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

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.

N-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	38623
D Area Served	Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	ommunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
First	CITY OR TOWN LAGRANGE	STATE KY
Community	(LUTHER LUCKETT CORR)	
-		
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							545	TEM ID
	CEQUEL COMMUNICAT	IONS LLC							3862
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	ATES				
E	In General: The information in sp								
- .	system, that is, the retransmission								
Secondary	about other services (including p						nose 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 stanua		s within a p		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	bers. G	Bive the number	er of subsc	ribers and rate f	or each list	ed category	
	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	ind rates, in the	right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.				1			0	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	 Service to additional set(s) 		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		80	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	e (not subscribe	er) infor	mation with re	spect to al	I your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		louuny					gram baolo,	
Transmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other serv	lices in the	form of a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res		TUTE	0/11200		TOTIE
	• Pay cable	_	• Mot	el, hotel					
	• Pay cable—add'l channel	-		nmercial					
	Fire protection			v cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	_		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	• Converter			connect					
	Converter			let relocation					
			Jut	IELIEIOCALION		-			I
				ve to new addr					

ccounting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			38623
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> in 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 ca iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried 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	t (1) stations carried only on a part-time carriage of certain network program (1(e)(2) and (4))]; and (2) certain station arried by your cable system on a sub- me Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepe or "E-M" (for noncommercial education in the paper SA1-2 form. 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
	WHAS-ABC	11	N	LOUISVILLE, KY
	WKPC-PBS	17	E	LOUISVILLE, KY
Rows as Necessary	WLKY-CBS	26	Ν	LOUISVILLE, KY
	WKMJ-PBS	38	E	LOUISVILLE, KY
	WAVE-NBC	47	Ν	LOUISVILLE, KY
	WDRB-FOX	49		LOUISVILLE, KY
	WMYO-MNT	51	l	SALEM, IN
	WQWQ-CW	12	I	PADUCAH, KY

EGAL NAME OF								SYSTEM I 386
	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 i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein to the Co sign of the the static ion's sig g a check 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 k 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 licens	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
		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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					38623
	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 you	r 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	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	sion 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	o blonk. If your onowor in '			-	
	-	, 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	wherever pos	sible if their	· meaning is	
	clear. If you need more spa						inouring io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ov	r informatior ve Lucy" or	1.
	"NBA Basketball: 76ers vs.					umpio, 120		
				"Yes." Otherwise enter "N				
				sting the substitute progra		nood by the	FCC or in	
	the case of Mexican or Can			e community to which the			FUC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sr	nould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	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.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCI	JRRED	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
						<u>-</u>		
						<u>_</u>		
						<u>_</u>		
							_	
						-	_	
							_	
							_	
						-	_	
							_	
							_	
1	1	1				1		1

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 38623
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 service s amount, see	e 0,172.30
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 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		OF OWNER OF CABLE SYSTEM: DMMUNICATIONS LLC	SYSTEM ID# 38623
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, 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 . 44
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 Telephon	e <u>(903) 579-3121</u>
	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 undersite (Ow (Ag X (Of V)	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained hereir objete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	B; or system as identified /ner 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

ounting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
QUEL COMMUNICATIONS LLC	3862
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 fol lowing 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 s 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.	Sub- Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners? X NO	ns
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 underpayme	
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	Interest Assessmer
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 Assessmer
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	
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 Assessment days ase
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	 days ase
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 Assessment days ase

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 th 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 Office'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 fling, a determination that would be made by a court of law.