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	BY THIS STATEMENT: (YY	YY/(Period))	

~	ACCC	JONTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period))	
		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.	003697
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	003097
		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 us a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in the system of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	KERMIT, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	-	(number, sizer, roral route, apartment, of suite number)	
		(City, town, state, zip code)	
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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#
Name	CEQUEL COMMUNICATIONS LLC	003697
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporat	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	you list will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filing	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	KERMIT	ТХ
Community	WINKLER COUNTY(PORTION)	ТХ
-		
Add Rows as Necessary		

CATEGORY OF SERVICE       SUBSCRIBERS       RATE       CATEGORY OF SERVICE       SUBSCR         Residential:       -	SYSTEM	S			EM:	ABLE SYSTE	LEGAL NAME OF OWNER OF C	
Ferror       In General: The information in space E should cover all categories of secondary transmission about other services (including psy cable) in space F, nothere. All the facts you state must be those existing on the list day of the accounting period (June 30 or December 31, as the case may be).         Services: Sub-scription       Number of Subscription: Both blocks in space E call for the number of subscribers in the date system. There is a subscription of the vision of the vision or vision. In particular rescription of the vision of the vision of vision in the case may be).         Rates       Number of Subscription: Both blocks in space E call for the number of purposing structures and structure in the ratio of the vision of the visis of the vision of the visis of the vision of t	003				_C	IONS LLC	CEQUEL COMMUNICAT	Name
Ferror       In General: The information in space E should cover all categories of secondary transmission about other services (including psy cable) in space F, nothere. All the facts you state must be those existing on the list day of the accounting period (June 30 or December 31, as the case may be).         Services: Sub-scription       Number of Subscription: Both blocks in space E call for the number of subscribers in the date system. There is a subscription of the vision of the vision or vision. In particular rescription of the vision of the vision of vision in the case may be).         Rates       Number of Subscription: Both blocks in space E call for the number of purposing structures and structure in the ratio of the vision of the visis of the vision of the visis of the vision of t						SERVICE		
Secondary Transmission Rates         system, that is, the retransmission of television and radio toroadcasts by your system to subscribers. Give Information about other services (Including pay cale) in space F. not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).           Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers is on each category by counting the number of billings in that category (if who number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).           Rate: Give the standard rate charged for each category of service. Include both the eamout of the charge and the unit in which it is generally billed. (Example: "\$20mth"). Summarize any standar rate variations service that categories systems most commonly provide to their subscribers. Give the number of subscribers and rate for each islau categories, that is each application is receiving service that fails under different subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the subscriber who pays extra for cable service to additional sets."           Bitck 2: If your cable system has rate categories for secondary transmission.         Bitck 2: If your cable system has rate categories for secondary transmissions)           service to infit set:         3000         224.5         No. or           service to first set:         3000         224.5         No. or           service to rist set: <td< td=""><td></td><td>ervice of the cable</td><td>darv transmission service</td><td></td><td></td><td></td><td></td><td>E</td></td<>		ervice of the cable	darv transmission service					E
Transmission Service: Sub- soritors and Rates       Isst day of the accounting period (June 30 or December 31, as the case may be).         Number of Subscribers: Subscribers: Subscribers: Subscribers: A Subscribers: In down by categories of secondary transmission service. In general, you can compute the number of Subscribers in sean category by counting the number of fullings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of subscribers on organizations charged separately for the particular service at the rate indicated—not the number of subscribers and rate for each separately for the particular service at the rate indicated—not the number of subscribers and rate for each charged or generice. Indice both the amount of the charge and the unit in which it is generally billed. (Example: "\$200mth"). Summarize any standard rate variations within a particular ra- category, but here short ere with yebuide be counted as a subscribers in each applicable category. Example: a residentia subscriber with pays exits for cable service to additional set(s):         Biod 2: 1 your cable system has tate categories for secondary transmissions.       Biod 2: 1 your cable system has tate categories for secondary transmissions.         Biod 2: 1 your cable system has tate categories for secondary transmission.       Biod 2: 1 your cable system has tate categories for secondary transmission.         Biod 2: 1 your cable system has tate categories for secondary transmission.       Biod 2: 1 your cable system for secondary transmission.         Biod 2: 1 your cable system for a drass.       Biod 2: 1 your cable system for secondary transmission.         Biod 3: 1 your cable system for a bind the orgen of secondary	n							
Service: sub- scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—on the number of subscribers and rate for each service at the rate indicated—on the number of subscribers and rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed (Example: "SUOMIT). Summarize any standard rate variations within a particular ra category, but do not include discourts allowed for advance payment. Biock 1: In the left-hand block in space E; the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicate category. Example: a resident subscriber who pays extra for cable service to additional set(s). <sup>10</sup> Biock 2: If your cable system has rate categories for secondary transmission, list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           E         Biock 1: (for example, tiers of services that include one rore secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           E         Biock 1: (for sample, tiers of services that include one trans example).         Item categories, that is, these services is services number of subscription of subscription and include dintered in c		lose existing on the						
