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
8/29/2018	\$ 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	4000	NUMBER OF DEAD COVEDED BY THE STATEMENT. (VVVVV/Daviad)								
^	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
		20181 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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:								
	ı	HUGO, OK								
		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.

ccounting Period:	2018/1	FORM CAA OF DAGE A
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1 SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	01056
	Instructions: List each separate community served by the cable system. A "con	
D	"a separate and distinct community or municipal entity (including unincorporar discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing.	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowlings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	HUGO	OK
Community	CHOCTAW COUNTY (PORTION)	OK
dd Rows as Necessary		

Accounting Period: 2018/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010561

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	·
CATECORY OF CERVICE	NO. OF	DATE	CATECODY OF CEDVICE	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	529	29.99			
 Service to additional set(s) 	781	0			
• FM radio (if separate rate)					
Motel, hotel					
Commercial	29	29.99			
Converter					
Residential					
Non-residential					

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.

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	17.00	Motel, hotel		
 Pay cable—add'l channel 	19.00	Commercial		
Fire protection		Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	40.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	40.00	
Converter		Disconnect		
		Outlet relocation	25.00	
		Move to new address	40.00	

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 010561

CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television

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 pager 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
K15AA-D	15	E	HUGO, OK
KTEN	26	N	ADA, OK
KTEN-CW	26	I-M	ADA, OK
KTEN-HD	26	N-M	ADA, OK
KTEN-HD	26	N-M	ADA, OK
KTEN-HD	26	N-M	ADA, OK
KXII	12	N	SHERMAN, TX
KXII-FOX	12	I-M	SHERMAN, TX
KXII-FOX	12	I-M	SHERMAN, TX
KXII-HD	12	N-M	SHERMAN, TX
KXII-MNT	12	I-M	SHERMAN, TX
	11111		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

010561

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 CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF	CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	_C					010561
1	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	thorizations.	For a further
Substitute	explanation of the programm				ie general insti	uctions in the	e paper SAT	-2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	During the accounting per	•	r cable system	carry, on a substitute ba	sis, any nonne	twork televis		
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the ind regulatio	m on a separa add additional ranetwork televition and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "sting the substitute program to community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting perio	e program") that ed for the program titles, for ex No." am. e station is lice to station is idented to program. Use to cable system to 6:2 tramming that y d; enter the left	ensed by the ntiffied). List the time 28:30 p.m. strong the programment of the programme	accounting another star rinformation ve Lucy" or FCC or, in with the more accurate nould be was require listed progr	tion n. nth ly
	effect on October 19, 1976.							
					1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EN SUBSTI		
	٩	LIBSTITLIT	E PROGRAM	1		IAGE OCCI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM -	— то	
							_	
							_	
							_	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:					1-2E. PAGE YSTEM ID
Name	CEQUEL COMMUNICATIONS LLC					01056
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscrit (as identified in space E) during the accounting period. For a furth page (vii) of the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmission a	bers for the syner explanation orm. service(s)	stem's sec n of how to	condary trans compute th	smission servic is amount, see	
	IMPORTANT: You must complete a statement in space P concer	ning gross rec	eipts.		(Amount of gro	ss receipts)
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 \$137,10 Use block 2 if the amount of gross receipts in space K is more that Use block 3 if the amount of gross receipts in space K is more that See page (vi) of the general instructions located in the paper SA1-2 for	an \$137,100 bi an \$263,800 bi	ut less tha	n \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPT	TS OF \$137,1	00 OR LE	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or les accounting period is \$52.00	ss, the royalty fe	ee that you	must pay for	this six-month	
	Line 1. Royalty fee for accounting period					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page					0.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page	: 0			-	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER	RIOD Add lines	s 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,8		•	e than \$137	,100)	
	Base amount under statutory formula	<u>\$</u>	2	63,800.00	-	
	2. Enter amount of gross receipts from space K			39,335.68	-	
	3. Subtract line 2 from line 1	<u>\$</u>	1	24,464.32	-	
	4. Enter the amount of gross receipts from space K				139,335.68	
	5. Enter the amount from line 3				124,464.32	
	6. Subtract line 5 from line 4				14,871.36	
	7. Multiply line 6 by .005 (enter figure here)					74.36
	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 an	nd 8		\$	74.36
	BLOCK 3: GROSS RECEIPTS OF MORE	THAN \$263,8	00 (but le	ss than \$52	7,600)	
	Enter the amount of gross receipts from space K	<u> </u>			_	
	Base amount under statutory formula	\$	2	63,800.00	_	
	3. Subtract line 2 from line 1	<u></u>			_	
	4. Multiply line 3 by .01		<u> </u>			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory	y formula)	<u>.</u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		<u> </u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD	. Add lines 4, 5,	, and 6			
	FILING FEE AND TOTAL REMIT	TANCE DUE				
	TIEMOT EE AND TOTAL REWIT	17 HVOL BOL				
Filing Fee and Fotal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3,	above)	<u>.</u>	\$	74.36	
Due	Filing Fee (See the instructions for more information on filing fee calls)	alculations)	<u></u>	\$	20.00	
					•	04.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	∡ and 3			\$	94.36
	Important: Your remittance must be in the form of an elec	ctronic payme	nt payable	to the Regi	ster of Copyrig	hts!

