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		
DATE RECEIVED AMOUNT	FOR COPYRIGHT	OFFICE USE ONLY
	DATE RECEIVED	AMOUNT
\$ 8/29/2018 ALLOCATION NUMBER	8/29/2018	

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
		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	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	names	s 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: WHITESBORO, TX
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	0357
	Instructions: List each separate community served by the cable system. A "con	nmunity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporal 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 filin	ted communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or moidentified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	WHITESBORO	TX
Community	GRAYSON COUNTY	TX
	SADLER	TX
d Daniel and National	VADELIX	
d Rows as Necessary		

Accounting Period: 2018/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 035726

# 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	BLOCK	<b>&lt;</b> 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	662	34.99			
<ul> <li>Service to additional set(s)</li> </ul>	1,247	0			
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	23	34.99			
Converter					
<ul> <li>Residential</li> </ul>					
<ul> <li>Non-residential</li> </ul>					
					l

# 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			
<ul> <li>Pay cable—add'l channel</li> </ul>	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# 035726

# PRIMARY TRANSMITTERS: TELEVISION

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDFI	36	l	DALLAS, TX
KDFI-HD	36	I-M	DALLAS, TX
KDFI-BUZZR	36	I-M	DALLAS, TX
KDFI-MOVIES	36	I-M	DALLAS, TX
KDFW	35	l	DALLAS, TX
KDFW-HD	35	I	DALLAS, TX
KERA-CREATE	14	E-M	DALLAS, TX
KERA-TV	14	E	DALLAS, TX
KERA-WORLD	14	E-M	DALLAS, TX
KERA-HD	14	E-M	DALLAS, TX
KMPX	30	I	DECATUR, TX
KMPX-HD	30	I	DECATUR, TX
KSTR-TV	48	I	IRVING, TX
KSTR-HD	48	I-M	IRVING, TX
KTEN	26	N	ADA, OK
KTEN-ABC	26	N-M	ADA, OK
KTEN-CW	26	I-M	ADA, OK
KTEN-ABC HD	26	N-M	ADA, OK
KTEN-HD	26	N-M	ADA, OK
KTXA	29	I	FORT WORTH, TX
KTXA-HD	29	I-M	FORT WORTH, TX
KXAS-COZI	41	I-M	FORT WORTH, TX
KXAS-TV	41	N	FORT WORTH, TX
KXAS-HD	41	N-M	FORT WORTH, TX
KXII	12	N	SHERMAN, TX

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 Television 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

035726

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.

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 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KXII-FOX	12	I-M	SHERMAN, TX
KXII-MNT	12	I-M	SHERMAN, TX
KXII-HD	12	N-M	SHERMAN, TX
KXII-FOX HD	12	I-M	SHERMAN, TX
KXTX-EXITOS	40	I-M	DALLAS, TX
KXTX-TV	40		DALLAS, TX
KXTX-HD	40	1	DALLAS, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **CEQUEL COMMUNICATIONS LLC**