Scribers and Rates         Idown by categories of secondary transmission service. In general, you can compute the number of subscribers in separately for the particular service at the rate indicated—not the number of subscribers in search category by counting the number of subscribers in separately for the particular service at the rate indicated—not the number of subscribers or organizations charged separately for the particular service at the rate indicated—not the number of subscribers and rate for each rategory, but he standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$200mth"). Summarize any standard rate variations within a particular ra category, but do not include discounts allowed for advance payment.           Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to beir subscribers. Give the number of subscribers and rate of fireent from those printed in block 1 (for example, liers of service to additional sets).           Block 2: If your cable system has rate categories for secondary transmissions), list them, togethe with the number of subscribers and rates, in the right-hand block. A two - or three-word description of the service is sufficient.           Block 1: If your cable system fars rate at gates in the right second with the space for additional set(s).         Block 2: Move the second research and rese		la avatam brakan						
Rates         each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular real indicated—number of sets receiving service).           Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: 320/mth). Summarize any standard rate variations within a particular ra category, but do not include discounts allowed for advance payment.           Block 1: In the left-hand block in space E. the form first the categories of secondary transmission service that calls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residentiti subscribers, that person or entity should be counted as a subscriber in each applicable category. Example: a residentiti subscriber who pays extra for cable service to additional sets vould be included in the count under "Service to additional sets).           Block 1: If your cable system has rate categories for secondary transmissions. J. Is there, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           Residential:         Service to first set         300         28.45           Service to difficit set 1         300         28.45         Service           Service to first set         300         28.45         Service           Service to first set         300         28.45         Service           Service to first set         300         28.45         Service         Ser								
separately for the particular service at the rate indicated—not the number of sets receivable both the amount of the charge and the unit in which it is generally billed. (Example: "\$20(mth)". Summarize any standard rate variations within a particular racelegory. Dut do not include discounts allowed for advance payment.         Biock 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that clubble systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categor that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays ext for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s).         Biock 2: If your cable system has race categories for secondary transmissions. J list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       Subscribers         Note, hotel       0         Converter       300         • Service to first set       300         • Service to first set       300         • Service to additional set(s)       166         • General: Space F calls for rate (no subscriber) information with respect to all your cable system's services that we not covered in space E, that is, those services that are not off								
Init in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.           Biock 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that dall systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categor that applies to your system. Note: Where an individual or organization is receiving service that fails under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residentiti subscriber who pays exit for cable service to additional set(s).           Block 2: If your cable system has rate categories for secondary transmissions. J list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.           BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         Subscribers and rates, and the right-hand block. A two- or three-word description of the service is sufficient.           Service to first set - Residential - Non-residential - Non-residentia		ce).	sets receiving service).	d-not the number of	rate indicate	ice at the rat	separately for the particular serv	
Category, but do not include discounts allowed for advance payment.         Biock 1: The left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different from these printed in block 1 (for example. Jetro 5 devices that include on er apprinted in block 1 (for example. Jetro 5 devices that include one or more secondary transmissions) list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.         BLOCK 1       BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       SUBSCRIBERS       RATE         CATEGORY OF SERVICE       SUBSCRIBERS       RATE         Service to first set       300       28.45         • Service to additional set(s)       166       0         • FM radio (if separate rate)       166       0         Motel, hotel       300       28.45         • Residential       • Noresidential       • Noresidential         • Non-residential       81       34.74         • Residential       • Non-residential       • Non-residential         • Non-residential       81       34.74         • Residential       • Non-residential       • Non-residential         •								
