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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY  DATE RECEIVED AMOUNT  \$ 02/28/2018 ALLOCATION NUMBER		
\$	FOR COPYRIGHT	OFFICE USE ONLY
02/28/2018	DATE RECEIVED	AMOUNT
	02/28/2018	T

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING 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)
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 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:
	'	MORRILTON, AR
		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 fling, a determination that would be made by a court of law.

Accounting Period:	2017/2	
Accounting renou.	2017)2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	004031
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	one parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MORRILTON	AR
Community		
Add Rows as Necessary		

Accounting Period: 2017/2 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004031

# E

Secondary **Transmission** Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**CEQUEL COMMUNICATIONS LLC** 

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your 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).

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 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—not the 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: "\$20/mth"). Summarize any standard rate variations within a particular rate 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 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 applicable category. Example: a residential subscriber 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 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more 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.

BL	BLOCK 1 BLOCK 2								
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:									
<ul> <li>Service to first set</li> </ul>	1,206	31.50							
<ul> <li>Service to additional set(s)</li> </ul>	2,550	0							
<ul> <li>FM radio (if separate rate)</li> </ul>									
Motel, hotel									
Commercial	168	33.47							
Converter									
<ul> <li>Residential</li> </ul>									
<ul> <li>Non-residential</li> </ul>									

# 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 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	40.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	25.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	40.00		

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 004031

## CEQUEL COMMUNICATIONS LLC

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION									
KAFT	9	E	FAYETTEVILLE, AR									
KAFT-CREATE	9	E-M	FAYETTEVILLE, AR									
KAFT-HD	9	E-M	FAYETTEVILLE, AR									
KAFT-KIDS	9	E-M	FAYETTEVILLE, AR									
KAFT-PLUS	9	E-M	FAYETTEVILLE, AR									
KAFT-WLD	9	E-M	FAYETTEVILLE, AR									
KARK-HD	32	N-M	LITTLE ROCK, AR									
KARK-TV	32	N	LITTLE ROCK, AR									
KARZ-HD	44	I-M	LITTLE ROCK, AR									
KARZ-TV	44	I	LITTLE ROCK, AR									
KASN	39	I	PINE BLUFF, AR									
KASN-HD	39	I-M	PINE BLUFF, AR									
KATV	22	N	LITTLE ROCK, AR									
KATV-CHRGE	22	I-M	LITTLE ROCK, AR									
KATV-COMET	22	I-M	LITTLE ROCK, AR									
KATV-HD	22	N-M	LITTLE ROCK, AR									
KATV-TBD	22	I-M	LITTLE ROCK, AR									
KKAP	36	E	LITTLE ROCK, AR									
KKAP-HD	36	E	LITTLE ROCK, AR									
KLRA-CA	20	1	LITTLE ROCK, AR									
KLRA-HD	20	I-M	LITTLE ROCK, AR									
KLRT-HD	30 I-M		LITTLE ROCK, AR									
KLRT-TV	30	l	LITTLE ROCK, AR									
KMYA-DT	49	l	CAMDEN, AR									
KMYA-HD	49	I-M	CAMDEN, AR									

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004031 CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KTHV** 12 Ν LITTLE ROCK, AR 12 KTHV-HD N-M LITTLE ROCK, AR KTHV-JUSTICE 12 I-M LITTLE ROCK, AR 24 KVTN ı PINE BLUFF, AR

I-M

PINE BLUFF, AR

24

**KVTN-HD** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **CEQUEL COMMUNICATIONS LLC**

004031

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>	<b></b>					ļ
	<del> </del>	<del> </del>					<del> </del>
	<del> </del>	<del> </del>					ł
	<b></b>						
	<b>†</b>						
	<del> </del>	<del> </del>					<del> </del>
	<b></b>	<del> </del>					<del> </del>
	<b></b>						
	<del> </del>	<del> </del>					<del> </del>
	<b></b>	<del> </del>					<del> </del>
		ļ					
	<del> </del>	<del> </del>					f
	<del> </del>	<del> </del>					<del> </del>
	<b></b>						ļ
	<del> </del>	<del> </del>					<b>1</b>
	<del> </del>	<del> </del>					<del> </del>
	<b></b>						ļ
							<del> </del>
	<del> </del>	<del> </del>					<del> </del>
	<b></b>						ļ
	<del> </del>	<del> </del>					<del> </del>
	<del> </del>	<del> </del>					<del> </del>
	<del> </del>	<del> </del>					
	<b>_</b>	<b></b> _					
	<b>†</b>						
	<del> </del>						
	<b></b>						
	<b></b>						
	T	1					1

