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 COPYRIGE	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>
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
			<u> </u>

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

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

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	040141
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Served	identified city.	
	CITY OR TOWN	STATE
First	PINE	AZ
Community	STRAWBERRY	AZ
Add Rows as Necessary		

Name CEQUEL COMMUNICATIONS LLC E Secondary Insension Secondary Insension Secondary Insension Secondary Insension Secondary Release SECONDARY TRANSISION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system. That is, the retransmission due to break an space F. not here. All the facts you stylem to existem subscribers. Give information about other services (including pay cable) in space F. not here. All the facts you stylem to existem subscribers in each category by calments both blocks in space F. and there are you an according the number of parsions or capanizations charged separately for the particular service at the rate indicated—ont the number of persions or capanizations charged separately for the particular service at the rate indicated—ont the number of subscribers and rate or capanizations charged separately for the particular service at the rate indicated—ont the number of subscribers and rate for each isted category that applies to your system. Note: Where an individual or organization is receiving service. That after and work that cable subscriber who pays exits for cable service to additional sets would be included in the count under "Secondary transmission service that are different subscriber who pays exits for cable service to additional sets)." Biock 1: In the left-hand block in space E. The form lists the categories in the secondary transmission service that are different from those prime in block (1 for example, ters of each cost that include on or more secondary transmission service that set and would be counted once a selvice set in all formation with recease on applicable category. Exelonder to finst set -Service to finst set -Service to finst set -	YSTEM ID
E In General: The information in space E should over all categories of secondary transmission service of the cable system, that is, the retransmission is envice by our system to subscribers. Give information about other services (including pay cable) 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). Service: Sub- scribers and Rates Number of Subscribers: Both blocks in space E call for the number of subscribers in the cable system, thoken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of subscribers and the rest in citicatenot the number of subscribers in standard rate charged for each category derive. Include both the amount of the charge and the unit mich in the particular service. It here an individual or organization is receiving service. That categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential buscher of the categories of secondary transmission service that cable systems most commonly provide to their subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service in that categories of secondary transmission service that are different from those printed in block 1 (for example, ites of services that include one or more secondary transmission service is subscribers and take, in the eight-hand block. A low or three-word description of the subscriber is a subscriber in each applicable category. Counter is service is defined and the service is defined and the service is describer on the service is defined. Bick 2: If your your subscribers and take, in the eight-hand block. A low or three-word description of the service is describer and the	04014
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Secondary Transmission System, that is, the retransmission of television and radio broadcasts by your system to subscribers. Sice information about other services (including pay cable) 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). Rates Number of Subscribers: Both blocks in space E call for the number of subscribers in the down by categories of secondary transmission service. In general, you can compute the number of avalances explaned by full particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standar rate charged for each category of service. Include both the anound of the charge and the unit in which it is generally billed. (Example: "\$201ml"). Summarize any standar rate variations within a particular rate category, but do ni include discounted avarone payment. Biock 11: In the left-hand block in space E, the form lists the categories of secondary transmission systems must commonly provide to their subscribers. Cive 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 the categories, that are different categories, that person or entity should be counted one again under "Service to additional set(s)." Biock 2: If your cable system has rate categories for secondary transmissions, list term, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is subscriber as any data in the right-hand block. A two- or three-word description of the service is subscriber as a subscriber in combination with respect to all your cable system's services that were not covered in page 2. That services is the combinatinon with respect to all your cable system's services that were no	
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Motel, hotel Commercial 9 70.46 Converter • Residential 9 70.46 • Residential • Non-residential • Non-residential • Non-residential • Non-residential • 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 were 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 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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Notel, hotel • Pay cable • Motel, hotel • Fire protection • Pay cable • Burglar protection • Pay cable • Fire protection • Pay cable • Fire protection	
Commercial Converter 9 70.46 Residential	
Converter Residential • Non-residential Non-residential • Non-residential Image: Converter • Services Services Other Than Secondary Secondary reasting Secondary Image: Converter reasting Secondary Secondary reasting Secondary Image: Converter Rates Secondary Biock 1: Give the standard rate charge do to the cable system for each of the applicable services listed. Biock 2: List any services that your cable system for each of the applicable servic	
• Residential • Non-residential • Non-residential 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 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 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 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. Extregory OF SERVICE RATE CATEGORY OF SERVICE Pay cable 17.00 • Motel, hotel • Pay cable • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire set 40.00 • Burglar protection • Burglar protection • Additional set(s) 25.00 Other services: • Burglar protection	
• Non-residential Image: Content of the services is services that your cable system for each of the applicable services listed. 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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE 'Pay cable 17.00 'Motel, hotel 'Pay cable 'Pay cable 'Pay cable 'Fire protection 9.00 'Pay cable 17.00 'Pay cable 'Pay cable 'Pay cable 'Pay cable 'Fire protection 19.00 'Pay cable 17.00 'Pay cable 'Pay cable <td></td>	
F 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 were not covered in space E, that is, those services that are not offered in combination with any secondary transmission services for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services turnished 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable 17.00 • Pay cable 17.00 • Pay cable 19.00 • Fire protection • Pay cable • Fire protecti	
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Services Interference in 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 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 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable 17.00 • Fire protection • Motel, hotel • Pay cable 17.00 • Fire protection • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Fire set 40.00 • Fire protection • Burglar protection • Fire protection • Burglar protection • Fire protection • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Fire protection • Burglar protection	
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 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. Example BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable 17.00 • Pay cable • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Fire protection • Pay cable • Fire set 40.00 • Additional set(s) 25.00	
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 Installation: Non-residential • Pay cable • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable • Burglar protection • Pay cable • Fire set 40.00 • Additional set(s) 25.00 Other services: Installation:	
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 Installation: Non-residential • Pay cable 17.00 • Fire protection • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable • First set 40.00 • Additional set(s) 25.00 Other services:	
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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable 17.00 Installation: Non-residential • Motel, hotel • • Pay cable 19.00 • Commercial • Motel, hotel • • Fire protection • Pay cable 19.00 • Commercial • • • Fire protection • Pay cable 19.00 • Commercial •	
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 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable 17.00 • Motel, hotel • Fire protection • Pay cable • Ocmmercial • Fire protection • Pay cable • Pay cable • First set 40.00 • Burglar protection • Burglar protection • Additional set(s) 25.00 Other services:	
brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable • Motel, hotel • Motel, hotel • Motel, hotel • Ocmmercial • Ocmmercial • Ocmmercial • Pay cable •	
BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential Installation: Non-residential Installation: Non-residential • Pay cable 17.00 • Motel, hotel • Motel, hotel Installation: Non-residential • Pay cable—add'l channel 19.00 • Commercial • Commercial Installation: Residential • Fire protection • Pay cable • Pay cable • Pay cable Installation: Residential • Pay cable • First set 40.00 • Burglar protection • Burglar protection • Burglar protection • Additional set(s) 25.00 Other services: Installation:	
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVIContinuing Services:Installation: Non-residential	
Continuing Services:Installation: Non-residential• Pay cable17.00• Pay cable—add'l channel• Motel, hotel• Pay cable—add'l channel• Commercial• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• First set40.00• Additional set(s)25.00Other services:• Commercial	
• Pay cable 17.00 • Motel, hotel Image: Commercial set(s) • Pay cable—add'l channel 19.00 • Commercial set(s) Image: Commercial set(s) • Pay cable—add'l channel • Pay cable Image: Commercial set(s) Image: Commercial set(s) • Pay cable • Pay cable-add'l channel • Pay cable-add'l channel Image: Commercial set(s) • Pay cable • Pay cable-add'l channel • Pay cable-add'l channel Image: Commercial set(s) • First set 40.00 • Burglar protection Image: Commercial set(s)	-
• Fire protection • Pay cable • Burglar protection • Pay cable-add'l channel Installation: Residential • Fire protection • First set 40.00 • Additional set(s) 25.00 Other services: • Comparison	
•Burglar protection •Pay cable-add'l channel Installation: Residential •Fire protection •First set 40.00 •Additional set(s) 25.00 Other services:	
Installation: Residential • Fire protection • First set 40.00 • Additional set(s) 25.00 Other services:	
Installation: Residential • Fire protection • First set 40.00 • Additional set(s) 25.00 Other services:	
• First set 40.00 • Burglar protection • Additional set(s) 25.00 Other services:	
• FM radio (if separate rate) • Reconnect 40.00	
Converter Disconnect	
• Outlet relocation 25.00	
Move to new address 40.00	