035726

### 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
	<b></b>	<del> </del>					
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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					035726
] Subatituta	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> stateCC rules, regu	lations, or au	thorizations.	For a further
Substitute Carriage:	1. SPECIAL STATEMENT				ne general insu	i uctions in th	e paper on i	-2 101111.
Special	During the accounting periods				eie any nonne	stwork tolovia	sion program	2
Statement and	broadcast by a distant state	-	i cable system	carry, orr a substitute ba	sis, arry norme	twork televis		
Program Log	,						YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust complete	the prograr	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad 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 effect on October 19, 1976.	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 televion and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owhen your system substitute proprogram carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter string the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for program the accounting period	e program") that led for the program titles, for ex "No."  Tam e station is lice e station is idea to program. Use r cable system 1:15 p.m. to 6:2 ramming that yeld; enter the legistration is less than the station is lice to program. Use r cable system 1:15 p.m. to 6:2 ramming that yeld; enter the legistration is the station is lice to program.	eat, during the gramming of ons for further cample, "I Lo ensed by the ntified). The numerals, of the time with the time with the cample of th	e accounting another state information ve Lucy" or e FCC or, in with the more accurate hould be was require elisted progr	tion n. nth ly
					II WHE	EN SUBSTI	TUTE	<u> </u>
	s	UBSTITUT	E PROGRAM	1		IAGE OCC		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> то</u>	
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Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			S	YSTEM ID: 03572
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 of	system's ion of hov	secondary tran w to compute th	smission servicilis amount, see	4,111.42
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	) but less informati	than \$527,600 on.	o \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that	you must pay fo	r this six-month	
	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 lin	nes 1 and	2	· · · <u>· · · · · · · · · · · · · · · · </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	nore than \$137	',100)	
	Base amount under statutory formula	\$	263,800.00	_	
	Enter amount of gross receipts from space K	\$	184,111.42	_	
	3. Subtract line 2 from line 1	\$	79,688.58	_	
	Enter the amount of gross receipts from space K		\$	184,111.42	
	5. Enter the amount from line 3		\$	79,688.58	
	6. Subtract line 5 from line 4		\$	104,422.84	
	7. Multiply line 6 by .005 (enter figure here)			\$	522.11
	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		\$	522.11
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (bu	t less than \$52	27,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			_	
	3. Subtract line 2 from line 1		•	_	
	4. Multiply line 3 by .01			_	
	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				
				•	
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	522.11	
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			\$	542.11
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		jhts!

Accounting Period:	2018/1																																							_		_																																												F	OI	RI	M	S	ŝΑ	1-	-2	Ē.	. F	٥А	10	ЭF	E	7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA																																																																									_			_	_	_	_							_		_	_	5	Ϋ́	<b>'</b> S		ΓE					
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast service.	the cable system's to of channels on which broadcast stations. of activated channels m carried television b	tal numb	mbei able	ble	e 	be le 	le 	b le	b le	et et	e t	e e				er	r	t	· c	о	of	i	а	ci	tiv	Vá		ıt		•		d	d		1				h		n	ır	ie.	ls		u	ri	in.		g	tł	ne	a				ın	nt.	ti	ir	n	ng	9	р	eri	ioc	d.				on	s												32															
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORI	ORN	RN	PR	R	ì	)	F	R	R	2			RN	V	Λ	M	I.A	A	.1	Т	IC	10	N		I	S	3	3	1	١	•	N	1	11	E	:	=	D	)E	= [	) (	lo	le	er	nt	if	fy	/ 6	an	in	ıdi	iv	ic	dı	u	ıa	а	al	t	to	) V	vh	nor	m																																
for Further Information	Name SARA	H BOGUE							•••													•••																		•••		•••						•••	•••																				Te	le	ph	10	ne	(9	90	03	3)	5	7	9	-3	31	12	21	<u> </u>															
	(Number,	S SE LOOP 323 street, rural route, apartm R, TX 75701	ent, or sui	suite	uite n	ite r	iite	ite	iit	uit	it	te	te	 e			 e r	n	 1	nu	u	in	n	 ib	eı	r)																																																																										
	Email	sarah.Bogue	@ALTI	TICE	ICE	CE	C	C	C	(	C	2	C		E	E	E	Ξ		ĘĻ	Ų	J	S	3,	Ą	(	C	:(	כ	)	N	V	/	/1		<u> </u>																					F	а	1>	x	(	(	(О	op	oti	or	nal	l) _																																
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Certification	I, the undersigned, hereby  (Owner other th)	certify that (Check one		-		-	-																																					е	C	ak	le	9	s	y	/5	ste	em	ı a	s	id	е	n	nt	ti	ifi	fie	е	ed	ir	n li	ine	e 1	0	fs	oa	ce	В	; o	or																									
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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	035726
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	_
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	
(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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