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 COPYRIG | 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> |
| 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 |
| | | | |

| A | ACC | OUNTING 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. | 003912 |
| | | 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) | |
| • | INST | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system | unless these |
| С | | s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | | HENRYETTA, 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 suffciency of the fling, a determination that would be made by a court of law.

| NI- | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|-----------------------|--|--|
| Name | CEQUEL COMMUNICATIONS LLC | 003912 |
| D | Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community | "community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known |
| Area Served | as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o identified city. | |
| | | |
| First | CITY OR TOWN HENRYETTA | OK |
| Community | DEWAR | OK |
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| Add Rows as Necessary | | |
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| | | | | | | | | FORM SA1 | |
|---------------------------|---|------------------|---------|------------------|--------------|-------------------|---------------|---------------------------|--------|
| Name | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | | TEM ID |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 00391 |
| - | SECONDARY TRANSMISSION | SERVICE: SUI | 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 | | | | | | ole system | broken | |
| scribers and | down by categories of secondary | • | | | | | | | |
| Rates | each category by counting the n | | | | | | | | |
| | separately for the particular serv | | | | | | | | |
| | Rate: Give the standard rate c | | | | | | | | |
| | unit in which it is generally billed category, but do not include disc | | | | iny standar | | s within a p | | |
| | Block 1: In the left-hand block | | | | ries of seco | ondary transmis | sion service | e that cable | |
| | systems most commonly provide | to their subscri | bers. G | Bive the number | er of subsc | ribers and rate | for each list | ted category | |
| | that applies to your system. Note | | | | | | | | |
| | 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. | | | | 1 | | | | |
| | BLU | OCK 1 NO. OF | | | | | BLOCK | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIBE | RS | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RATE |
| | Residential: | | 700 | | | | | | |
| | Service to first set | | 700 | 34.99 | | | | | |
| | Service to additional set(s) | 1 | ,532 | 0 | | | | | |
| | FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 26 | 34.99 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRAN | SMIS | SIONS: RATE | s | | | | |
| - | In General: Space F calls for rat | - | | | - | l your cable sys | tem's servi | ces that were | |
| F | not covered in space E, that is, t | | | | | | | | |
| Services | service for a single fee. There ar | • | | | • | | • • • | | |
| Other Than | furnished at cost or (2) services amount of the charge and the un | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | louuny | | | | | sgram baolo, | |
| Transmissions: | Block 1: Give the standard rat | | | | | | | | |
| Rates | Block 2: List any services that | | | | | | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip | | | | sned. List | these other serv | lices in the | form of a | |
| | | | | | | | 1 | | |
| | CATEGORY OF SERVICE | BLOC RATE | | ORY OF SER | | RATE | | BLOCK 2 DRY OF SERVICE | RATE |
| | Continuing Services: | | | ation: Non-res | | NATE | CATEGO | DRT OF SERVICE | NATE |
| | Pay cable | 17.00 | | tel, hotel | laonnai | | | | |
| | • Pay cable—add'l channel | 19.00 | | nmercial | | | | | |
| | • Fire protection | | | / cable | | | | | |
| | •Burglar protection | | | / cable-add'l ch | nannel | | | | |
| | Installation: Residential | | | protection | | | | | |
| | • First set | 40.00 | | glar protection | | | | | |
| | Additional set(s) | | | services: | | | | | |
| | | 25.00 | | connect | | 40.00 | | | |
| | FM radio (if separate rate) Converter | | | | | 40.00 | | | |
| | - Converter | | | connect | | 25.00 | | | |
| | | | • Out | let relocation | | 25.00 | I | | |
| | | | | ve to new addr | | 40.00 | | | |