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	CEQUEL COMMUNIC	ATIONS LLC		040
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster FCC rules and regulations i	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th V(2) and (4) as 76, 623 (contrains to 76, 63	(1) stations carried only on a part- ne carriage of certain network progr	time basis under ams [sections
Primary ansmitters: Felevision	substitute program basis, as Substitute Basis Stations	 e)(2) and (4), or 76.63 (referring to 76.6) s explained in the next paragraph. With respect to any distant stations can be a completed and the stations of a statement of the statement		
	• Do not list the station here station was carried only on	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 carrier		
	basis. For further informatio Column 1: List each station	n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	see page (v) of the general instruc program services such as HBO, ES	tions. PN, etc. Identify each
	of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" (station, an independent station, or a	a noncommercial
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial educat ictions in the paper SA1-2 form. the community to which the station	tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAET	8	E	PHOENIX, AZ
	KAET-HD	8	E-M	PHOENIX, AZ
ows as Necessary	KAET-KIDS	8	E-M	PHOENIX, AZ
Jws as necessary	KAET-LIFE	24	E-M	PHOENIX, AZ
	KAET-WORLD	8	E-M	PHOENIX, AZ
	KASW	49		PHOENIX, AZ
	KASW-HD	49	I-M	PHOENIX, AZ
	KAZT-HD	7	I-M	PRESCOTT, AZ
	KAZT-METV	36	I-M	PRESCOTT, AZ
	KAZT-TV	36	<u> </u>	PRESCOTT, AZ
	KNXV-HD	15	N-M	PHOENIX, AZ
	KNXV-TV	15	N	PHOENIX, AZ
	KPHO-HD	17	N-M	PHOENIX, AZ
	KPHO-TV	17	N	PHOENIX, AZ
	KPNX	12	N	MESA, AZ
	KPNX-HD	12	N-M	MESA, AZ
	KSAZ-HD	10	I-M	PHOENIX, AZ
	KSAZ-TV	10	<u> </u>	PHOENIX, AZ
	KTAZ	39	-	PHOENIX, AZ
	KTAZ-EXITOS	39	i-M	PHOENIX, AZ
	KTAZ-HD	39	I-M	PHOENIX, AZ
	KTVK	24		PHOENIX, AZ
		•		
		24	I-M	PHOENIX, AZ
	KTVK-HD KTVW-DT	24 33	I-M	PHOENIX, AZ PHOENIX, AZ