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 004031
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peribroadcast by a distant stat  Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a cunder certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call seed the case of Mexican or Canace Column 5: Give the montifirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m."	i: SPECIA iy every nor counting pe ng that mus i CONCER od, did your ion? I, leave the  PROGRA tute progra te, please a of every nor distant stati gulations, or es like "mor Bulls." I was broad ign of the s dcast statio adian statio th and day e "5/7." s when the	AL STATEMEI  Innetwork televis eriod, under spe et be included in ENING SUBST r cable system  rest of this pag  MS m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske deast live, enter station broadca on's location (th ns, if any, the when your system e substitute program estatice pro	sion program, broadcast becific present and former in this log, see page (v) of interest in this log, see page (v) of interest in this log, see page (v) of interest in the line. Use abbreviation rows to the tables. It is is a sion program ("substitution are the line. Use abbreviation rows to the tables. It is see page (v) of the get thall." List specific program "Yes." Otherwise enter sting the substitute program to which the community with which the community with which the carried the substitute gram was carried by your gram was carried b	by a distant stare CC rules, regulate general instants asis, any nonners "Yes," you must be program") that do for the program titles, for example e station is lice e station is ide e program. Use	lations, or au ructions in the etwork televi  ust complete essible, if the ett, during the gramming of ons for furthe example, "I Lo	sion program YES e the program ir meaning is e accounting f another state or information ove Lucy" or e FCC or, in with the mornes accurate	em carried on a For a further -2 form.  NO m
	Column 7: Enter the letter to delete under FCC rules at was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting period	od; enter the le	tter "P" if the	e listed progr ons in	
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	RIAGE OCC 6 FROM	TIMES TO	7. REASON FOR DELETION

Accounting Period:	2017/2			FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			(	SYSTEM ID: 00403
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's s tion of how	econdary trans to compute this	mission services amount, see	ce
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	1
	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 lin	nes 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	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	3,800 (but	less than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	390,951.58		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	127,151.58		
	4. Multiply line 3 by .01		\$	1,271.52	
	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 .		\$	2,590.52
	FILING FEE AND TOTAL REMITTANCE DU	ΙE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,590.52	
Due	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			\$	2,610.52
	Important: Your remittance must be in the form of an electronic payl See page i of the general instructions in the paper SA1		_		ghts!

Accounting Period:	2017/2									•																																																																			F	OF	₹١,	VI	S	Α	1-	-2	Ē.	. P	À	١G	ЭE	Ξ	7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT																																																																_	_	_	_	_		_		_	_						_	_	S	Ϋ́	'§		)0					
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the subscribers of the subscribers of the subscribers of the subscriber o	channels on which the broadcast stations factivated channels in carried television br	the cable	nber ole	er o	er d	er :	er		·	e :	e t	e t	e	er	r	r	ta	o	of at	f a	act	tiv 	va	ate			d	i	•	ch	ha	aı	nr	ne	ls	d 		·ir		g	th		ac			·		n	nt	ıti	ir	in	าดู	9	р	eri	oc	d.			ati	or 												3	97															
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			ORM	RM	RM	RN	N	N	2	7	R	R	₹	· N	N	M	1	1/	A	T	ПС	AC	N	IS	s	;	1	N	11	E	E	Ξ	DI	= [	) (	ld	е	n	ti	fy	<i>'</i> a	ın	in	di	V	ic	d	dι	u	Já	а	al	11	to	) V	wh	or	m																																
for Further Information	Name SARAI	I BOGUE																																																										Te	ele	pl	10	ne	(	9(	03	3)	57	79	<b>)</b> -	3	12	2 <sup>-</sup>	1																
	(Number, s	SE LOOP 323 treet, rural route, apartme , TX 75701	ent, or suit	uite n	te nu	e ni	e n	n	· · ·	e	е	e	te	е	 e I	r	n	nı	 IU	un	mb	ber	er)																																																																				
	Email	SARAH.BOGUE	@ALTIC	ICE	CEL	E	Έ	E	E			2	2	וב	E	E	Ξ.	Ę	Ĺ	J	S	SΑ	۱.C	C	0	10	٧	/	ļ.,																		F	- 6	а	a)	X	<	: (	(0	op	oti	ioi	na	l)																																
O Certification	(Agent of owner in line 1 of spi	certify that (Check one, n corporation or part other than corporation are B and that the own er) I am an officer (if a ace B. ent of account and her ect to the best of my kn (36)]	e, but only thership on or pa ner is not a corpora ereby dec nowledge	nly on partn not a pration eclar lige, in election in	y on  rtne t a c  attion  /s  electronatu	rtnet a control to control to a	//o ) I rrtm :: a a titio	o I tma io / leat	tua io	) rti	/ ()) Itiliation	e a	e na	())) rtti tiillalia	tua io allean	o I rra o III III III III III III III III III	na or arrive	need to	n a secon se	erreccon))	m rs or	of the tribute of tribu	ip ip ip ip ip ip ip ip in it is in it	at partition	e e over la control de la cont	a a sn	b vr arn tr	n mn n e	o ne na a	x el lino el alir	tthr r	o nepp ((i yydd	s.;  of  e  oa  if  c  c  c  c  c  c  c  c  c  c  c  c  c	orthodore	p la la lie	ca / a ar www.f,	b than the an	e ne	s o ; s s t i i	rio h alla a (e	iz r iir iir iib be e. E	ov ov	of ate	as gee	s i i	t le	o o eç	er g	f ga	nt a	th al	iff h	tim	e er fa	o o o o o o o o o o o o o o o o o o o	tity ct ait	n I I	de	e 1 of enti	I c th	ed ed	ca	ble	e E e s	3; o	ter									⇒m"																

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 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

counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	004031
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	···
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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.