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 COPYRIGI	HT 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> For additional information,
General instructions are located in the first tab of this workbook	8/29/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Percede Date Filling Devied (actional loss instructions)	
		20181 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
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 of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as 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:	
	-	OK STATE REFORMATORY	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	038624
D	Instructions: List each separate community served by the cable system. A "cr "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	GRANITE	OK
Community	(OK STATE REFORM)	
Add Rows as Necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	TIONS LLC							03862
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						le system.	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny standa		, within a b		
	Block 1: In the left-hand block	in space E, the	form lis	sts the categor					
	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 of								
	Block 2: If your cable system					service that are	different fro	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-h	and block. A tw	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	De	RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	RO	NATE	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	NATE
	Service to first set		0						
	Service to additional set(s)		0	- 0					
	• FM radio (if separate rate)		v						
	Motel, hotel								
	Commercial		8	39.33					
	Converter		<u>о</u>	39.33					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services				•		• • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro pot	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLOC	к 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	-	• Mot	el, hotel					
	• Pay cable—add'l channel	-	• Cor	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential		• Fire	protection					
	First set	-		, glar protection					
	 Additional set(s) 	- (ervices:					
	• FM radio (if separate rate)		• Rec	connect		-			
	• Converter			connect					
	-			let relocation		-			
				/e to new addr	000	_			

ccounting Period: 2	2018/1			FORM	VI SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID#
	CEQUEL COMMUNICA	ATIONS LLC			038624
	PRIMARY TRANSMITTERS: In General: In space G, iden	TELEVISION entify every television station (including	translator stations and low power to	elevision stations)	
G	carried by your cable system	m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part-	time basis under	
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6			
ransmitters: Television	Substitute Basis Stations:	s explained in the next paragraph. : With respect to any distant stations ca	arried by your cable system on a su	bstitute program	
		les, regulations, or authorizations: e in space G—but do list it in space I (tl	the Special Statement and Program	I oa)—if the	
	station was carried only on	a substitute basis.		0,	
		also in space I, if the station was carried on concerning substitute basis stations,			
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the			
	"WETA-2" as the same on the	the form.			
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community	
	Column 3: Indicate in each	case whether the station is a network	•		
	(for independent multicast),	ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c	or "E-M" (for noncommercial educati		
		erms, see page (iv) of the general instru n of each station. For U.S. stations, list		is licensed by the	
		dian stations, if any, give the name of the	-	2	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF ST	ATION
	KAUT-IND	40	I	OKLAHOMA CITY, OK	
	KETA-PBS	13	E	OKLAHOMA CITY, OK	
vs as Necessary	KFOR-NBC	27	Ν	OKLAHOMA CITY, OK	
	KOCB-CW	33	 	OKLAHOMA CITY, OK	
	КОСО-АВС	7	Ν	OKLAHOMA CITY, OK	
	КОКН-FOX	24	I	OKLAHOMA CITY, OK	
	KOPX-ION	50	I	OKLAHOMA CITY, OK	
	KSBI-MNT	23	l	OKLAHOMA CITY, OK	
	KTUZ-TMO	29	I	SHAWNEE, OK	
	KUOK-UNV	35	I	WOODWARD, OK	
	KWTV-CBS	39	Ν	OKLAHOMA CITY, OK	
	1				

	F OWNER OF C							SYSTEM II 0386
RIMARY TRA		-						-
			arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	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 the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
	<u>-</u>			1				
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					038624
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi				•	ion, that your o	able svste	m carried on a
_	substitute basis during the a	ccounting p	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the p	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	•	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete th	he prograr	n
	log in block 2.			-	·			
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute	orogram") tha	t during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further i	nformatior	ı.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			th the mon	nth
	first. Example: for May 7 giv	/e "5/7."	, , , , , , , , , , , , , , , , , , ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sno	ula be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	no regulations	5 IN	
								1
			E PROGRAM	1		EN SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_	_	
						_		
						_		
						_		
]			_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 038624
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 transs (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 1,950.00
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		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	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			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	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# 038624
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 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	11 15
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	(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)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are 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)] (I system) (S.C., Section 1001(1986)] 	stem as identified
	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM 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. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0386
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence:	e system for the basic tem shall not include sub- rsuant to section 119." eral instructions	P Special Statemen Concerning Gross Receipts Exclusio
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Name Mailing Address Mailing Address		-
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late pa	avmont or undornavmont	
		0
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	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 located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment 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	the paper SA1-2 form. x	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x days - - x 0.00274 - (interest charge) - further assistance please - c. - c. <td>Q Interest Assessme</td>	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form. x - x - x days - - x 0.00274 - (interest charge) - further assistance please - c. - c. <td>Q Interest Assessme</td>	Q Interest Assessme
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