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>
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

Accounting Period       2017/2       Period 1 = January 1 - June 30       Period 2 = July 1 - Docember 31         Accounting Period       20172       Barcodo Data Filing Period (optional - see instructions)         B       Structions:       Structions:         Owner       Structions:       Structions:         It is ubsidiary, not that of the parent corporation.       List 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 last day of the accounting period should submit a single statement of account and royally fee payment covering the entire accounting period.       000332         Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division.       000332         LiceAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Cable Communications LLC       000332         BuSINESS NAME(S) OF OWNER OF CABLE SYSTEM       SubbenLink communications LLC       000332         BuSINESS NAME(S) OF OWNER OF CABLE SYSTEM       SubbenLink communications       000332         Mailung ADDRESS OF OWNER OF CABLE SYSTEM       Mailung ADDRESS OF OWNER OF CABLE SYSTEM       000332         BuSINESS NAME(S) OF OWNER OF CABLE SYSTEM       Mailung ADDRESS OF OWNER OF CABLE SYSTEM       000332         BuSINESS NAME(S) OF OWNER OF CABLE SYSTEM       000332       000332       000332	A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period Accounting Period B B Cover B Cover B Cover B Cover B Cover B Cover				
Accounting Period  R Accounting Period  R Accounting Period  R B Owner  B Cover  B Cover B			2017/2     Period 1 = January 1 - June 30     Period 2 = July 1 - December 31	
Accounting Period  R Accounting Period  R Accounting Period  R B Owner  B Cover  B Cover B				
Period         B         Owner         Isstructions:         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.         Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.       000932         Image: LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       EQUILE COMMUNICATIONS LLC         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)       SubdenLink Communications         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         MILING ADDRESS OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         MILING ADDRESS OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         MILING ADDRESS OF OWNER OF CABLE SYSTEM       TYLEF, TX 75701         City, town, state, zop       City, town, state, zop         TYLEE, R. X 75701       City, town, state, zop         City, town, state, zop       City the mailing address of the system, if different from the addres			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.         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.       000932         Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.       000932         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Equal LCOMMUNICATIONS 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         (Wumber, state, zp)       (Wumber, state, zp)         (Divide, spatiment, or suite number)       TY STOOI         Ty, town, state, zp)       (City, town, state, zp)         (City, town, state, zp)       In line 1, give any business or trade names used to identify the business and operation of the system unless these aready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	-			
Control       Instruction of control of the decounting 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.         Image: Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       000932         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       000932         CEQUEL COMMUNICATIONS LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         SUDDENLINK COMMUNICATIONS       MAILING ADDRESS OF OCABLE SYSTEM (IF DIFFERENT)         SUDDENLINK COMMUNICATIONS       MAILING ADDRESS OF OCABLE SYSTEM         3015 SEC LOOP 323       (Number, street, rural route, apartment, or sule number)         TYLER, TX 75701       (City, town, state, zp)         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       DENTIFICATION OF CABLE SYSTEM:	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. 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 3UDDENLINK COMMUNICATIONS MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3UDDENLINK COMMUNICATIONS CIVILIA S SE LOOP 323 (Number, street, rural route, apartment, or sulte number) TYLER, TX 75701 Citly: town, state, zep) NSTRUCTIONS: 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. 1 DENTIFICATION OF CABLE SYSTEM:	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 (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701 [City, town, state, zip]  NSTRUCTIONS: 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.  J IDENTIFICATION 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, 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.         System       1			Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	000932
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, 2p)         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				
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, lown, state, zip)           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.           1			LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
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)         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			CEQUEL COMMUNICATIONS LLC	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM         3015 S SE LOOP 323         (Number, street, rural route, apartment, or suite number)         TYLER, TX 75701         (City, lown, state, zip)         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			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
3015 S SE LOOP 323         (Number, street, rural route, apartment, or suite number)         TYLER, TX 75701         (City, town, state, zip)         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			SUDDENLINK COMMUNICATIONS	
INUMPER, Street, rural route, apartment, or suite number)         TYLER, TX 75701         (City, town, state, zip)         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			MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
TYLER, TX 75701         (City, town, state, zip)         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:				
System       1         IDENTIFICATION OF CABLE SYSTEM:			TYLER, TX 75701	
System       1         IDENTIFICATION OF CABLE SYSTEM:		INSTR	PICTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
	С			
SIBLEY, LA	System	1		
MAILING ADDRESS OF CABLE SYSTEM:			MAILING ADDRESS OF CABLE SYSTEM:	
2 (Number, street, rural route, apartment, or suite number)		2	(Number, street, rural route, apartment, or suite number)	
(City, town, state, zip code)			(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.

