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

SA1-2E Short Form

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

A	ACC	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)
		20172
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.
		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)
_	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	-	ROCKDALE, TX
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
		•

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	037025
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	
		STATE
First Community	ROCKDALE	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							03702
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate in	dicated-	not the num	per of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				y standai	rd rate variation:	s within a p	articular rate	
	Block 1: In the left-hand block				es of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					i in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services t	hat incluc	le one or mo	re secono	dary transmissic	ns), list the	em, together	
	with the number of subscribers a	and rates, in the	right-hand	block. A two	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	De	RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	RO	NATE	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	NAIL
	Service to first set		328	28.45					
	Service to additional set(s)		259	20.40					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		69	32.17					
	Converter			02.17					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSIC	NS: RATES	i				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rat							wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip								
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			RY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		nstallatio	n: Non-resi	dential				
	• Pay cable	17.00	• Motel,	hotel					
	Pay cable—add'l channel	19.00	Comm	ercial					
	Fire protection		• Pay ca	ble					
	•Burglar protection		• Pay ca	ble-add'l cha	annel				
	Installation: Residential		 Fire pr 	otection					
		40.00	• Burgla	r protection					
	First set		-						Т
	First setAdditional set(s)		Other ser	vices:					
			• Recon			40.00			
	Additional set(s)			nect		40.00			
	Additional set(s)FM radio (if separate rate)		• Recon • Discor	nect		40.00 25.00			

nting Period: 2	2017/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 037025
				007023
G Primary ansmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, Wf Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c: les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, an independent station, or a (for network multicast), "I" (for independent uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCEN-TV	9	N	TEMPLE, TX
	KEYE-TV	43	Ν	AUSTIN, TX
s Necessary	KLRU	22	E	AUSTIN, TX
	КТВС	7	<u> </u>	AUSTIN, TX
	кwкт	44	<u> </u>	WACO, TX
	кwтх-сw	10	I-M	WACO, TX
	κωτχ-τν	10	Ν	WACO, TX
	KXXV	26	N	WACO, TX
	KYLE	28	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	BRYAN, TX
		1		

EGAL NAME OI								SYSTEM I 0370
		: RADIO						
n General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo	it is carried by monitoring, to prmation abou rm.	y the sys be recein It the Co	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If	tate whether to the the state	the statio ion's sig	on is AM or FM. nal was electronically process < mark in the "S/D" column.	ed by the cable s	system as a se	eparate	and discrete	
Column 4: C	Give the station	n's locati	on (the community to which the community with which the			C or, in	the case of	
		1	r	-				
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				037025
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3		
I I	In General: In space I, identi				-	ion that your cable	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 pape	r SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television pro	ogram
Program Log	broadcast by a distant sta	tion?				YE	
i rogiani 20g	Note: If your answer is "No'	' leave the	rest of this nac	e blank. If your answer is '	Yes " vou mi		
		, leave the			res, you me		ogram
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their mean	ing is
	clear. If you need more spa	ce, please a	add additional i	ows to the tables.			-
				sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Luc	y" or
	"NBA Basketball: 76ers vs.						
				r "Yes " Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC o	or, in
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	itified).	
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the	e month
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	ahla evetam	List the times acc	surately
	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						program
	effect on October 19, 1976.					na rogulatione in	
			E PROGRAM	1		N SUBSTITUTE	D 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
						_	
						_	
						_	
						_	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 037025
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 transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 7,877.97
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 \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	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 Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2					FORM SA1-2E. PAGE 7
Name		FOWNER OF CABLE SYSTEM: MMUNICATIONS LLC				SYSTEM ID# 037025
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of ers, and (2) the cable system's tot al number of channels on which ad television broadcast stations tal number of activated channels cable system carried television b dcast services	tal number of activated ch the cable roadcast stations	nannels during the a	ccounting period.	9 142
N Individual to Be Contacted		O BE CONTACTED IF FURTHE t about this statement of account.		EDED (Identify an ir	ndividual to whom	
for Further Information	Name	SARAH BOGUE			Telephone	(903) 579-3121
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartmo TYLER, TX 75701 (City, town, state, zip)	ent, or suite number)			
	Email	SARAH.BOGUE	@ALTICEUSA.COM		Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Off I have examin are true, complete	N (This statement of account must ned, hereby certify that (Check one ner other than corporation or par ent of owner other than corporati n line 1 of space B and that the ow icer or partner) I am an officer (if a n line 1 of space B. ed the statement of account and he ete, and correct to the best of my ki tion 1001(1986)]	e, but only one, of the boxe rtnership) I am the owner of on or partnership) I am th mer is not a corporation or a corporation) or a partner ereby declare under penalty nowledge, information, and	is.) of the cable system a ne duly authorized ag partnership; or (if a partnership) of th (if a partnership) of th y of law that all stater d belief, and are made	is identified in line 1 of space B ent of the owner of the cable sy ne legal entity identified as own ments of fact contained herein	vstem as identified
			X /s/ Michael S Enter an electronic signatur Enter signature using an "/s	e on the line above to		
		Typed or printed r	name: MICHAEL S	CHREIBER		
			EVP, CHIEF CONT			
		Date:			02/18/2018	

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unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	03702
 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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	Concerning Gross Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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.	nt. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
	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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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 days
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