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
	-		

Accounting Period 2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period Instructions: 30172 Bercode Data Filing Period (optional - see instructions) B Instructions: Give the full legal and 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. If the owner of the cable system. If there were different owners during the sector conducts the business of the cable system. If there were different owners during the sector conducts the business of the cable system. If there were different owners during the sector conducts the business of the cable system. Easterneet of account and reyaby fee payment covering the entire accounting period. If there were different owners during the sector owners during the sector owners during period. Easterneet of account and reyaby fee payment covering the entire accounting period. If the owner of OWNER/INALING ADDRESS OF CABLE SYSTEM Easterneet of account and reyaby fee payment covering the owner on the last day of the level owner. If USUBERS NAME(S) OF OWNER OF CABLE SYSTEM Easterneet of account and reyaby fee payment. Subdemuistance of the system with the context owner. Type and the owner. If USUBERS NAME(S) OF OWNER OF CABLE SYSTEM Easterneet owner. If USUBERS IN AMERCOND OF CABLE SYSTEM Easterneet owner.	A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period 20172 Barcode Data Filing Period (optional - see instructions) B 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. Ust any other name or names under which the owner onducts the business of the cable system. If there were different owners during the accounting period, only the owner on the list day of the accounting period should submit a single statement of account and royalty (see payment covering the entire accounting period. 68351 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 68351 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM 68351 CeQueL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM OTHER, TX 75701 TUPE, TX 75701 City town wide. gov International access of the system, if different from the address given in space B. Name: sheet, front front, apaethenic to rate number) 7202 (with maining address of the system); filterent from the address given in space B. 1 DeNTIFICATION OF CABLE SYSTEM: 2 2 Number; sheet, front front, apaethenic to rate number) 1 2 DeNTIFICATIO			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 68333 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 68333 ELEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC 68333 BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS 83015 St SE LOOP 323 Womer State function of the system of cable system. TYLER, TX 75701 Cabust Constraints, apply Type any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 DENTIFICATION OF CABLE SYSTEM: KENTUCKY STATE PENITENTIARY 2 Mailing AdDress of Cable System:				
Period B Instructions: Give the full legal name of the colle system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. East (a) Image: Comparison of the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. East (a) Image: Comparison of Comparison of Cable System (CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (CEQUEL COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3015 S SE LOOP 323 (Number, street, runal roote, apartment, or submer number) TYLER, IX 75701 (C), box, state, ap) Image: Street number) TYLER, IX 75701 (C), box, state, ap) C Image: Street number) Image: Street number) TYLER, and appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 Image: Street number) MAILING ADDRESS OF CABLE SYSTEM: KENTUCKY STATE PENITEENTIARY MAILING ADDRESS OF CABLE SYSTEM: 2			20172 Barcode Data Filing Period (optional - see instructions)	
B Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. Ummer 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. 63351 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 63351 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM EQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) SUDDENLINK COMMUNICATIONS SUDDENLINK COMMUNICATIONS Mailing address or owner or cable system 0 Multiperiod to the automater TYLER, TX 75701 0 (City, town, state, and give the number) 1 PINTERCATIONS : In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. 1 System 1 IPINTERCATION or Cable SYSTEM: 1 2 Number, street, rural roule, apartment, or sube number) 1 Information of the system unless these names already appear in space B. 1 <th>-</th> <th></th> <th></th> <th></th>	-			
C System C System C System C System C System C C System C C System C C C C C C C C C C C C C C C C C C C	В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title	
single statement of account and royalty fee payment covering the entire accounting period. E3351 Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division. E3351 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM EGUEL 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, 2ip) Names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: 2 TNUMBER, street, rural route, apartment, or suite number)	Owner		List any other name or names under which the owner conducts the business of the cable system.	
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 Walking address of owner of cable system TYLER, TX 75701 City town, state, 2ip INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. I DENTIFICATION OF CABLE SYSTEM: C NUMBER, street, rural route, apartment, or suite number) C NUMBER, street, rural route, apartment, or suite number) 2 Number, street, rural route, apartment, or suite number)				
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Image: System Instruction of cable system: Image: System Image: System Image: System Image: System <t< th=""><th></th><th></th><th>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</th><th></th></t<>			MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System 1 IDENTIFICATION OF CABLE SYSTEM: KENTUCKY STATE PENITENTIARY Mailing Address of CABLE System: 2 (Number, street, rural route, apartment, or suite number)				
System names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System 1 IDENTIFICATION OF CABLE SYSTEM: KENTUCKY STATE PENITENTIARY MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)				
1 KENTUCKY STATE PENITENTIARY MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	С			
2 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	System	1		
(City, town, state, zip code)		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 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#
Name	CEQUEL COMMUNICATIONS LLC	63351
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor 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 fil	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
First	CITY OR TOWN EDDYVILLE	STATE KY
Community	(KY STATE PEN)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							6335
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	RERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ng on the	
Transmission	last day of the accounting period						lo avotom	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate ir	ndicated	-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				iy standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				es 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					d in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.							()	
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		48	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES	;				
F	In General: Space F calls for rat	-				Il your cable sys	em's servi	ces that were	
F	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		acaany					ogram baolo,	
ransmissions:	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				nea. List	these other serv	ices in the	form of a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER\	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi		TUTE	ONTEO		TOTE
	• Pay cable	-		el, hotel					
	• Pay cable—add'l channel	-		nmercial					
	• Fire protection			cable					
	•Burglar protection			cable-add'l cha	annel				
	Installation: Residential			protection					
	First set	_		glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect					
	• Converter			connect					
	CONVENCE		- DISC						
			- 0	of role and an					
				et relocation e to new addre		-			