.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	0009
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including singl t will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
-	CITY OR TOWN SIBLEY	STATE LA
First Community		
Community	DOYLILNE	LA
	DUBBERLY	LA
d Rows as Necessary	HEFLIN	LA
	LAKE BISTINEAU	LA
	RINGOLD	LA
	WEBSTER COUNTY	LA

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							00093
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						nose existii	ng on the	
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 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				iny stanual		s within a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	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					In the count un			
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF		DATE	0.47			NO. OF	DATE
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		670	00.45					
	Service to first set		679	28.45					
	• Service to additional set(s)		1,062	0					
	• FM radio (if separate rate)								
	Motel, hotel		44	00.07					
	Commercial		41	29.97					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
•	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					-		-	
Fransmissions:	Block 1: Give the standard rat							voro pot	
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip							ionn or u	
	, , ,	BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	17.00	• Mot	tel, hotel					
	• Pay cable—add'l channel	19.00	• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection			v cable-add'l ch	nannel				
	Installation: Residential			protection					
	First set	40.00		glar protection					
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)			connect		40.00			
	Converter			connect					
				let relocation		25.00			
				ve to new addr	ess	40.00			

	2017/2				FORM SA1-2E. PAGE 3
ame	LEGAL NAME OF OWNER O				SYSTEM ID
	CEQUEL COMMUNIC				000932
G mary mitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, M <b>Column 3:</b> Indicate in eace educational station, by emi (for independent multicast For the meaning of these <b>Column 4:</b> Give the locati	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ad with a station according to its over-the	t (1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and al- see page (v) of the general instruc- orogram 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 inde- pr "E-M" (for noncommercial educa- lictions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	- STATION
	KLTS-HD	24	E-M	SHREVEPORT, LA	
	KLTS-TV	24	Е	SHREVEPORT, LA	
Necessary	KMSS-HD	34	I-M	SHREVEPORT, LA	
	KMSS-TV	34	I	SHREVEPORT, LA	
	КРХЈ	21	l	MINDEN, LA	
	KPXJ-ANTENNA	21	I-M	MINDEN, LA	
	KPXJ-HD	21	I-M	MINDEN, LA	
	KPXJ-MOVIES	21	I-M	MINDEN, LA	
	KPXJ-V ME	21	E-M	MINDEN, LA	
	KSHV				
	NORV	44	<u>I</u>	SHREVEPORT, LA	
	KSHV-HD	44	I.I.M	SHREVEPORT, LA SHREVEPORT, LA	
	KSHV-HD	44	I-M	SHREVEPORT, LA	
	KSHV-HD KSLA-BOUNCE	44 17	I-M I-M	SHREVEPORT, LA SHREVEPORT, LA	
	KSHV-HD KSLA-BOUNCE KSLA-GRIT	44 17 17	I-M I-M I-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA	
	KSHV-HD KSLA-BOUNCE KSLA-GRIT KSLA-HD	44 17 17 17 17	I-M I-M I-M N-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA	
	KSHV-HD KSLA-BOUNCE KSLA-GRIT KSLA-HD KSLA-TV	44 17 17 17 17 17	I-M I-M I-M N-M N	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA	
	KSHV-HD KSLA-BOUNCE KSLA-GRIT KSLA-HD KSLA-TV KTAL-HD	44 17 17 17 17 17 15	I-M I-M I-M N-M N-M N-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA TEXARKANA, TX	
	KSHV-HD KSLA-BOUNCE KSLA-GRIT KSLA-HD KSLA-TV KTAL-HD KTAL-TV	44 17 17 17 17 17 15 15 15	I-M I-M I-M N-M N N-M N-M N	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA TEXARKANA, TX TEXARKANA, TX	
	KSHV-HD KSLA-BOUNCE KSLA-GRIT KSLA-HD KSLA-TV KTAL-HD KTAL-HD KTAL-TV KTBS-HD	44 17 17 17 17 17 15 15 28	I-M I-M N-M N-M N-M N-M N-M	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA TEXARKANA, TX TEXARKANA, TX SHREVEPORT, LA	
	KSHV-HD KSLA-BOUNCE KSLA-GRIT KSLA-HD KSLA-TV KTAL-HD KTAL-HD KTAL-TV KTBS-HD KTBS-NEWS	44 17 17 17 17 17 15 15 28 28 28	I-M I-M I-M N-M N-M N-M N-M I-M	SHREVEPORT, LASHREVEPORT, LASHREVEPORT, LASHREVEPORT, LASHREVEPORT, LATEXARKANA, TXTEXARKANA, TXSHREVEPORT, LASHREVEPORT, LA	
	KSHV-HD KSLA-BOUNCE KSLA-GRIT KSLA-HD KSLA-TV KTAL-HD KTAL-HD KTAS-HD KTBS-HD KTBS-NEWS KTBS-TV	44 17 17 17 17 15 15 28 28 28 28	I-M I-M I-M N-M N-M N N-M N N-M I-M I-M N	SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA SHREVEPORT, LA TEXARKANA, TX TEXARKANA, TX SHREVEPORT, LA SHREVEPORT, LA	

