This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

| FOR COPYRIGHT | OFFICE USE ONLY   |
|---------------|-------------------|
| DATE RECEIVED | AMOUNT            |
| 2/28/2018     | \$                |
|               | ALLOCATION NUMBER |
|               |                   |
|               |                   |

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

| Α                    | ACCO     | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |
|----------------------|----------|---|
|                      |          | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  |
|                      |          | 20172 Barcode Data Filing Period (optional - see instructions)  |
| Accounting<br>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 salready 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:   |
|                      | <u> </u> | WABASH VALLEY CORRECTIONAL FACILITY   |
|                      |          | MAILING ADDRESS OF CABLE SYSTEM:  |
|                      | 2        | (Number, street, rural route, apartment, or suite number)   |
|                      |          | (City, town, state, zip code)   |

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

| Accounting Period:    | 2017/2  | FORM SA1-2E. PAGE 1b.  |
|-----------------------|---|--|
|                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
| Name                  |   |  |
|                       | CEQUEL COMMUNICATIONS LLC   | 63284  |
|                       | Instructions: List each separate community served by the cable system. A "communi     |  |
| D                     | "a separate and distinct community or municipal entity (including unincorporated co   |  |
|                       | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li  | st will serve as a form of system identification hereafter known |
|                       | as the "first community." Please use it as the first community on all future filings. |  |
| Area                  | Note: Entities and properties such as hotels, apartments, condominiums, or mobile h   | ome parks should be reported in parentheses below the            |
| Served                | identified city.  |  |
|                       |   |  |
|                       |   |  |
|                       | CITY OR TOWN  | STATE  |
| First                 | CARLISLE  | IN   |
| Community             | (WABASH VALLEY CORR)  |  |
|                       | WADAOII VALLE I OOINI   |  |
|                       |   |  |
| Add Rows as Necessary |   |  |
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Accounting Period: 2017/2 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63284

# E

#### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**CEQUEL COMMUNICATIONS LLC** 

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BL   | OCK 1                 |       | BLOCK 2                 |                         |
|--|-----------------------|-------|-------------------------|-------------------------|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS | RATE  |                         | NO. OF<br>SCRIBERS RATE |
| Residential:                                     | SUBSCRIBERS           | KAIL  | CATEGORY OF SERVICE SUB | SCRIBERS RATE           |
|  |                       |       |                         |                         |
| Service to first set                             | 0                     | -     |                         |                         |
| <ul> <li>Service to additional set(s)</li> </ul> | 0                     | 0     |                         |                         |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |       |                         |                         |
| Motel, hotel                                     |                       |       |                         |                         |
| Commercial                                       | 38                    | 41.89 |                         |                         |
| Converter  |                       |       |                         |                         |
| Residential                                      |                       |       |                         |                         |
| Non-residential                                  |                       |       |                         |                         |
|  |                       | T     |                         |                         |

# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63284

4. LOCATION OF STATION

#### CEQUEL COMMUNICATIONS LLC

G

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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

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

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

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

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

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

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

2. B'CAST CHANNEL NUMBER

WTHI-CBS 10 Ν TERRE HAUTE, IN **WUSI-PBS** 19 Ε OLNEY, IL WRTV-ABC 25 Ν INDIANAPOLIS, IN WTWO-NBC 36 Ν TERRE HAUTE, IN 45 **WXIN-FOX** INDIANAPOLIS, IN

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **CEQUEL COMMUNICATIONS LLC**

