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 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>	PUTNAMVILLE 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	63546
	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 list	t 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	GREENCASTLE	IN
Community	(PUTNAMVILLE CORR)	
	(I OTHARIVIELE CONT.)	
Add Rows as Necessary		

Accounting Period: 2017/2 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63546

### 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 SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	0	-					
<ul> <li>Service to additional set(s)</li> </ul>	0	0					
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel							
Commercial	16	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.

	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# 63546

4. LOCATION OF STATION

INDIANAPOLIS, IN

## PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

WISH-CBS

G

# Primary Transmitters: Television

**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 paper 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

9

WTHR-NBC 13 Ν INDIANAPOLIS, IN WFYI-PBS 21 Ε INDIANAPOLIS, IN 25 INDIANAPOLIS. IN WRTV-CW 45 WXIN-FOX INDIANAPOLIS, IN 48 WTTV-CBS Ν **BLOOMINGTON, IN** 

3. TYPE OF STATION

Ν

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **CEQUEL COMMUNICATIONS LLC**

63546

#### 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						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS LI	LC					63546			
l	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regul	ations, or au	thorizations.	For a further			
Substitute Carriage:					ie general insu	uctions in the	e paper SAT	-2 101111.			
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant stat	tion?					YES	X NO			
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust complete	the prograr	m			
	log in block 2.										
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was separated to delete under FCC rules and regulations in										
	effect on October 19, 1976.							T			
				_		EN SUBSTI					
	S		E PROGRAM	1		IAGE OCCI		7. REASON FOR DELETION			
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	TIMES — TO	BELETION			
		TES OF INC	CALL SIGN	4. STATION S LOCATION	AND DAT	FROW -	_ 10				
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Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 63546
K 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 nis amount, see	3,900.00
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.		
	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 fo 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		02.00
	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. Fator the amount of gross respires from appear 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 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 See page i of the general instructions in the paper SA1-2 form for more informa		hts!