Form SA1-2E Short Form (Rev. 05-17)

CEQUEL CO	F OWNER OF C							SYSTEM II 0009
PRIMARY TRA	NSMITTERS							
n General: Lis	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: lf cignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether f the radio stat this by placing	y the sys be recein at the Co l sign of the static tion's sig g a check	I-Band FM Carriage: Under ( tem 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 mark in the "S/D" column. on (the community to which th	It the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st jeneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the			0 01, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						
		+						
						L	I	

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					000932
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi				-	ion that your o	able 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 STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisio	on program	1
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 is "	Voo "vou mi		-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete t	ne prograr	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their n	neaning is	
	clear. If you need more spa					0.2.0,		
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o les like "mo	vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ove	nformation	1.
	"NBA Basketball: 76ers vs.						, Lucy 0.	
				"Yes." Otherwise enter "N				
				sting the substitute program		need by the F	CC or in	
	the case of Mexican or Can			e community to which the			CC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute p	program. Use	numerals, wi	th the mor	ith
	first. Example: for May 7 giv	ve "5/7."			-			
				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 6:01:1	5 p.m. to 6:2	8:30 p.m. sho	uld be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	as require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period;	enter the let	ter "P" if the li	sted progra	
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	JTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUI	RRED	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. TIN FROM —	IES TO	DELETION
		100 01 110			7410 0711			
						_		
			1			_		
						_	_	
						_		
			]					
						_		
						_		
	1							

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	YSTEM ID: 000932
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	s secondary trans w to compute thi	smission servie is amount, see	of ce 8,871.46
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r		,100)	
	1. Base amount under statutory formula		-	
	2. Enter amount of gross receipts from space K		-	
	3. Subtract line 2 from line 1	114,928.54	-	
	4. Enter the amount of gross receipts from space K	. \$	148,871.46	
	5. Enter the amount from line 3	. \$	114,928.54	
	6. Subtract line 5 from line 4	\$	33,942.92	
	7. Multiply line 6 by .005 (enter figure here)		\$	169.71
	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		\$	169.71
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	ut less than \$52	7,600)	
	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)		1 210 00	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	169.71	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	189.71
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f	-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 000932
M Channels	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	21
	on which the cable system carried television broadcast stations and nonbroadcast services	272
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 Telephone	e (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)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• 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 B	3; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
	<ul> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.</li> </ul>	ner of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	X /s/ Michael Schreiber	-
	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)	
	Date: 02/18/2018	
L		

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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	00093
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 fol- lowing 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 su scribers 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 transmission made by satellite carriers to satellite dish owners?	ub- Special Statemen Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name     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.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
	L L
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	L L
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Lange
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme  _days 
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days - se se
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days - se se
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days - se se
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days - se se
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days - se se
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days - se se

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 th 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 Office'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.