Biock 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categor that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a resident isubscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."           Block 21         Block 21         Block 21         Block 21           No. OF         Rate         CATEGORY OF SERVICE         Subscriber in the right-hand block. A two- or three-word description of the service is sufficient.           Residential:         • Service to first set         300         28.45           • Service to first set         300         28.45         Under the service shad table of the service is a sufficient.           • Service to first set         300         28.45         Implicit information with respect to all your cable system's services that we not covererer         • Residential           • Non-residential         • Non-residential         • Non-residential         • Non-residential           • Non-residential         • Non-residential         • Non-residential         • Non-residential           • Non-residential         • Non-residentin         • Non-residential <t< td=""><td>ate</td><td>within a particular rate</td><td>ndard rate variations within</td><td></td><td></td><td></td><td></td><td></td></t<>	ate	within a particular rate	ndard rate variations within					
systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residentia subscriber who pays extra for cable service to additional sets).         Biock 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, liser of services that include one or more secondary transmissions), list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.         BLOCK 1       BLOCK 1       BLOCK 2       NO. OF         CATEGORY OF SERVICE       SUBSCRIBERS       RATE       CATEGORY OF SERVICE       NO. OF         Service to additional set(s)       166       0       0       NO. OF       NO. OF         Visit of isst set       300       28.45       166       0       0       0         Service to additional set(s)       166       0	le	sion service that cable	secondary transmission se					
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F       Block 2: If your cable system has rate categories for secondary transmissions service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       0         • Service to first set       300         • Service to first set       300         • Converter       0         • Residential       0         • Residential       0         • Services of first set       300         Orverter       0         • Residential       0         • Residential       0         • Non-residential       0         • Residential       0         • Non-residential       0         • Non-residential       0         • Residential       0         • Residential       0         • Residential       0         • Residential       0 </td <td></td> <td>ter "Service to the</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		ter "Service to the						
F       Services Other Than SECONDARY TRANSMISSIONS: RATES       In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not listed in block 1 and or three acting protections.         Residential       Services Content in the instruction of the service is subscribers. Rate in content in the instruction with respect to all your cable system's services that were not listed in block 1 and or which a specifies for a single fee. There are two exceptions: you do not need to give carling protections.         Reter Content in the instruction of the cable system for each of the cable system for each of the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         F       Services Other Than SECONDARY TRANSMISSIONS: RATES         In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that we not covered in space E. that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give carling include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis inter only the letters "PP" in the rate column.         Block 1: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         Block 2: List any services that your cable system for seach of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         Block 2: List any services that you		different from those						
Services Other Than Secondary ransmissions: Rates         SERVICE OF SERVICE         BLOCK 1         BLOCK 2           Service to difficult         Service to first set Service to additional set(s)         166         0         0           FM radio (if separate rate) Motel, hotel Commercial         81         34.74         0         0           Services of inst set Services         Service to additional set(s)         166         0         0         0           Non-residential         81         34.74         0         0         0         0           Services of the services of the service to additional set(s)         166         0	er			•	-			
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Services Other Than Secondary Transmissions Rates         SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that we not covered in space F. that is, those services that are not offered in combination with any secondary transmission services or the theta and theta and the thet								
Residential:       Service to additional set(s)       166       0         • Service to additional set(s)       166       0         • FM radio (if separate rate)       Motel, hotel         Commercial       81       34.74         Converter       • Residential       • Information with respect to all your cable system's services that we not subscriber) information with respect to all your cable system's services that we not forever a single fee. There are two exceptions: you do not need to give rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         Block 1: Give the standard rate charge do by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         Block 1: Give the standard rate charge do the unitshed or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         Block 2: List any services:       Installation: Non-residential       • Motel, hotel         • Pay cable       17.00		NO. OF				NO. (		
• Service to first set       300       28.45         • Service to additional set(s)       166       0         • FM radio (if separate rate)       166       0         Motel, hotel       1       1         Commercial       81       34.74         Converter       •       -         • Residential       0       0         • Non-residential       0       0         • Not covered in space E, that is, those services that are not offered in combination with respect to all your cable system's services that we not neet to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basi enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services	RIBERS RA	RVICE SUBSCRIBER:	CATEGORY OF SERVICE	RATE	CRIBERS	SUBSCR		
• Service to additional set(s)       166       0         • FM radio (if separate rate)       0       0         Motel, hotel       0       0         Commercial       81       34.74         Converter       0       0         • Residential       0       0         • Non-residential       0       0         • Non-residential       0       0         • Non-residential       0       0         Services       In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that we not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basi enter only the letters "PP" in the rate column.         Biock 1: Give the standard rate charge was made or established. List these other services listed.         Biock 2: List any services that your cable system for each of the applicable services listed.         Biock 1: Give the standard rate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the for each.         • Edenomy colles       1       CATEGORY OF SERVICE         • Pay cable       17.00       • Motel, hotel      <				29.45	200			