Accounting Period:	2018/1																									_							_	_		_																																														F	OF	RI	M	S	41]-;	2E	Ξ.	P	'Α	ıG	ЭE	Ξ	7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT																																																																					_			_	_			_			_							S	Y	-		E)1					
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) to the subscribers, and (2) to the subscribers of the subscrib	the cable system's total of channels on which the broadcast stations of activated channels on carried television bro	al numb	mber able	ole 	ole	ole	ıb	b le) e	t	e	·	2	er	t	ta	o i	of.	f i	a(cti	iv		ıt				d				r		a:	n	n.	el	3	dı	ır	ir	n :	g		tl	he	е а					ır	n:	nt	ti	ir	n	ng	9	р	eri	o	d.			ati	on	s											1	68															
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			ORI	ORI	OR	OF	וכ)	ı	F	R	?	21	21	V	VI.	4	4	١٦	TI	0	N	1	I	S	3		1	V	N	E	E	Ε	: (0	E	D	(d	el	nt	ti	if	fy	/ 6	aı	n i	no	di	V	ic	dı	u	Ji	ıa	al	al	t	to) V	vh	101	m																																=
for Further Information	Name SARAI	H BOGUE							•••				•••						•••								•••															•••			•••																				Te	ele	pł	10	ne	(9	90	03	3)	5	7	9-	-3	1	2	<u>'1</u>																
	l	S SE LOOP 323 street, rural route, apartment	ent, or suit	suite i	uite	 uite	uit	 uit	ıi.	it	te	te	e	9	 e r	n	nı.	uı	ın	m	ıbe	 er))				•••							•••	•••	•••				•••	•••	•••			•••																																																			
		R, TX 75701 , state, zip)																																																																																														
	Email	SARAH.BOGUE@	@ALTIC	TICE	ICE	IC	IC	IC	10	(C)	E	E	=	ΞŲ	Ų	J	S	S/	٩.	С	:(10	N	/	/																							F	а	a	×	x	()	((0	op	oti	or	na	I)																																
	CERTIFICATION (This state	ement of account must	t be cer	certifi	ertifi	erti	ert	erl	r	rl	t	ti	if	f	fi	e	е	·C	d	1 :	aı	no	d s	si	į	g	ır	า	16	е	90	d	t	iı	n	á	ac	С	ıc	d	וג	10	С	e	Э	٧	vi	th	С	c	p	y	/r	ri	ię	g	gl	jh	nt	t (01	ffic	ce	re	eg	ula	atio	on	s)																		=	=	=	=		=	=	_	_	
O Certification	• I, the undersigned, hereby	certify that (Check one, <i>k</i>	, but only	only c	nly c	nly	nly	ηly	ı	/y	у	y	,	(0	DI	on	76	e	Э,	, (of	th	16	е		b)(oc)	x	<	е	s)																																																												
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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: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	010561
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
x	
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	

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.