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 workbool by email to: |
|--|---------------|----------------------|--|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | <u>coplicsoa@loc.gov</u> |
| General instructions are located in the first tab of this workbook | 02/28/2018 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150 |

| A | ACC | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|----------------------|-----|---|
| | | |
| | | 2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| | | |
| | | 20172 Barcode Data Filing Period (optional - see instructions) |
| Accounting 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: |
| | | JAMES CRABTREE CORRECTIONAL FACILITY |
| | | 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 sufficiency of the fling, a determination that would be made by a court of law.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|-----------------------|--|--|
| Name | CEQUEL COMMUNICATIONS LLC | 63349 |
| D | Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi | ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings. |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or i identified city. | mobile home parks should be reported in parentheses below the |
| | | 07475 |
| First | CITY OR TOWN HELENA | STATE OK |
| Community | (JAMES CRABTREE CORR) | |
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| Add Rows as Necessary | | |
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| | 1 | | | | | | | FORM SA1 | |
|-------------------------------|--|----------------------|-----------------|--------------------|-------------|------------------|---------------|----------------|------|
| Name | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | SYS | |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 6334 |
| | SECONDARY TRANSMISSION | SERVICE: SU | BSCRI | BERS AND RA | ATES | | | | |
| E | In General: The information in sp | pace E should o | cover al | l categories of | secondar | | | | |
| | system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | hose 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 nu | | | | | | | | |
| | separately for the particular servi | | | | | | | | |
| | Rate: Give the standard rate cl unit in which it is generally billed. | | | | | | | | |
| | category, but do not include disc | | | | ny stanua | | s wiu iir a p | | |
| | Block 1: In the left-hand block | | | | ies of sec | ondary transmis | sion servic | e that cable | |
| | systems most commonly provide | | | | | | | | |
| | that applies to your system. Note | | | | | | | | |
| | categories, that person or entity subscriber who pays extra for ca | | | | | | | | |
| | first set" and would be counted o | | | | | | | | |
| | Block 2: If your cable system h | | | | | service that are | different fr | om those | |
| | printed in block 1 (for example, ti | | | | | | | | |
| | with the number of subscribers a | ind rates, in the | right-ha | and block. A tw | vo- or thre | e-word descripti | on of the se | ervice is | |
| | sufficient. | DCK 1 | | | 1 | | BLOCK | 2 | |
| | | NO. OF | | | | | | NO. OF | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIBE | RS | RATE | CAT | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE |
| | Service to first set | | 0 | _ | | | | | |
| | Service to additional set(s) | | 0 | 0 | | | | | |
| | • FM radio (if separate rate) | | Ĭ | Ŭ | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 945 | 41.89 | | | | | |
| | Converter | | 340 | -1.00 | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | - | | | | |
| F | In General: Space F calls for rat | | , | | • | • • | | | |
| • | not covered in space E, that is, the service for a single fee. There are | | | | | | | | |
| Services | furnished at cost or (2) services of | | | | | | | | |
| Other Than | amount of the charge and the un | iit in which it is ι | usually | billed. If any ra | ates are ch | arged on a varia | able per-pro | ogram basis, | |
| Secondary | enter only the letters "PP" in the | | | | | | P-t- d | | |
| Fransmissions: Rates | Block 1: Give the standard rat Block 2: List any services that | | | | | | | were not | |
| Rates | listed in block 1 and for which a s | | | | | | | | |
| | brief (two- or three-word) descrip | | | | | | | | |
| | | BLOC | K 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | CATEG | 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 | - | | nmercial | | | | | |
| | Fire protection | | | cable | | | | | |
| | •Burglar protection | | | cable-add'l ch | nannel | | | | |
| | Installation: Residential | | | protection | | | | | |
| | | | • Bur | glar protection | | | | | |
| | First set | - | | | | | | | |
| | First setAdditional set(s) | | Other s | ervices: | | | | | |
| | | | | ervices: onnect | | - | | | |
| | Additional set(s) | | • Rec | | | - | | | |
| | Additional set(s)FM radio (if separate rate) | | • Rec • Disc | onnect | | - | | | |

