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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 2/28/2018 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER .

2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 3	31
20172 Barcode Data Filing Period (optional - see instructions)	
Period	
B Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give th of the subsidiary, not that of the parent corporation.	ne full corporate title
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 single statement of account and royalty fee payment covering the entire accounting period.	I should submit a
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63354
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)	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operati names already appear in space B. In line 2, give the mailing address of the system, if different from the	
System 1 IDENTIFICATION OF CABLE SYSTEM:	
SOUTHEASTERN CORRECTIONAL FACILITY	
MAILING ADDRESS OF CABLE SYSTEM:	
2 (Number, street, rural route, apartment, or suite number)	
(City, town, state, zip code)	

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	63354
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	lie nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	LANCASTER	ОН
Community	(SOUTHEASTERN CORR)	
Add Rows as Necessary		
Add Rows as necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							6335
_	SECONDARY TRANSMISSION		BSCDI		TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission	on of television a	and rad	io broadcasts b	y your sy	stem to subscrib	ers. Give	information	
Secondary	about other services (including p						hose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ly standa		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	e to their subscri	ibers. G	live the number	r of subsc	ribers and rate f	or each lis	ted category	
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-h	and block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
-	sufficient.	DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				C, II				
	Service to first set		0	-					
	Service to additional set(s)		Ō	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		41	41.89					
	Converter								
	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								
Other Than	amount of the charge and the un		usually	billed. If any rat	es are ch	arged on a varia	able per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the			austam for as	h of the d		an linted		
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
nuco	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	1		tion: Non-resi	dential				
	Pay cable	-		el, hotel					
	Pay cable—add'l channel	-		nmercial					ļ
	Fire protection			cable					
	 Burglar protection 			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	-		glar protection					
	 Additional set(s) 	-		ervices:					
	 FM radio (if separate rate) 		• Rec	onnect		-			
	· · · /								
	• Converter		• Dise	connect					
	· · · /			connect let relocation		-			

unting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC	ATIONS LLC		63354
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: elevision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs he Special Statement and Program Lo d both on a substitute basis and also see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. 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
,	WCMH-NBC	14	N	COLUMBUS, OH
	WBNS-NBC	21	N	COLUMBUS, OH
Necessary	WTTE-FOX	36	I	COLUMBUS, OH
	WOSU-PBS	38	E	COLUMBUS, OH
	WWHO-CW	46	l	CHILLICOTHE, OH
	WSYX-ABC	48	N	COLUMBUS, OH

EGAL NAME O								SYSTEM II 633
n General: Lis		station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed infi aper SA1-2 fo Column 1: If Column 2: S Column 3: If ignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether if f the radio stat this by placing Give the station	y the sys be recein at the Co I sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t 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 c 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
	•	-				8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/2					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				63354
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi				-	ion that your cable syst	em 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 SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>ision</u> progra	m
Program Log	broadcast by a distant sta	tion?				YES	× NO
r rogram Log	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is '	"Vee " vou mi	-	
		, leave life	rest of this pag	e blatik. Il your allswel is	res, you mu	ist complete the progra	2111
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning i	S
	clear. If you need more spa					5	
				sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	es like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample. "I Love Lucv" of	л. ^
	"NBA Basketball: 76ers vs.			p p			
				"Yes." Otherwise enter "N			
				sting the substitute progra the community to which the		upsod by the ECC or in	
	the case of Mexican or Can						
				tem carried the substitute			onth
	first. Example: for May 7 give				-		
				gram was carried by your			ely
	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. snould be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system was requir	ed
	to delete under FCC rules a						Iram
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
	effect on October 19, 1976.						
					WHE	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1	CARR	IAGE OCCURRED	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. TIMES FROM — TO	DELETION
						<u> </u>	
						_	
						_	
						_	
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# 63354
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 service s amount, see	, 200.00
Copyright	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)	<u> </u>
	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 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		nts!

Accounting Period:	2017/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM: NICATIONS LLC				SYSTEM ID# 63354
M Channels	 to its subscribers, an 1. Enter the total nur system carried tele 2. Enter the total nur on which the cable 	nd (2) the cable system's mber of channels on whic evision broadcast stations mber of activated channel e system carried television	total number of activated of the cable	channels during the ac		6
N Individual to Be Contacted		CONTACTED IF FURTH at this statement of accou	IER INFORMATION IS N nt.)	EEDED (Identify an in	dividual to whom	
for Further Information	Name S	ARAH BOGUE			Telephon	e <u>(903) 579-3121</u>
		015 S SE LOOP 323 umber, street, rural route, apar YLER, TX 75701 ity, town, state, zip)				
	Email	SARAH.BOGU	E@ALTICEUSA.COM		Fax (optional)	
O Certification	I, the undersigned, h (Owner oth (Agent of o in line X (Officer o in line I have examined the	hereby certify that (Check o her than corporation or p owner other than corpora 1 of space B and that the o or partner) I am an officer (1 of space B. e statement of account and nd correct to the best of my	ne, <i>but only one</i> , of the box artnership) I am the owne ation or partnership) I am owner is not a corporation o if a corporation) or a partne	xes.) r of the cable system as the duly authorized age r partnership; or r (if a partnership) of th Ity of law that all statem nd belief, and are made	Copyright Office regulations s identified in line 1 of space ent of the owner of the cable e legal entity identified as ow nents of fact contained hereir in good faith.	B; or system as identified mer of the cable system
		Typed or printed Title: (Title of d Date:	Enter an electronic signature transmission of the signature using an ", and the signature of the signature o	/s/ signature" (e.g., /s/ SCHREIBER TENT OFFICER		

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inting Period: 2017/2	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
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? 	P Special Statement Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address Mailing Address	
	n
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L L
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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