63284

#### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

| CALL SIGN | AM or FM     | S/D          | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION |
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| Accounting Perio | d: 2017/2<br>LEGAL NAME OF OWNER OF   | CABLE SVS  | TEM:  |   |   |  | FOR   | M SA1-2E. PAGE 5.   |
|------------------|---|--|---|---|---|--|---|---------------------|
| Name             | CEQUEL COMMUNICA  |  |   |   |   |  |   | SYSTEM ID#<br>63284 |
| Substitute       | SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm  | ify every non  | nnetwork televis<br>eriod, under spe  | sion program, broadcast by ecific present and former F  | y a <i>distant</i> stat<br>CC rules, regul  | lations, or au   | uthorizations.  | For a further       |
| Carriage:        | 1. SPECIAL STATEMEN   | T CONCER   | NING SUBST  | TITUTE CARRIAGE   |   |  |   |                     |
| Special          | During the accounting per   |  |   |   | sis anv nonne   | twork televi   | sion nrogran  | n                   |
| Statement and    |   | -  | r cable system  | carry, orr a substitute bas   | sis, arry norme   | twork televi   |   |                     |
| Program Log      | broadcast by a distant sta  | tion?  |   |   |   |  | YES   | NO                  |
|                  | Note: If your answer is "No   | ", leave the   | rest of this pag  | je blank. If your answer is   | "Yes," you mu   | ust complete   | e the prograi   | m                   |
|                  | log in block 2.   |  |   |   |   |  |   |                     |
|                  | period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran | titute progratice, please a of every no distant statigulations, o ies like "mo Bulls." In was broad sign of the sadcast static and and day we "5/7." es when the Example: a er "R" if the and regulation ming that y | am on a separa add additional innetwork televion and that yo rauthorizations vies" or "basked deast live, entestation broades on's location (the ins, if any, the when your system on program carried listed program ons in effect du | rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "asting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting periods. | program") that ed for the program titles, for ex No."  am.  e station is lice to station is ider program. Use cable system 15 p.m. to 6:2 tramming that y d; enter the left | eat, during the gramming of ns for further ample, "I Lo ensed by the ntiffied). e numerals, . List the time 28:30 p.m. serour system ther "P" if the | e accounting fanother stater information ove Lucy" or e FCC or, in with the mornes accurate hould be was require e listed progr | tion<br>n.<br>nth   |
|                  | effect on October 19, 1976.   |  |   |   |   |  |   |                     |
|                  |   |  |   |   | WHE   | EN SUBST   | ITUTF   |                     |
|                  | 9   | SUBSTITUT  | E PROGRAM   | 1   |   | IAGE OCC   |   | 7. REASON FOR       |
|                  |   | 2. LIVE?   | 3. STATION'S  |   | 5. MONTH  |  | TIMES   | DELETION            |
|                  | TITLE OF PROGRAM  | Yes or No  | CALL SIGN   | 4. STATION'S LOCATION   |   |  | — то  |                     |
|                  |   |  |   |   |   |  |   |                     |
|                  |   |  |   |   |   |  |   |                     |
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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                                   | YSTEM ID#<br>63284 |
| K<br>Gross Receipts                | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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. | nsmission servic<br>nis amount, see | 9,600.00           |
| Copyright<br>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.   |                                     |                    |
|                                    | 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  | r 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   |                                     | 32.00              |
|                                    | 1. Base amount under statutory formula  |                                     |                    |
|                                    | Enter amount of gross receipts from space K   | _                                   |                    |
|                                    | 3. Subtract line 2 from line 1  | _                                   |                    |
|                                    | Enter the amount of gross receipts from space K   | <b>-</b>                            |                    |
|                                    | 5. Enter the amount from line 3   |                                     |                    |
|                                    | 6. Subtract line 5 from line 4  |                                     |                    |
|                                    | 7. Multiply line 6 by .005 (enter figure here)  |                                     |                    |
|                                    | 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 \$52  | 7,600)                              |                    |
|                                    | 1. Enter the amount of groce receipts from space K  |                                     |                    |
|                                    | Enter the amount of gross receipts from space K   | <del>-</del>                        |                    |
|                                    | 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)   |                                     |                    |
|                                    | 6. Interest charge. Enter the amount from line 4, space Q, page 8   |                                     |                    |
|                                    |   | -                                   |                    |
|                                    | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6   | ·                                   |                    |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE   |                                     |                    |
| Filing Fee and<br>Total Remittance | 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 Reg<br>See page i of the general instructions in the paper SA1-2 form for more informa   |                                     | hts!               |

