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> For additional information,
General instructions are located in the first tab of this workbook	2/28/2018	ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
		-11	

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20172 Barcode Data Filing Period (optional - see instructions)	
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:	
	· ·	PUEBLO UNIT MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CADLE STSTEM:	
	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	61262
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future f	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
Served		
	CITY OR TOWN	STATE
First Community		СО
community	(PUEBLO UNIT)	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	
	CEQUEL COMMUNICAT	IONS LLC							6126
	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND RA	TES				
E	In General: The information in sp	pace E should c	over al	I categories of	secondar				
	system, that is, the retransmission								
Secondary	about other services (including p						hose existir	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	Sive the number	r 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								
	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 tw	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1			1		BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		0						
	Service to additional set(s)		0	- 0					
	• FM radio (if separate rate)		v						
	Motel, hotel								
	Commercial		21	41.89					
	Converter		21	41.09					
	Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There and furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
Fransmissions:	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								
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	I	nstalla	tion: Non-res	idential				
	• Pay cable	-	• Mot	el, hotel					
	 Pay cable—add'l channel 	-	• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set	-	• Bur	glar protection					
	 Additional set(s) 	- 0	Other s	services:					
	• FM radio (if separate rate)		• Rec	connect		-			
	• Converter		• Dise	connect					
			• Out	let relocation		-			
				ve to new addr					

ounting Period: 2	-			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 61262
	CEQUEL COMMUNIC			01202
G Primary ransmitters: Television	In General: In space G, ide carried by your cable syster 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 not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. s: With respect to any distant stations ca ules, 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 carrie 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	<i>bt</i> (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPI re-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education puctions in the paper SA1-2 form. It the community to which the station is	ime basis under ims [sections itions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTSC-PBS	8	Е	PUEBLO, CO
	KXRM-FOX	22	I	COLORADO SPRINGS, CO
as Necessary	KRDO-ABC	24	N	COLORADO SPRINGS, CO
	KOAA-NBC	42	N	PUEBLO, CO
	KVSN-Univision	48	l	PUEBLO, CO
	KKTV-CBS	49	N	COLORADO SPRINGS, CO

EGAL NAME OF								SYSTEM I 612
								012
	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 or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify 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 (item whenever it is received a wed at the headend, with the pyright Office regulations on the 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
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0	LOOKTION OF STATION	UNEL SIGN		5,0		

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					61262
	SUBSTITUTE CARRIAGI	E: 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	on program	1
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		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						incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	Information	1.
	"NBA Basketball: 76ers vs.			toali. List speelile program			C LUCY OI	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 en in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	ith the mor	ith
	first. Example: for May 7 giv	/e "5/7."			-			
				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:	15 p.m. to 6:2	8:30 p.m. she	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas 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 I	isted progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	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. TII FROM –	MES - TO	DELETION
		100 01 110	ONEE OIGH		THE BITT		10	
							-	
							-	
							-	
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						_	-	
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						_	-	
							-	
						_	-	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	481262 61262
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 5,386.98
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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance 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		F OWNER OF CABLE SYSTEM: OMMUNICATIONS LLC	SYSTEM ID# 61262
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 broaters, and (2) the cable system's total number of activated channels during the accounting per otal number of channels on which the cable television broadcast stations	riod.
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to w ct about this statement of account.)	/hom
for Further Information	Name	SARAH BOGUE	Telephone (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		onal)
O Certification	I, the undersigned of the u	ON (This statement of account must be certified and signed in accordance with Copyright Off gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) <i>Inter other than corporation or partnership</i>) I am the owner of the cable system as identified in ent of owner other than corporation or partnership) I am the duly authorized agent of the owne in line 1 of space B and that the owner is not a corporation or partnership; or <i>Ifficer or partner</i>) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact c lete, and correct to the best of my knowledge, information, and belief, and are made in good faith ction 1001(1986)]	line 1 of space B; or ner of the cable system as identified identified as owner of the cable system contained herein
		Enter an electronic signature on the line above to certify this states that a signature using an "/s/ signature" (e.g., /s/ John Smith)	atement.
		Typed or printed name: MICHAEL SCHREIBER	
		Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	

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unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	6126
 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." 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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