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 workbool 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	8/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150

2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2018/1 Barcode Data Filing Period (optional - see instructions) Accounting Period Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system.	
Accounting Period B Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Period Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
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.	
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)	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system if different from the address given in space B.	
 Interference and appear in space 2. In mile 2, give are maining address of the system, in directing norm the address given in space 2. 	
System 1 IDENTIFICATION OF CABLE SYSTEM:	
HAWKINS, TX MAILING ADDRESS OF CABLE SYSTEM:	
2 (Number, street, rural route, apartment, or suite number)	
(City, town, state, zip code)	

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	0245
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated con 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.	mmunities within unincorporated areas and including singl
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	HAWKINS	TX
Community	BIG SANDY	TX
	GLADEWATER	TX
ld Rows as Necessary	GREGG COUNTY(PORTION)	ТХ
	OWENTOWN	ТХ
	SMITH COUNTY(PORTION)	ТХ
	WINONA	ТХ
	WOOD COUNTY(PORTION)	ТХ

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							02455
-	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						hose 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				ny standar	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondarv transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note	: Where an inc	dividual	or organizatior	n is receivii	ng service that f	alls under o	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					I in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				T		D D D		
	BLC	DCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		236	29.99					
	 Service to additional set(s) 		99	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		6	29.99					
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC		NSMIS		<u> </u>				
_	In General: Space F calls for rat				-	l vour cable svs	tem's servi	ces that were	
F	not covered in space E, that is, th		,		•	• •			
	service for a single fee. There ar				•		• • •		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ites are ch	larged on a varia	able per-pro	gram basis,	
Fransmissions:	Block 1: Give the standard rat		ne cable	e system for ea	ich of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	e the ra	ite for each.			•		
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable			tel, hotel					
	Pay cable—add'l channel			nmercial					
	Fire protection		-	/ cable					
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential			protection					
	• First set	40.00		glar protection					
	 Additional set(s) 	25.00		services:					
	 FM radio (if separate rate) 		• Rec	connect		40.00			
	• Converter		• Dise	connect					
	1					05.00	1		
			• Out	let relocation		25.00			

ounting Period:	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			024555
G Primary ransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	of (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial andent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KERA-TV	14	E	DALLAS, TX
	ΚΕΤΚ-ΤV	22	Ν	JACKSONVILLE, TX
as Necessary	KFXK	31	l	LONGVIEW, TX
	KLTV	7	Ν	TYLER, TX
	KSLA-TV	17	Ν	SHREVEPORT, LA
	KTPN-LD	48	I	TYLER, TX
	KXAS-TV	41	N	FORT WORTH, TX
	күтх	18	N	NACOGDOCHES, TX
	KYTX-CW	18	I-M	NACOGDOCHES, TX
	ΚΥΤΧ-ΜΕΤΥ	18	I-M	NACOGDOCHES, TX

EGAL NAME OF								SYSTEM II 0245
		: RADIO						
			arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can certain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		s, if any,	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					024555
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion progran	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	5		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa						incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	r informatior ve Lucv" or	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 au in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCL	JRRED	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. TI FROM –	MES – TO	DELETION
		103 01 100	ONEE OIGH	4. 01/1101/0 200/1101		TROM	10	
							_	
							_	
						_	_	
							-	
							_	
						-	_	
						-	_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 024555
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 6,437.09
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	<u> </u>	
	5. Enter the amount from line 3	<u> </u>	
	6. Subtract line 5 from line 4	<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 024555
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statistic 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	10
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	53
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 Teleph	none (903) 579-3121
L	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)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations in 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the call 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 a partner (if a partnership) of the legal entity identified as 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 he are true, 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)] 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:	ace B; or ole system as identified owner of the cable system
L	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 08/18/2018	

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unting Period: 2018/1		FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0245
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Cop lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners?	oyright Act by adding the fol- cable system for the basic e system shall not include sub- ns pursuant to section 119." e general instructions	P Special Statemen Concerning Gross Receipts Exclusio
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a la For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate	ed in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
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 For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form. x - x - x - x - x - x - x - x - x - x 0.00274 \$ - (interest charge) For further assistance please y late. to the Copyright Office, please	Q Interest Assessme
 For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form. x - x - x - x - x - x - x - x - x - x 0.00274 \$ - (interest charge) For further assistance please y late. to the Copyright Office, please	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form. x - x - x - x - x - x - x - x - x - x 0.00274 \$ - (interest charge) For further assistance please y late. to the Copyright Office, please	Q Interest Assessme

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