| | 2017/2 | E CARLE SYSTEM | | FORM SA1-2E. PAGE |
|--------------------------------------|---|--|--|---|
| Name | CEQUEL COMMUNIC | | | 6334 |
| | PRIMARY TRANSMITTERS: | | | |
| G rimary smitters: levision | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location | also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the | <i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a such he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form. t the community to which the station | time basis under tams [sections ations carried on a lostitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | КОСО-АВС | 7 | N | OKLAHOMA CITY, OK |
| | KETA-PBS | 13 | Е | OKLAHOMA CITY, OK |
| as Necessary | KSBI-MNT | 23 | I | OKLAHOMA CITY, OK |
| | КОКН-FOX | 24 | l | OKLAHOMA CITY, OK |
| | KFOR-NBC | 27 | Ν | OKLAHOMA CITY, OK |
| | KTUZ-TMO | 29 | Ι | SHAWNEE, OK |
| | | | | |
| | KOCB-CW | 33 | I | OKLAHOMA CITY, OK |
| | KOCB-CW KUOK-UNV | 33 35 | <u> </u> | OKLAHOMA CITY, OK WOODWARD, OK |
| | | | I I N | |
| | KUOK-UNV | 35 | | WOODWARD, OK |
| | KUOK-UNV KWTV-CBS | 35 39 | I I N I I | WOODWARD, OK OKLAHOMA CITY, OK |
| | KUOK-UNV KWTV-CBS KAUT-IND | 35 39 40 | | WOODWARD, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK |
| | KUOK-UNV KWTV-CBS KAUT-IND | 35 39 40 | | WOODWARD, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK |
| | KUOK-UNV KWTV-CBS KAUT-IND | 35 39 40 | | WOODWARD, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK |
| | KUOK-UNV KWTV-CBS KAUT-IND | 35 39 40 | | WOODWARD, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK |
| | KUOK-UNV KWTV-CBS KAUT-IND | 35 39 40 | | WOODWARD, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK |
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| | KUOK-UNV KWTV-CBS KAUT-IND | 35 39 40 | | WOODWARD, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK |
| | KUOK-UNV KWTV-CBS KAUT-IND | 35 39 40 | | WOODWARD, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK |

| EGAL NAME OF | | | | | | | | SYSTEM I 633 |
|---|---|--|---|--|---|--|--|----------------------------------|
| | NOMITTERO | | | | | | | |
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing tive the station | y the sys be recein to the Co sign of the static ion's sig g a check n's locati | I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the | It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain st leneral i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| | | | | T ' | | | | |
| 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 | 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 | | | | | 63349 |
| | SUBSTITUTE CARRIAGE | : 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 | 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 televisi | on 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 | o blonk. If your onowor in ' | | | - | |
| | | , leave the | rest of this pag | e blank. Il your answer is | res, you mu | ist complete | the program | п |
| | log in block 2. 2. LOG OF SUBSTITUTE | | Me | | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever pos | sible if their | meaning is | |
| | clear. If you need more spa | | | | | | iniouning io | |
| | | | | sion program ("substitute | | | | |
| | 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 ex | ample "I I ov | information | 1. |
| | "NBA Basketball: 76ers vs. | | | | | | 0 2009 01 | |
| | | | | "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra e community to which the | | nead by tha l | ECC or in | |
| | the case of Mexican or Can | | | | | | | |
| | | | | tem carried the substitute | | | ith the mor | nth |
| | first. Example: for May 7 giv | | | | | | | |
| | | | | 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: | 15 p.m. to 6:2 | 8:30 p.m. sn | ouid be | |
| | | er "R" if the | listed program | was substituted for progra | mming that y | our system w | vas require | d |
| | to delete under FCC rules a | | | | | | | am |
| | was substituted for program effect on October 19, 1976. | ming that y | our system wa | s permitted to delete unde | r FCC rules a | nd regulation | ns in | |
| | | | | | | | | |
| | | | | | WHE | N SUBSTIT | UTE | |
| | S | UBSTITUT | E PROGRAM | | CARRI | AGE OCCU | IRRED | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TII FROM – | MES - TO | DELETION |
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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 | 481 YSTEM ID# 63349 |
| 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 servic s amount, see | e 2,835.00 |
| 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 | 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 | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 63349 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services | ns 11 15 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) | |
| for Further Information | Name SARAH BOGUE Telepho | one (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 | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulatio I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained her are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Michael Schreiber | ce B; or le system as identified owner of the cable system |
| | Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: MICHAEL SCHREIBER Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership) 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 telephol 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 fling, a determination that would be made by a court of lav

| | FORM SA1-2E. PAG |
|---|--|
| NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| UEL COMMUNICATIONS LLC | 633 |
| 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 Statemen Concerning Gross Receipts Exclusio |
| 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 Name Mailing Address Mailing Address | |
| | |
| 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 Assessme |
| × | |
| | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | — |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | — |
| xdays | |
| | |
| x days Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| x days Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here x days x days x 0.00274 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 x - x 0.00274 x 0. | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$ - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | |
| x | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here x | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
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