counting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNICA			63351
G Primary ransmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carrien in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instrin of each station. For U.S. stations, lis	translator stations and low power tele t (1) stations carried only on a part-tir he carriage of certain network prograr S1(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs- the Special Statement and Program Lu- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a main (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is the community with which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSIU-PBS	8	E	CARBONDALE, IL
	KFVS-CBS	12	N	CAPE GIRARDEAU, MO
s Necessary	KBSI-FOX	23	l	CAPE GIRARDEAU, MO
	WPSD-NBC	32	N	PADUCAH, KY
	WSIL-ABC	34	N	HARRISBURG, IL
	WDKA-MNT	49	l	PADUCAH, KY
	WQWQ-CW	12	<u> </u>	PADUCAH, KY

CEQUEL CO	F OWNER OF C							SYSTEM I 633
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process 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 licen	adend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
S. ILL DIGIN		0,0		ONEE OTON		0,0		
	+							

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 L	LC					63351
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	· cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations i	wherever nos	sihle if their	meanina is	
	clear. If you need more spa				Milerever pos		inearing is	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations	 See page (v) of the gene thall " List specific program 	eral instruction	ns for furthei	r informatior	٦.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific program		ample, 1 Lov	VE LUCY OF	
			dcast live, enter	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."	, ,	·	U U			
				gram was carried by your of				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	iould be	
		er "R" if the	listed program	was substituted for progra	mming that v	our svstem v	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	l		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM -	IMES — TO	DELETION
		165 01 140	CALL SIGN	4. STATION S LOCATION	AND DAT		_ 10	
						-	_	
						-	_	
						-	_	
						-	_	
						_	_	
						-	_	
						-	_	
1		1	1		· ·	I - -		1

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	*STEM ID 63351
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 2,000.00
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		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance 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		ntS!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: DMMUNICATIONS LLC	SYSTEM ID# 63351
M Channels	to its subscrib1. Enter the to system carri2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broat overs, and (2) the cable system's total number of activated channels during the accounting per otal number of channels on which the cable ied television broadcast stations	riod. 7 36
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whe ct about this statement of account.)	hom
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 (option	nal)
O Certification	I, the undersigned (Ow (Ag	ON (This statement of account must be certified and signed in accordance with Copyright Officence, hereby certify that (Check one, but only one, of the boxes.) Our other than corporation or partnership) I am the owner of the cable system as identified in I are the owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or Our or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity i in line 1 of space B. Ded the statement of account and hereby declare under penalty of law that all statements of fact or plate, and correct to the best of my knowledge, information, and belief, and are made in good faith.	line 1 of space B; or her of the cable system as identified identified as owner of the cable system contained herein
		Enter an electronic signature on the line above to certify this state that a signature using an "/s/ signature" (e.g., /s/ John Smith)	atement.
		Typed or printed name: MICHAEL SCHREIBER	
		Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	
	1		

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

unting Period: 2017/2	FORM SA1-2E. PAG
L 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. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 	P Special Statemen Concerning Gros Receipts Exclusio
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.	
	Q
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	Q Interest Assessme
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L

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