• FM radio (if separate rate)								
Motel, hotel       Image: Commercial Converter       81       34.74         • Residential       • Non-residential       Image: Converter       Image: Converter         • Residential       • Non-residential       Image: Converter       Image: Converter         • Non-residential       Image: Converter       Image: Converter       Image: Converter       Image: Converter         Services       Services or a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basi services listed.       Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. <td></td> <td></td> <td></td> <td></td> <td>100</td> <td></td> <td></td> <td></td>					100			
Commercial Converter       81       34.74         · Residential · Non-residential       · · · · · · · · · · · · · · · · · · ·							· · · /	
Converter       Residential         • Non-residential       • Non-residential         • Non-residential       • Non-residential         • Non-residential       • Non-residential <b>BERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b> In General: Space F calls for rate (not subscriber) information with ray secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charge by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 1         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Pay cable       17.00         • Pay cable       • Pay cable         • Fire protection       • Pay cable         • Pay cable       • Pay cable         • Pay cable       • Pay cable         • Pay cable				24.74	01			
• Residential       • Non-residential       • Non-residential         • Non-residential       • Non-residential       • Non-residential <b>F</b> SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES       In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that we not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basi enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 1         CATEGORY OF SERVICE       RATE         • Pay cable       17.00         • Pay cable       17.00         • Pay cable       • Pay cable         • Fire protection       • Pay cable         • Burglar protection       • Pay cable         • Pay cable       • Pay cable <td></td> <td></td> <td></td> <td>34.74</td> <td>01</td> <td></td> <td></td> <td></td>				34.74	01			
Non-residential     SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that we not covered in space E, that is, those services that are not offered in combination with any secondary transmissions Rates     Services     Other Than     Secondary     Irransmissions     Rates     Services     Installation: Residential     Secondary     Installation: Ron-residential     Secondary     Irransmission     Secondary     Installation: Residential     Secondary     Installation: Residential     Secondary     Secondary     Secondary     Irransmission     Secondary     Installation: Residential     Secondary     Secondary     Secondary     Installation: Residential     Secondary     Secondary     Secondary     Secondary     Secondary     Installation: Residential     Secondary     Secondary     Secondary     Installating     Secondary     Secondary     Secondary								
F       SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES         In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that we not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basi enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.       Block 1: Give the standard rate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         Continuing Services:       Installation: Non-residential       •Motel, hotel       •Ommercial       •Pay cable         • Fire protection       •Buogar protection       •Pay cable       •Pay cable       •Pay cable       •Pay cable         • Fire protection       •Buogar protection       •Pay cable       •Pay cable       •Pay cable       •Pay cable       •Pay cable								
F         Services Other Than Secondary Transmissions Rates       In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that we not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. <u>BLOCK 1</u> <u>BLOCK 1</u> CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Pay cable       17.00         • Pay cable       • Motel, hotel         • Fire protection       • Pay cable         • Fire protection       • Fire prote							• Non-residential	
F       not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basi enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         Pay cable       17.00       • Motel, hotel       • Motel, hotel       • Motel, hotel         • Pay cable       19.00       • Pay cable       • Pay cable       • Pay cable       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Fire protection       • Fire protection       • Pay cable       • Pay cable       • Pay cable				SIONS: RATES	TRANSMIS	ONDARY TR	SERVICES OTHER THAN SEC	
Services       Other Than Secondary         Rates       For control of a mopule E, marked, more of the control	/ere			•	,		-	E
Services Other Than Secondary Transmissions: Rates       furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basi enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.       BLOCK 1       BLOCK         BLOCK 1       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       Notel, hotel       •Motel, hotel       •Motel, hotel       •Pay cable		5	, ,					Г
Other Than Secondary Transmissions: Rates       amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 1         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Obtel, hotel       • Motel, hotel         • Pay cable       19.00         • Fire protection       • Pay cable         • Burglar protection       • Pay cable         • Fire protection       • Pay cable-add'l channel         • Fire protection       • Pay cable-add'l channel         • Pay cable-add'l channel       • Pay cable-add'l channel         • Fire protection       • Pay cable-add'l channel         • Fire protection       • Fire protection								Services
Secondary Transmissions: Rates       enter only the letters "PP" in the rate column.         Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 1         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Optimized in block 1 channel       19.00         • Pay cable       17.00         • Fire protection       • Pay cable         • Fire protection       • Pay cable         • Burglar protection       • Pay cable-add'l channel         • Fire protection       • Fire protection         • Fire protection       • Fire protection         • Fire protection       • Fire protection	sis.							
Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK         BLOCK 1         CATEGORY OF SERVICE         Pay cable         • Pay cable       17.00         • Motel, hotel       • Motel, hotel         • Pay cable       19.00         • Fire protection       • Pay cable         • Burglar protection       • Pay cable-add'l channel         • Fire protection       • Fire protection         • Fire protection       • Fire protection	- ,			-	ın.	rate column.	enter only the letters "PP" in the	
listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1       BLOCK 1         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         0       · Motel, hotel       · Motel, hotel       · Pay cable       · Pay cable       · Pay cable       · Pay cable       ·								
brief (two- or three-word) description and include the rate for each.       BLOCK 1       BLOCK         BLOCK 1       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       Notel, hotel       Notel, hotel, hotel       Notel, hotel			• • •		•	•	-	Rates
BLOCK 1       BLOCK 1         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       Pay colspan="2">CATEGORY OF SERVICE       Notel, hotel       OCOMERCIAL								
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SEContinuing Services:Installation: Non-residential• Pay cable17.00• Motel, hotel• Pay cable—add'l channel19.00• Commercial• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• Installation: Residential• Fire protection		BLOCK 2						
Continuing Services: • Pay cableInstallation: Non-residential • Motel, hotelInstallation: Non-residential• Pay cable17.00• Motel, hotel• Motel, hotel• Pay cable—add'l channel19.00• Commercial• Pay cable• Fire protection• Pay cable• Pay cable• Pay cable• Burglar protection• Pay cable-add'l channel• Fire protection• Fire protectionInstallation: Residential• Fire protection• Fire protection• Fire protection		CATEGORY OF SERVIC	RATE CAT	ORY OF SERVICE			CATEGORY OF SERVICE	
• Pay cable17.00• Motel, hotelImage: Commercial of the sector of the se								
				el, hotel	.00 • Mot	17.0		
•Burglar protection     Installation: Residential     · Pay cable-add'l channel     · Fire protection				nmercial	.00 • Cor	19.0	Pay cable—add'l channel	
Installation: Residential • Fire protection				cable	• Pay		Fire protection	
Installation: Residential • Fire protection								
					······		<b>U</b>	
• First set     40.00     • Burglar protection				glar protection	.00 • Bur	40.0	First set	
Additional set(s)     25.00 Other services:				ervices:	.00 Other s	25.0	<ul> <li>Additional set(s)</li> </ul>	
• FM radio (if separate rate) • Reconnect 40.00			40.00					
• Converter     • Disconnect							· · · ,	
• Outlet relocation     25.00			25.00					
• Move to new address     40.00								

counting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			003697
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t b)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. It with respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (find a substitute basis. also in space I, if the station was carried in concerning substitute basis stations i's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-tir the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati 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, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a to (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 is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMID	26	N	MIDLAND, TX
	KMLM	42	l	ODESSA, TX
ecessary	KOSA-TV	7	N	ODESSA, TX
	КРВТ-ТV	38	Е	ODESSA, TX
	KPEJ-TV	23	I	ODESSA, TX
	KTLE-TELEMUNDO	20	I-M	ODESSA, TX
	KUPB	18	<u> </u>	MIDLAND, TX
	KWES-TV	9	N	ODESSA, TX

EGAL NAME OI								SYSTEM II 0036
RIMARY TRA	NSMITTERS	: RADIO						
			arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of or detailed info aper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> C	it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under ( tem 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 < 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 eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	1		1	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	Γ	1						

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					003697
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv no	nnetwork televis	ion program, broadcast by	a <i>distant</i> stat	ion. that your	· cable svste	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 instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion 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 pag	a blank. If your anowar is '			-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever nos	sible if their	meaning is	
	clear. If you need more spa						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	<ol> <li>See page (v) of the gene thall " List specific program</li> </ol>	titles for ex	ns for furthei	r informatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program		imple, i Lov	VC LUCY OF	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 ·	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, v	vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your of				ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system v	vas require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
					WHF	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		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. T FROM -	IMES – TO	DELETION
							 =	·
							-	
							_	
						-	_	
						-	_	
							_	
						_	_	
						-	_	
		1						1

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 003697
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 service s amount, see	e 2,677.33
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 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,	100)	
	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		
	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 Foc and			
Filing Fee and Total Remittance Due	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		DF OWNER OF CABLE SYSTEM: DMMUNICATIONS LLC	SYSTEM ID# 003697
M Channels	<ul> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ul>	: You must give (1) the number of channels on which the cable system carried television broadcast states, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ied television broadcast stations	8
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	SARAH BOGUE Tele	ephone (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	I, the undersigned (Ownerset)     (Ownerset)     (Ageneration (Ag	<b>DN</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations of the base of the base of the cable system as identified in line 1 of sector of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of sector of owner other than corporation or partnership) I am the duly authorized agent of the owner of space B and that the owner is not a corporation or partnership; or fifter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained oblete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	space B; or cable system as identified as owner of the cable system
		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 lav

unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	0036
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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 s scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>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.</li> <li>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?</li> </ul>	Sub- Concerning Gross Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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.	
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	
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	Interest Assessme
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	
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