Accounting Period:	2017/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
INAILIE	CEQUEL COMMUNIC	ATIONS LLC		040141
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t	t (1) stations carried only on a part-ti	me basis under
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6		
Transmitters:		s explained in the next paragraph.	arriad by your apple system on a sub	atituta program
Television		: With respect to any distant stations c les, regulations, or authorizations:	arried by your caple system on a sub	stitute program
		e in space G—but do list it in space I (t	he Special Statement and Program L	_og)—if the
	station was carried only on			
		also in space I, if the station was carrie		
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination		
		d with a station according to its over-the		
	"WETA-2" as the same on t		-	
		el number the FCC assigned to the tele	evision station for broadcasting over t	the air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network	station an independent station or a	noncommercial
		ring the letter "N" (for network), "N-M"	· · · · · ·	
	(for independent multicast),	"E" (for noncommercial educational), o	or "E-M" (for noncommercial education	
		erms, see page (iv) of the general instru		
		n of each station. For U.S. stations, list dian stations, if any, give the name of t		
		uldii Sidilons, ii any, give ine name or i	The community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КИТР	26	I	PHOENIX, AZ
	KUTP-BUZZR	26	I-M	PHOENIX, AZ
	KUTP-HD	26	I-M	PHOENIX, AZ
	KUTP-MOVIES	26	I-M	PHOENIX, AZ

EGAL NAME OF								SYSTEM I 0401
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
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 L	LC					040141
	SUBSTITUTE CARRIAGI	: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion program	1
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	5		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o les like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	ntormatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 and in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith 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. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the l	listed progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM			AGE OCCU		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. TI FROM –	MES – TO	DELETION
		100 01 110						
							_	
						_	-	
							_	
							_	
						_	_	
							-	
							-	
						_	_	
							-	
							_	

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	WSTEM ID# 040141
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	secondary trans w to compute thi	mission servic s amount, see	of ce 1,054.10
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informati	than \$527,600	\$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 accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m			
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	201,054.10		
	3. Subtract line 2 from line 1	62,745.90		
	4. Enter the amount of gross receipts from space K		201,054.10	
	5. Enter the amount from line 3	. \$	62,745.90	
	6. Subtract line 5 from line 4		38,308.20	
	7. Multiply line 6 by .005 (enter figure here)			691.54
	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		\$	691.54
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	t less than \$527	7,600)	
	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)	. \$	691.54	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	711.54
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 040141
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations system carried television broadcast stations	s 29
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	345
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telepho	ne (903) 579-3121
	Address 3015 S SE LOOP 323	
	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
	(City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
_	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation	s)
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o in line 1 of space B.	wner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	n
	X /s/ Michael Schreiber	_
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: MICHAEL SCHREIBER	
	Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	
	Date: 02/18/2018	

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

unting Period: 2017/2	FORM SA1-2E. PAG
IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0401
 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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusion scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmised period. 	basic lude sub- 119." Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?	
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 underg	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
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