by ent (for independent multicast For the meaning of these	tering the letter "N" (for network), "N-M" (i i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form.	ependent), "I-M" ational multicast).
	educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the locati	tering the letter "N" (for network), "N-M" (i i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	ependent), "I-M" ational multicast). on is licensed by the
	educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the locati	tering the letter "N" (for network), "N-M" (i i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	ependent), "I-M" ational multicast). on is licensed by the
	educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the locati	tering the letter "N" (for network), "N-M" (i i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	ependent), "I-M" ational multicast). on is licensed by the
	educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the locati	tering the letter "N" (for network), "N-M" (i i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	ependent), "I-M" ational multicast). on is licensed by the
	educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana	tering the letter "N" (for network), "N-M" (f i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of th	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio the community with which the statio	ependent), "I-M" ational multicast). on is licensed by the on is identified.
	educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN	tering the letter "N" (for network), "N-M" (i ;), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio be community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION
	educational station, by end (for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KXII-FOX	tering the letter "N" (for network), "N-M" (f i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 12	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio te community with which the station 3. TYPE OF STATION I-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION SHERMAN, TX
	educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KXII-FOX KXII-MNT	tering the letter "N" (for network), "N-M" (f i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 12 12	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio the community with which the station 3. TYPE OF STATION I-M I-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION SHERMAN, TX SHERMAN, TX
	educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KXII-FOX KXII-MNT KXII-HD	tering the letter "N" (for network), "N-M" (f i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 12 12 12	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio te community with which the statio 3. TYPE OF STATION I-M I-M N-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION SHERMAN, TX SHERMAN, TX SHERMAN, TX
	educational station, by ent (for independent multicast For the meaning of these f Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KXII-FOX KXII-FOX KXII-HD KXII-FOX HD	tering the letter "N" (for network), "N-M" (f i), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 12 12 12 12	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio te community with which the statio 3. TYPE OF STATION I-M I-M I-M	ependent), "I-M" ational multicast). on is licensed by the on is identified.

EGAL NAME OI								SYSTEM I 0357
		-						н
			arried on a separate and discr nerally receivable by your cat					
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried b monitoring, to prmation about rm. dentify the cal state whether 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 < mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
		T -	· · - · · · · · · · · · · · · ·	T				
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						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				035726
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3		
I I	In General: In space I, identi				-	ion that your cabl	le system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pap	er SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> p	orogram
Program Log	broadcast by a distant sta	tion?				Y	
i rogiani 20g	Note: If your answer is "No'	leave the	rest of this nad	e blank. If your answer is '	Yes " vou mi		
		, leave the	rest of this pag		res, you me		program
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their mea	aning is
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-
				ision program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori	es like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lu	icy" or
	"NBA Basketball: 76ers vs.						
				r "Yes " Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC	; or, in
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	ntified).	
			when your sys	tem carried the substitute p	orogram. Use	numerals, with th	he month
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	ahla evetam	List the times ac	curately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						
	effect on October 19, 1976.					ind regulations in	
	S	UBSTITUT	E PROGRAM	1		N SUBSTITUTE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
						_	
						_	
						_	
						_	

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC			035726
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an 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	mission servic s amount, see	e 8,554.90
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 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	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00 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	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r	nore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	188,554.90		
	3. Subtract line 2 from line 1	75,245.10		
	4. Enter the amount of gross receipts from space K	\$ 1	88,554.90	
	5. Enter the amount from line 3	. \$	75,245.10	
	6. Subtract line 5 from line 4		13,309.80	
	7. Multiply line 6 by .005 (enter figure here)			566.55
	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		\$	566.55
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	it less than \$527	7,600)	
	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)	. \$	566.55	
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		\$	586.55
	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 fo	-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 035726
M Channels	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 accounting 1. Enter the total number of channels on which the cable	period.
	system carried television broadcast stations	32
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	392
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to we can contact about this statement of account.)	o whom
for Further Information	Name SARAH BOGUE	Telephone (903) 579-3121
mormation	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 (c	ptional)
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright	Office regulations)
Certification	• 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 identifie	d in line 1 of space B; or
	(Agent 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	owner of the cable system as identified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal er in line 1 of space B.	tity identified as owner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fa are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good [18 U.S.C., Section 1001(1986)] 	
	X /s/ Michael Schreiber	
	Enter an electronic signature on the line above to certify th Enter signature using an "/s/ signature" (e.g., /s/ John Smit	
	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
UEL COMMUNICATIONS LLC	0357
 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? 	P Special Statemer 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.	Q
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