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	02/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	

Accounting       2017/2       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Accounting       20122       Barcode Data Filing Period (optional - see instructions)         B       Instructions:       Give the full legal mane of the owner of the cole system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.       End of the subsidiary of the cole system.         If the subsidiary, not that of the parent corporation.       If the owner of an accounting period, only the owner on the last day of the cable system.       End of the subsidiary of another corporation, give the full corporate title of the system's first filing. If not, enter the system's lins the owner on the last day of the cable system.       End of the subsidiary of the cable system.         If the Subsidiary of OWNER OF CABLE SYSTEM       Edduel CoMMUNICATIONS LLC       Edduel CoMMUNICATIONS         Is USINESS NAME(5) OF OWNER OF CABLE SYSTEM       SubDepartume contend and system core of the system.       Edduel CoMMUNICATIONS         Image: statement of account and rough the adjrees of the system.       MalLing AdDRESS OF OWNER OF CABLE SYSTEM       SubDepartume core of the system.       Edduel CoMMUNICATIONS         Image: statement of account and marken       Type and business or trade names used to identify the business and operation of the system unless these marken system.       Type and the address of the system.         Image: stready appear in		CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period			
Accounting Period		2017/2     Period 1 = January 1 - June 30     Period 2 = July 1 - December 31	
Accounting Period			
Accounting Period  R Accounting  B Accounting  C B Accoun		20172 Barcode Data Filing Period (optional - see instructions)	
Period         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. 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.         fil2707           LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OKABLE SYSTEM 3015 S SE LOOP 323 Number, street, runal route, apartment, or suite number) TYLER, TX 75701 [VILER, TX 75701]         IDENTIFICATION S: In ID 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1           1         IDENTIFICATION OF CABLE SYSTEM: 2         IDENTIFICATION OF CABLE SYSTEM: 2	Accounting		
B       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.         Unread       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 entre accounting period.         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 entre accounting period.         If there were different owners during the accounting period.         If there were different owners during the accounting period.         If there were different owners during the expertent covering the entre accounting period.         If there were different owners during the expertent covering the entre accounting period.         If there were different owners during the expertent is the system's ID number assigned by the Licensing Division.         If the subsidiary of owners of CABLE SYSTEM         Ceoule Communications         Multing ADDRESS of Owner of CABLE SYSTEM         SubdentLink Communications         Multing ADDRESS of owners of trade names used to identify the business and operation of the system unless these names aready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	-		
B       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         CeduceL 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, rule route, apartment, or suite number)         TYLER, TX 75701         Total:         Type: The system:         1         Destrictorion of cable system:         2         Number, street, rule route, apartment, or suite number)         Type:         Type:         Image:         System			
Construction of the system under the control control of the 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 filling. If not, enter the system's ID number assigned by the Licensing Division.     Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.     Ceoule Communications LLC     Business NAME(S) of OWNER OF CABLE SYSTEM     Ceoule Communications     SubdenLink Communications     MalLing ADDRESS of CABLE SYSTEM     SubdenLink Communications     MalLing ADDRESS of CABLE SYSTEM     System     Inserver the filling in the 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.     MalLing ADDRESS of CABLE SYSTEM:     MalLing A	В		
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Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.			
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C         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           1         IDENTIFICATION OF CABLE SYSTEM: GRATERFORD STATE CORRECTIONAL INSTITUTION           2         Mailing address of cable system: (Number, street, rural route, apartment, or suite number)		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
SubdenLink 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)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       IDENTIFICATION OF CABLE SYSTEM:         GRATERFORD STATE CORRECTIONAL INSTITUTION         Mailing Address of cable system:         2		CEQUEL COMMUNICATIONS LLC	
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)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       IDENTIFICATION OF CABLE SYSTEM:         GRATERFORD STATE CORRECTIONAL INSTITUTION         2       (Number, street, rural route, apartment, or suite number)		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
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Image: Number, street, rural route, apartment, or suite number)         TYLER, TX 75701         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:         GRATERFORD STATE CORRECTIONAL INSTITUTION         MAILING ADDRESS OF CABLE SYSTEM:         2         (Number, street, rural route, apartment, or suite number)		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
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Instruction       Initial state, zip)         Image: System			
System       names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       IDENTIFICATION OF CABLE SYSTEM: GRATERFORD STATE CORRECTIONAL INSTITUTION         2       MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)			
1         GRATERFORD STATE CORRECTIONAL INSTITUTION           MAILING ADDRESS OF CABLE SYSTEM:         MAILING address of cable system:           2         (Number, street, rural route, apartment, or suite number)	С		
GRATERFORD STATE CORRECTIONAL INSTITUTION         MAILING ADDRESS OF CABLE SYSTEM:         (Number, street, rural route, apartment, or suite number)	System	1 IDENTIFICATION OF CABLE SYSTEM:	
2 (Number, street, rural route, apartment, or suite number)		GRATERFORD STATE CORRECTIONAL INSTITUTION	
		MAILING ADDRESS OF CABLE SYSTEM:	
		2 (Number, street, rural route, apartment, or suite number)	
(City, town, state, zip code)			
		(City, town, state, zip code)	

