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 | 2/28/2018 | ALLOCATION NUMBER | contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| | | | |

| A | ACCO | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 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: |
| | | NEVADA SOUTHERN DETENTION |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | (City, town, state, zip code) |
| L | | |

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 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 | 63274 |
| D | Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to as the "first community." Please use it as the first community on all future | orated communities within unincorporated areas and including single, :hat you list will serve as a form of system identification hereafter known filings. |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, o identified city. | r mobile home parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | PAHRUMP | NV |
| Community | (NV SOUTHERN DETEN) | |
| Add Rows as Necessary | | |
| , ad nows as necessary | | |
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| | · | | | | | | | FORM SA1 | |
|-------------------------------|----------------------------------------------------------------------------|------------------|----------|-----------------|-------------|-------------------|---------------|----------------|--------|
| Name | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | SYS | TEM ID |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 6327 |
| | SECONDARY TRANSMISSION | SERVICE: SU | BSCRI | BERS AND RA | ATES | | | | |
| E | In General: The information in s | pace E should o | cover al | I categories of | secondar | | | | |
| | system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | nose existii | 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 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 stanuai | | 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 | ibers. G | Bive the number | er 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 în the count un | uer Servic | e lo lhe | |
| | Block 2: If your cable system I | | | | | service that are | different fro | om those | |
| | printed in block 1 (for example, ti | ers of services | that inc | lude one or me | ore second | dary transmissio | ns), list the | em, together | |
| | with the number of subscribers a | nd 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 | | 44 | 44.00 | | | | | |
| | Commercial | | 11 | 41.89 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRAN | SMIS | 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 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. | - | - | | - | | | |
| 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 | | | | Silcu. List | | | lonn or 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 | annel | | | | |
| | Installation: Residential | | • Fire | protection | | | | | |
| | • First set | - | • Bur | glar protection | | | | | |
| | Additional set(s) | - | Other s | services: | | | | | |
| | • FM radio (if separate rate) | | • Rec | connect | | - | | | |
| | • Converter | | • Dise | connect | | | | | |
| | | | • Out | let relocation | | - | | | |
| | • | | | | | | | | |
| | | | • Mov | ve to new addr | ess | - | | | |

| | | | | FORM SA1-2E. PAGE |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM II 6327 |
| | CEQUEL COMMUNIC | | | 052 |
| G imary smitters: evision | 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 <i>not</i> list the station here station was carried <i>only</i> 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 channel 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 n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Ilso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the | <i>t</i> (1) stations carried only on a part-time carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the 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, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepe pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is | me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he 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 |
| | KLAS-CBS | 7 | N | LAS VEGAS, NV |
| | KVVU-Fox | 9 | l | HENDERSON, NV |
| essary | KTNV-ABC | 13 | Ν | LAS VEGAS, NV |
| | KSNV-NBC | 22 | N | LAS VEGAS, NV |
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| receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Transmit | EGAL NAME OF | | | | | | | | SYSTEM I 632 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------|
| ceceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, for 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. 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 ignal, 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). | n General: Lis | t every radio s | station ca | arried on a separate and discr | | | | | н |
| CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: Co | tions Conce it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing sive the station | rning Al y the sys be recein at the Co l sign of of the static cion's sig g a chech n's locati | I-Band FM Carriage: Under of stem whenever it is received a wed 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 th | Copyright Office r it the system's he system's FM ante this point, see pa sed by the cable s ne station is licen | egulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | n FM sig 2) it can eertain st general i eparate | nal is generally be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| CHILL CLOUX FUNCTION CALL SINT FUNCTION SUL LOURINU OF STATUM Image: Status Sta | | AM or EM | e/D | | CALLSION | AM or EM | ۹/D | | |
| | GALL SIGN | | 5/0 | LOCATION OF STATION | GALL SIGN | | 3/0 | LUCATION OF STATION | |
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| 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 | | | | | 63274 |
| | SUBSTITUTE CARRIAGE | : SPECIA | | NT AND PROGRAM LOO | 3 | | | |
| I I | In General: In space I, identi | | | | - | ion that your (| cahle svste | m carried on a |
| • | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | ing that mus | st be included in | this log, see page (v) of the | e general instr | uctions in the | paper SA1- | -2 form. |
| Carriage: | 1. SPECIAL STATEMENT | | NING SUBST | TITUTE CARRIAGE | | | | |
| Special | During the accounting period | od, did you | r cable system | carry, on a substitute basi | s, any nonnet | twork televisio | on program | 1 <u> </u> |
| Statement and Program Log | broadcast by a distant stat | tion? | | | | | YES | XNO |
| Frogram Log | Note: If your answer is "No' | loovo tho | root of this pag | a blank. If your anowar is " | Voo "vou mi | unt normalata t | - | |
| | | , leave the | rest of this pag | e Diarik. Il your answer is | res, you mu | ist complete t | ne prograr | п |
| | log in block 2. 2. LOG OF SUBSTITUTE | | Me | | | | | |
| | In General: List each subst | | | te line. Use abbreviations v | wherever pos | sible if their r | meaning is | |
| | clear. If you need more spa | | | | | | | |
| | | | | sion program ("substitute p | | | | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, reg Do not use general categori | guiations, o es like "mo | vies" or "baske | s. See page (v) of the gene thall " List specific program | titles for example | ample "I I ove | information e Lucv" or | 1. |
| | "NBA Basketball: 76ers vs. | | | | | | 5 2009 01 | |
| | | | | r "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra | | nood by the F | CC or in | |
| | the case of Mexican or Can | | | e community to which the | | | -CC or, in | |
| | | | | tem carried the substitute | | | ith the mon | nth |
| | first. Example: for May 7 giv | | , , | · | 0 | | | |
| | | | | gram was carried by your o | | | | ly |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example: a | a program carrie | ed by a system from 6:01:1 | 5 p.m. to 6:2 | 8:30 p.m. sho | buid 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 | nd regulation | ons in effect du | ring the accounting period | enter the let | ter "P" if the li | sted progra | |
| | was substituted for program | ming that y | our system wa | s permitted to delete under | FCC rules a | nd regulation | s 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 — | /IES · TO | DELETION |
| | | 100 01 110 | ONEE OIGHT | | THE BITT | | 10 | |
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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 | *STEM ID# 63274 |
| 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 2,850.00 |
| 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 | <u> </u> | |
| | 5. Enter the amount from line 3 | <u> </u> | |
| | 6. Subtract line 5 from line 4 | <u> </u> | |
| | 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 | | F OWNER OF CABLE SYSTEM: DMMUNICATIONS LLC | SYSTEM ID# 63274 |
| 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 broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. Dotal number of channels on which the cable Dotal number of activated channels Dotal number o | 4 24 |
| 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 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 | SARAH.BOGUE@ALTICEUSA.COM Fax (optional) | |
| O Certification | I, the undersigned of the u | ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) uner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; tent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or tricer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein oldete, and correct to the best of my knowledge, information, and belief, and are made in good faith. totion 1001(1986)] | stem as identified |
| | | Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | |
| | | Typed or printed name: MICHAEL SCHREIBER | |
| | | Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership) | |
| | | Date: 02/18/2018 | |

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

| Inting Period: 2017/2 | FORM SA1-2E. PAGI |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| UEL COMMUNICATIONS LLC | 632 |
| 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? | P Special Statemen Concerning Gross Receipts Exclusio |
| X NO 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. | Q |
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| 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 | Q Interest Assessme |
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