2017/2														FOR	M SA1-2E. P	AGE 7
															SYSTE 6	M ID#
to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable systems.	the cable system's total of channels on which the broadcast stations of activated channels are carried television broadcast.	the cable	ble	of activate	d channe	els during	the acc	counti	ng perio	od.	ations			6 30		
			ORMA	ATION IS	NEEDE	<b>O</b> (Identify	y an ind	dividua	al to who	om						
Name SARA	H BOGUE									Tele	phone	(903)	579-31	21		
(Number	street, rural route, apartmer	ent, or suit	uite nur	ımber)												
(City, tow		@ALTIC	ICEU	JSA.CON	Л			Fax	(option	al)						
Owner other th  (Agent of owner in line 1 of s  X (Officer or partial in line 1 of s  I have examined the state are true, complete, and contains the state are true.	r certify that (Check one, nan corporation or parts or other than corporation pace B and that the owner) I am an officer (if a pace B.  ment of account and her rect to the best of my knows (1986)]	e, but only thership on or pai ner is not a corpora ereby dec nowledge  Enter an e Enter sign	/s/ MI	ership) I a corporation or a part or under performation, or Micha tronic sign ire using ar	m the dul n or partn mer (if a p nalty of la and belie	cable systems of authorizership; or artnership with the time at a true at a	stem as zed ager p) of the statemer made is covered to company to	identifint of the legal ents of in good	int Office fied in line owne entity id f fact co d faith.	ne 1 of s	ations) space B; cable sy as owne	or stem as	identified	ı		
	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA  CHANNELS Instructions: You must go 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  INDIVIDUAL TO BE CON we can contact about this  Name  SARA  Address  3015: (Number, TYLE) (City, towner)  Email  CERTIFICATION (This state)  (Owner other the complete of the comp	CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's tot.  1. Enter the total number of channels on which is system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television be and nonbroadcast services	CHANNELS Instructions: You must give (1) the number of channe to its subscribers, and (2) the cable system's total num  1. Enter the total number of channels on which the cab system carried television broadcast stations	CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels or to its subscribers, and (2) the cable system's total number of to its subscribers, and (2) the cable system's total number of system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which the to its subscribers, and (2) the cable system's total number of activated.  1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable s to its subscribers, and (2) the cable system's total number of activated channel  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 and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Number, street, rural roude, apartment, or suite number)  TYLER, TX 75701 (City, town, state, zip)  Email  SARAH.BOGUE@ALTICEUSA.COM  CERTIFICATION (This statement of account must be certified and signed in account in line 1 of space B and that the owner is not a corporation or partner hip I am the owner of the in line 1 of space B and that the owner is not a corporation or partner in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of la are true, complete, and correct to the best of my knowledge, information, and belie [18 U.S.C., Section 1001(1986)]  X /s/ Michael Schr  Enter an electronic signature on tenter signature using an "/s/ sign  Typed or printed name:  MICHAEL SCHI  Title:  EVP, CHIEF CONTENT  (Title of official position held in corporation or partner)	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system care to its subscribers, and (2) the cable system's total number of activated channels during 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 and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identified and context about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701  (City, town, statia, zip)  Email  SARAH.BOGUE@ALTICEUSA.COM  CERTIFICATION (This statement of account must be certified and signed in accordance in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all are true, complete, and correct to the best of my knowledge, information, and belief, and an [18 U.S.C., Section 1001(1986)]  X /s/ Michael Schreiber  Enter an electronic signature on the line at Enter signature using an "/s/ signature" (e.  Typed or printed name: MICHAEL SCHREIBE  Title: EVP, CHIEF CONTENT OFFIC (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried te to its subscribers, and (2) the cable system's total number of activated channels during the activated thannels 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 and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an inciver can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Number, street, rural route, apartment, or surle number)  TYLER, TX 75701  (City, town, state, zig)  Email  SARAH.BOGUE@ALTICEUSA.COM  CERTIFICATION (This statement of account must be certified and signed in accordance with Country of the cable system as a composition of partnership, or a composition of partnership of the in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law tha	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televisic to its subscribers, and (2) the cable system's total number of activated channels during the accounting	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broat to its subscribers, and (2) the cable system's total number of activated channels during the accounting period to its subscribers, and (2) the cable system storied television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to what we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323 (Number, street, rural route, spartment, or suite number)  TYLER, TX 75701  (City, town, state, zp)  Email  SARAH, BOGUE@ALTICEUSA.COM  Fax (option)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office.  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (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  X (Officer or partner) I am an officer (if a corporation or partnership) of the legal entity is in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all statements of fact coare rune, 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))  Typed or printed name:  MICHAEL SCHREIBER  Title:  EVP, CHIEF CONTENT OFFICER  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. 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(Owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  MICHAEL SCHREIBER  Title:  EVP, CHIEF CONTENT OFFICER  (Title of official position field in corporation or partnership).	LEGAL NAME OF OWNER OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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 and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  Name  SARAH BOGUE  TYLER, TX7501  (City, town, statin, rat)  Email  SARAH BOGUE  SARAH BOGUE  TYLER, TX7501  (City, town, statin, rat)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space By in line 1 of space B and that the owner is not a corporation or partnership; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified as owner in line 1 of space B and that the owner is not a corporation or partnership; or  (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are too, complete, and corner to the best of my knowledge, information, and belief, and are made in good faith.  18 U.S.C., Section 1001(1986)  Typed or printed name:  MICHAEL SCHREIBER  Title:  EVP, CHIEF CONTENT OFFICER  Title:  EVP, CHIEF CONTENT OFFICER	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  SARAH BOGUE  Address  3015 S SE LOOP 323  (Number, street, runal route, apartment, or salte number)  TYLER, TX 75701  (City, lower, sizes, 27)  Email  SARAH BOGUE@ALTICEUSA.COM  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership, or  X (Officer or partnersh and account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and cornect to the best of my knowledge, information, and belief, and are made in good fasth.  Title:  EVP, CHIEF CONTENT OFFICER  Title:  EVP, CHIEF CONTENT OFFICER	LECAL NAME OF OWNER OF CABLE SYSTEM:  CECULE COMMUNICATIONS LLC  CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system 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 and control to the total number of activated channels on which the cable system carried television broadcast stations and nontroadcast services.    Instruction	EGAL NAME OF OWNER OF CABLE SYSTEM   CRUMEL COMMUNICATIONS LLC   CHANNELS	ECAR, NAME OF CAMES OF CARLE SYSTEM: CROUDE COMMUNICATIONS LLC   CANANELS   Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subcorbiers, and (2) the cable system is 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 on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on the cable system carried television broadcast stations on the cable system carried television broadcast stations on the cable system on the cable system as committed in the statement of account.    Institute of the cable system of the cable system as identified in line 1 of space 8 and the the capture of the cable system as identified in line 1 of space 8 and that the capture is accordance or partnership, or

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 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

counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	63546
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 Exclusion
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 www.copyright.gov/licensing/interest-rate.pdf. 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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