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

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A	61707
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, c identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GRATERFORD	PA
Community	(GRATERFORD SCI)	
Add Rows as Necessary		

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	
	CEQUEL COMMUNICAT	IONS LLC							6170
	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	ATES				
E	In General: The information in sp	pace E should o	cover al	I categories of	secondar				
	system, that is, the retransmission								
Secondary	about other services (including p last day of the accounting period						nose existii	ng on the	
Transmission Service: Sub-	Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the nu	umber of billings	s in that	category (the	number o	f persons or org	anizations		
	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								
	that applies to your system. <b>Note</b> 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	has rate categoi	ries for	secondary trai	nsmission				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	right-ha	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:		-				-		
	Service to first set		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		385	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				s				•
-	In General: Space F calls for rat	-			-	ll 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	rate column.	-	-		-		.g ,	
Fransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				sneu. List	these other serv	ices in the	Ionn of a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	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	nannel				
	Daigiai protoction		• Fire	protection					
	Installation: Residential			p. 01001.011			Γ		
	<b>S</b> 1	-		glar protection					
	Installation: Residential		• Bur	•					
	Installation: Residential  • First set		• Burg Other s	glar protection		-			
	Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec	glar protection					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s • Rec • Disc	glar protection services: connect					

counting Period:	-			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			8YSTEM ID# 61707
	CEQUEL COMMUNICA			01707
G Primary ansmitters: relevision	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only 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 th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carrien in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instri- n of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute by your cable system on a substitute basis and also the Special Statement and Program Lu- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP1 e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fur- (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne 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
	WPVI-ABC	6	N	PHILADELPHIA, PA
	WHYY-PBS	12	E	WILMINGTON, DE
is Necessary	KYW-CBS	3	Ν	PHILADELPHIA, PA
	WPSG-CW	32	<u> </u>	PHILADELPHIA, PA
	WCAU-NBC	34	N	PHILADELPHIA, PA
	WTXF-FOX	42	<u> </u>	PHILADELPHIA, PA

EGAL NAME OF								SYSTEM II 617
			-					
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
eceivable if (1) in the basis of or detailed info aper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check 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 ant this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c age (v) of the g system as a se sed by the FC	2) it can ertain s jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	r	1			1			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					I		4	

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					61707
	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 televis	ion program	<u>1</u>
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						incurning 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	<ol> <li>See page (v) of the gene thall " List specific program</li> </ol>	titles for ex	ns for further	r informatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program		ampic, TEO	C Lucy Of	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			<b>FOO</b> 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	vith the mor	nth
	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 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	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 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	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		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 –	IMES — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	1110	10	
						-		
						-	_	
						-	-	
						-	_	
						_	_	
						-	_	
						_	_	
							-	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 61707
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 9,737.10
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 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# 61707
M Channels	<ol> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ol>	: You must give (1) the number of channels on which the cable system carried television broadcast st bers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ied television broadcast stations	6
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	lephone (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)	
O Certification	I, the undersigned (Ow (Ag	ON (This statement of account must be certified and signed in accordance with Copyright Office regul igned, 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 of the owner of space B 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 in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained blete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	space B; or e cable system as identified d as owner 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)	

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

unting Period: 2	017/2	FORM SA1-2E. PAGE
L NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM
	JNICATIONS LLC	617
The Satellite He lowing sentence "In deter service of scribers For more inform located in the p During the accor made by satellit	<b>TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form. Dunting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?	P Special Statemen Concerning Gross Receipts Exclusio
X NO YES. Enter	the total here and list the satellite carrier(s) below\$	
Name Mailing Address	Name Mailing Address	
INTEREST P	ASSESSMENT	
	olete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanat	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<b>Q</b> Interest Assessme
For an explanat	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanat Line 1 Enter th Line 2 Multiply	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme
For an explanat Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme
For an explanat Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme
For an explanat Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme
For an explanat Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme
For an explanat Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme
For an explanat Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th ** This is the NOTE: If you an list below the ow	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme

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