| Accounting Period                  | : 2017/2   |  |   |                  |         |  |                      |             |         |         |      |     |              |                   |            |     |                            |                 |                                |        |            |                |      |        | _            |                    |     |                         |          |                |               |                |            |                |               |                |       |              |           |          |          |        |        |          |        |          |     |           |         |                |                |                    |                 |           |     |             |     |      |      |     |    |    |   |    |     |    |    |     |         | F | 0 | R    | M | S | SΑ | 1   | -2  | Ε          | . F | Α | ١G | Έ | 7               |
|------------------------------------|--|--|---|------------------|---------|--|----------------------|-------------|---------|---------|------|-----|--------------|-------------------|------------|-----|----------------------------|-----------------|--------------------------------|--------|------------|----------------|------|--------|--------------|--------------------|-----|-------------------------|----------|----------------|---------------|----------------|------------|----------------|---------------|----------------|-------|--------------|-----------|----------|----------|--------|--------|----------|--------|----------|-----|-----------|---------|----------------|----------------|--------------------|-----------------|-----------|-----|-------------|-----|------|------|-----|----|----|---|----|-----|----|----|-----|---------|---|---|------|---|---|----|-----|-----|------------|-----|---|----|---|-----------------|
| Name                               | LEGAL NAME OF OWNER OF CEQUEL COMMUNICA  |  |   |                  |         |  |                      |             |         |         |      |     |              |                   |            |     |                            |                 |                                |        |            |                |      |        |              |                    |     |                         |          |                |               |                |            |                |               |                |       |              |           |          |          |        |        |          |        |          |     |           |         |                |                |                    |                 |           |     |             |     |      | _    |     | _  |    |   | _  | _   |    |    | _   |         |   |   |      |   |   | (  | 31  | /\$ | <b>3</b> 7 |     |   |    |   | D#<br><b>34</b> |
| M<br>Channels                      | CHANNELS Instructions: You must of to its subscribers, and (2).  1. Enter the total number system carried television.  2. Enter the total number on which the cable system and nonbroadcast service.   | of channels on which<br>n broadcast stations.<br>of activated channels<br>em carried television b  | the cabl  | mber<br>ible<br> | ber o   | er d                                   | st                   | r           | r<br>s  | er      |      | er  | r            | r                 | t          |     | of<br>                     | f a             | ac                             | ns.    | va<br>     | ate            |      | d      | . t          |                    | h   |                         | n        | ne             | els           |                | lu         | ri             | n             |                | t .   | he           |           |          |          |        |        |          | n      | nt       | tiı | in        | ng      | 9 1            | рe             | eri                | ioc             | d.        |     |             | tio | ns   |      |     |    |    |   |    |     |    |    |     | 5       |   |   |      |   |   |    |     |     |            |     |   |    | ] |                 |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE COI<br>we can contact about this  |  |   | ORI              | DRM     | RM                                     | М                    | V           | Ν       | RN      |      | RM  | N            | N                 | <b>/</b> 1 | 1.  | 1.4                        | ٩T              | TIC                            | 010    | N I        | 15             | S    | ı      | N            | IE                 | ΞΙ  | EI                      | D        | E              | D             | (le            | de         | n              | ıti           | if             | / :   | ar           | ı ir      | าด       | div      | V      | ic     | d        | lι     | Ui       | ıa  | al        | l t     | to             | ) V            | vh                 | or              | m         |     |             |     |      |      |     |    |    |   |    |     |    |    |     |         |   |   |      |   |   |    |     |     |            |     |   |    |   |                 |
| for Further<br>Information         | Name SAR   | AH BOGUE   |   |                  |         |  |                      |             |         |         |      |     | •••          |                   |            |     |                            |                 |                                |        |            |                | •••  | •••    |              |                    |     |                         |          |                |               |                |            |                |               |                |       |              |           |          |          |        |        |          |        |          |     |           |         |                |                |                    |                 |           | Te  | lep         | oho | one  | e (  | 9(  | 03 | 3) | 5 | 79 | 9-: | 31 | 12 | 21  | <u></u> |   |   |      |   |   |    |     |     |            |     |   |    |   |                 |
|                                    | (Number  | S SE LOOP 323<br>r, street, rural route, apartm  | nent, or sui  | suite i          | iite nı | e ni                                   | n                    | n           |         |         |      | e i |              | <br>e n           | nı         |     | ıur                        | ml              | ibe                            | er)    |            |                | •••  | •••    |              |                    |     |                         |          |                |               |                |            |                |               |                | ••••  |              |           |          |          |        |        |          |        |          |     | ••••      |         |                |                |                    |                 |           |     |             |     |      |      |     |    |    |   |    |     |    |    |     |         |   |   |      |   |   |    |     |     |            |     |   |    |   |                 |
|                                    | (City, tow   | vn, state, zip)  SARAH.BOGUE   | E@ALTI  | TICE             | CEL     | Œ                                      | ΕI                   | =           | Ë       | E       | Ë    | E   | E            | E                 | =!         | ι   | U                          | JS              | SA                             | ۱.C    | CC         | C              | ١    | /      | 1            |                    |     |                         |          |                |               |                |            |                |               |                |       |              |           |          |          |        | F      | - 6      | a      | ×        | ×   | (         | (0      | op             | oti            | or                 | na              | ıl)       |     |             |     |      |      |     |    |    |   |    |     |    |    |     |         |   |   |      |   |   |    |     |     |            |     |   |    |   |                 |
