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 COPYRIGH	IT 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	D BY THIS STATEMENT: (YY	(YY/(Period))	

	700		
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	63189
		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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAHANOY STATE CORRECTIONAL INSTITUTION	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	1		
		(City, town, state, zip code)	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	63189
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or motidentified city.	oile home parks should be reported in parentheses below the
First	CITY OR TOWN FRACKVILLE	STATE PA
Community	(MAHANOY SCI)	
Add Rows as Necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA							515	TEM ID 6318
	CEQUEL COMMUNICAT	IONS LLC							0310
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND RA	TES				
E	In General: The information in s								
- .	system, that is, the retransmission								
Secondary	about other services (including p last day of the accounting period						hose existii	ng on the	
Transmission Service: Sub-	Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny stanua		s within a p		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	bers. G	Bive the number	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					i in the count un	der Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	· •	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		0						
	Service to first set		0	-					
	• Service to additional set(s)		U	0					
	• FM radio (if separate rate)								
	Motel, hotel		400	44.00					
	Commercial		436	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
Г	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		3 • • • • • ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				SHEU. LISI	linese oliner serv		IOTTI OF a	
		BLOC							
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	-	• Mot	tel, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection			cable					
	•Burglar protection			v cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	-		glar protection					
	Additional set(s)	- 0		services:					
	• FM radio (if separate rate)			connect		_			
	Converter			connect					
				let relocation					
			Jui						
			• Mo	ve to new addr	999				

counting Period:	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			63189
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W 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> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c: les, regulations, or authorizations: e in space G—but do list it in space I (t 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	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE-NBC	11	Ν	WILKES-BARRE, PA
	WYOU-CBS	13	Ν	SCRANTON, PA
s Necessary	WSWB-CW	31	l	SCRANTON, PA
	WVIA-PBS	41	E	SCRANTON, PA
	WOLF-FOX	45	l	HAZLETON, PA
	WNEP-ABC	50	N	SCRANTON, PA
		•		
		•		

EGAL NAME OF								SYSTEM I 631
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the cal tate whether 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 (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed 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	ertain st ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		1						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					63189
	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	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	<u>on</u> program	1 <u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	loovo tho	root of this pag	a blank. If your anowar in '			-	
	-	, leave the	rest of this pag	e Diarik. Il your answer is	res, you mu	ist complete t	ine progran	п
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their i	meaning is	
	clear. If you need more spa				interer pee			
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o les like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ove	informatior e Lucy" or	1.
	"NBA Basketball: 76ers vs.						0 2009 01	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nead by the F	ECC or in	
	the case of Mexican or Can							
				tem carried the substitute			ith the mor	nth
	first. Example: for May 7 give				-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sno	buld be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	is in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	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. TIN FROM —	MES - TO	DELETION
		100 01 110					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# 63189
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 6,454.69
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 Povalty Fee Payable for Accounting Poriod (from Plock 1.2, or 2, should)	52.00	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$	15.00	
		10.00	
	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. PAG
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM: NICATIONS LLC					SYSTEM 631
M Channels	 to its subscribers, ar 1. Enter the total nur system carried tele 2. Enter the total nur on which the cable 	nust give (1) the number of nd (2) the cable system's mber of channels on whic evision broadcast stations mber of activated channe e system carried televisior services	total number of acti h the cable Is ı broadcast stations	ivated channels during	the accounting period.	stations	6 46
N Individual to Be Contacted		E CONTACTED IF FURTI ut this statement of accou		N IS NEEDED (Identify	an individual to whom		
for Further Information	Name S.	ARAH BOGUE			Τ	elephone (90	03) 579-3121
	(N	015 S SE LOOP 32: umber, street, rural route, apar YLER, TX 75701 ity, town, state, zip))			
	Email	SARAH.BOGL	E@ALTICEUSA.	COM	Fax (optional)		
O Certification	 I, the undersigned, h (Owner ot (Agent of in line X (Officer o in line I have examined the 	is statement of account mereby certify that (Check of the than corporation or provide the than corporation or provide the than corporation or provide the than corporation of space B and that the or partner) I am an officer (1 of space B. e statement of account and nd correct to the best of my 001(1986)]	ne, <i>but only one</i> , of partnership) I am the ation or partnership owner is not a corpor if a corporation) or a hereby declare unde	the boxes.) e owner of the cable sys b) I am the duly authoriz ration or partnership; or a partner (if a partnership er penalty of law that all	tem as identified in line 1 o ed agent of the owner of th) of the legal entity identifi statements of fact contain	of space B; or ne cable system ed as owner o	m as identified
			Enter an electronic	chael Schreiber c signature on the line ab ing an "/s/ signature" (e.g	ove to certify this statemer ., /s/ John Smith)	nt.	
		Typed or printe	d name: MICH	IAEL SCHREIBEF	2		
		Title: (Title of		CONTENT OFFIC corporation or partnership)	ER		
		Date:			02/18/2018		

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Inting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
UEL COMMUNICATIONS LLC	6318
 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? X NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
	n
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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