|                                    | CERTIFICATION (This sta  | tement of account mu   | ist he cer  | ertifi           | rtifie  | ifie                                   | fie                  | ìe          | Fi.     | ifi     | fi   | ifi | fi           | fie               | _          | _   | 24                         | 1:              | an                             | nd     | e i        | io             | 11   | ٦.     | _            |                    |     | 'n                      | _        | 20             | cc            | )r             | 12         | n              |               |                |       | vit          | h         | C        | _        |        |        |          |        |          |     |           |         |                |                |                    |                 |           |     |             |     |      |      | =   | =  | =  | = | =  | =   | =  | =  | =   |         |   |   |      |   |   |    |     |     |            |     |   | =  | _ | _               |
| O<br>Certification                 | • I, the undersigned, hereb  (Owner other to the distribution of t | y certify that (Check one han corporation or pare other than corporation or pare other than corporation or pare B and that the own there) I am an officer (if space B. | e, but onlartnership  ion or pa  vner is no a corpora | partinot a       | p) la   | / or<br>) I i<br>rtne<br>t a i<br>tior | on<br>In<br>a<br>ior | o<br>I<br>n | ir<br>a | tr<br>a | tica | tic | l<br>tr<br>a | o<br>I<br>tn<br>a | nor        | n a | ne<br>aı<br>eı<br>cı<br>n) | e,<br>im<br>ers | , o<br>n th<br>sh<br>rpo<br>or | of the | the<br>e o | e<br>ow<br>lar | th w | n<br>n | o<br>m<br>(i | x<br>t<br>t<br>non | h ( | s.<br>of<br>e oa<br>(if | )<br>tl  | he<br>lu<br>tn | y<br>er<br>oa | al<br>al<br>sh | ntl<br>nip | nc<br>o;<br>rs | sy<br>or<br>o | y:<br>iz<br>or | e (c) | en<br>d<br>o | ag<br>ftl | as<br>je | ni<br>ei | d<br>t | e<br>o | er<br>of | n<br>f | ti<br>al | tif | fic<br>fi | e<br>en | ed<br>o<br>nti | ir<br>w<br>ity | n li<br>ne<br>/ id | ine<br>er<br>de | e 1<br>of | the | f sp<br>e c | abl | le s | B; c | ter | m  |    |   |    |     |    |    | ter | m       |   |   |      |   |   |    |     |     |            |     |   |    |   |                 |
|                                    |  |  | Enter an Enter sig                                    | an ele           |         | elec                                   | led                  | e           | e       | le      | le   | ele | le           | le                | 90         | С   | ct                         | tro             | on                             | iic    | si         | igi            | n    | a      | at           | ·u                 | r   | e                       | 0        | n              | th            | e              | ir         | e              | â             |                |       |              |           |          |          |        |        |          |        |          |     |           |         |                |                | tai                | te              | ·me       | ent |             |     |      | _    |     |    |    |   |    |     |    |    |     |         |   |   |      |   |   |    |     |     |            |     |   |    |   |                 |
|                                    |  | Typed or printed   | name:   | : [              | N       | N                                      | N                    | N           | !       | ļ       |      | .!  | ļ            | N                 | N          | ,   | VI I                       | IC              | CI                             | H      | Α          | E              | =    | L      | _            | ;                  | S   | C                       | <u>:</u> | Н              | R             | E              | !!         | 3              | E             | ΞΙ             | R     |              |           |          |          |        |        |          |        |          |     | ••••      |         |                |                |                    |                 |           |     |             |     |      |      |     |    |    |   |    |     |    |    |     |         |   |   |      |   |   |    |     |     |            |     |   |    |   |                 |
|                                    |  | Title:<br>(Title of off  | EVP, (  | ·····            |         |  |                      |             |         |         |      |     |              |                   |            |     |                            |                 |                                |        |            |                |      |        |              |                    |     |                         |          |                |               |                |            |                |               |                | E     | ΞF           | 2         |          |          |        |        |          |        |          |     |           |         |                |                |                    |                 |           |     |             |     |      |      |     |    |    |   |    |     |    |    |     |         |   |   |      |   |   |    |     |     |            |     |   |    |   |                 |
|                                    |  | Date:  |   |                  |         |  |                      |             |         |         |      |     |              |                   |            |     |                            |                 |                                |        |            | •••            |      |        |              |                    |     |                         |          |                |               | ••••           |            |                |               |                |       |              | ••••      |          |          |        |        |          |        |          | (   | 0:        | 2       | 2/1            | 18             | 3/2                | 20              | 18        |     |             |     |      |      |     |    |    |   |    |     |    |    |     |         |   |   | •••• |   |   |    | ••• |     | •••        |     |   |    |   |                 |

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| ccounting Period: 2017/2   | FORM SA1-2E. PAGE 8.                                    |
|--|---|
| EGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
| EQUEL COMMUNICATIONS LLC   | 63284   |
| 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. | P Special Statement Concerning Gross Receipts Exclusion |
| During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below   |   |
| Name Mailing Address Mailing Address   |   |
| INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q   |
| Line 1 Enter the amount of late payment or underpayment  | Interest Assessment                                     |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   |   |
| Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6  |   |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.   |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |   |
| Owner Address  |   |
| ID number First community served Accounting period   |   |

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