| Namo | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM |
|--------------------------------------|---|--|---|--|
| Name | CEQUEL COMMUNIC | ATIONS LLC | | 003 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G | carried by your cable syster FCC rules and regulations i | 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 | t (1) stations carried only on a part-t he carriage of certain network progra | ime basis under ams [sections |
| Primary ansmitters: Television | substitute program basis, as Substitute Basis Stations | s explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: | | |
| | • Do not list the station here station was carried only on | e in space G—but do list it in space I (t | | |
| | Column 1: List each station multicast stream associated "WETA-2" as the same on t | | program services such as HBO, ESF e-air designation. For example, repo | PN, etc. Identify each ort multistream |
| | of license. For example, W Column 3: Indicate in each | el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" | station, an independent station, or a | noncommercial |
| | (for independent multicast), For the meaning of these te Column 4: Give the location | , "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t | or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station | onal multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KDOR-TV | 17 | | BARTLESVILLE, OK |
| | KGEB | 49 | I | TULSA, OK |
| ows as Necessary | KGEB-HD | 49 | I-M | TULSA, OK |
| | KJRH | 8 | N | TULSA, OK |
| | KJRH-HD | 8 | N-M | TULSA, OK |
| | KMYT-GETTV | 42 | I-M | TULSA, OK |
| | KMYT-GRIT | 42 | I-M | TULSA, OK |
| | KMYT-HD | 42 | I-M | TULSA, OK |
| | KMYT-TV | 42 | l | TULSA, OK |
| | KOED-HD | 11 | E-M | TULSA, OK |
| | KOED-TV | 11 | E | TULSA, OK |
| | KOKI-ESCAPE | 22 | I-M | TULSA, OK |
| | KOKI-HD | 22 | I-M | TULSA, OK |
| | KOKI-METV | 22 | I-M | TULSA, OK |
| | ΚΟΚΙ-ΤΥ | 22 | l | TULSA, OK |
| | KOTV-DT | 45 | Ν | TULSA, OK |
| | KOTV-HD | 45 | N-M | TULSA, OK |
| | KOTV-NEWS | 45 | I-M | TULSA, OK |
| | KOOW DT | 20 | l | MUSKOGEE, OK |
| | KQCW-DI | | | |
| | KQCW-DT KQCW-HD | 20 | I-M | MUSKOGEE, OK |
| | KQCW-HD | 20 28 | I-M I | MUSKOGEE, OK OKMULGEE. OK |
| | | 20 28 28 | I-M I I-M | MUSKOGEE, OK OKMULGEE, OK OKMULGEE, OK |
| | KQCW-HD KTPX | 28 | <u>l</u> | OKMULGEE, OK OKMULGEE, OK |
| | KQCW-HD KTPX KTPX-HD | 28 28 | l I-M | OKMULGEE, OK |

| ccounting Period: | 2018/1 | | | FORM SA1-2E. PAGE |
|---|---|---|--|---|
| Nama | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID |
| Name | CEQUEL COMMUNIC | ATIONS LLC | | 003912 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G Primary Transmitters: Television | carried by your cable system FCC rules and regulations in 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 station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te | n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting)(2) and (4), or 76.63 (referring to 76. explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Iso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr | g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of s, see page (v) of the general instruction program services such as HBO, ESPN le-air designation. For example, report evision station for broadcasting over th a station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is | ne basis under ns [sections ons carried on a stitute program bg)—if the on some other ns. J, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). |
| | FCC. For Mexican or Canac 1. CALL SIGN KTUL-HD | lian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER 10 | the community with which the station is 3. TYPE OF STATION N-M | s identified. 4. LOCATION OF STATION TULSA, OK |
| | KTUL-TBD | 10 | I-M | TULSA, OK |
| | кwнв | 47 | | TULSA, OK |

| EGAL NAME OF | | | | | | | | SYSTEM 0039 |
|---|--|--|---|--|---|---|--|----------------------------------|
| | | | | | | | | |
| | t every radio s | station ca | arried on a separate and discre nerally receivable by your cab | | | | | Н |
| ceivable if (1) in the basis of it or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If gnal, indicate | it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing | y the sys be recein at the Co sign of a the static ion's sig g a check | I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 ed by the cable s | adend, and (2 enna, during co ge (v) of the g | 2) it can ertain st eneral i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| | | | 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 | |
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| Accounting Perio | od: 2018/1 | | | | | | FOR | M SA1-2E. PAGE 5. |
|--------------------------|--|----------------------|--|---|--------------------------|-------------------|--------------|---------------------------|
| News | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS LI | LC | | | | | 003912 |
| | SUBSTITUTE CARRIAGI | | | | G | | | |
| I I | In General: In space I, identi | | | | | on that your | cable syste | em carried on a |
| - | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | ing that mus | st be included in | this log, see page (v) of the | e general instr | uctions in the | e paper SA1 | -2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBS | TITUTE CARRIAGE | | | | |
| Special Statement and | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | s, any nonnet | work televis | ion progran | |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO |
| | Note: If your answer is "No | ", leave the | rest of this pac | e blank. If your answer is ' | 'Yes," you mu | st complete | the program | m |
| | log in block 2. | | 1 0 | | | | | |
| | 2. LOG OF SUBSTITUTE | E PROGRA | MS | | | | | |
| | In General: List each subst | | | | wherever pos | sible, if their | meaning is | ; |
| | clear. If you need more spa | | | rows to the tables. ision program ("substitute | orogram") tha | t during the | accounting | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re | gulations, o | r authorization | s. See page (v) of the gene | eral instruction | ns for further | information | n. |
| | Do not use general categor "NBA Basketball: 76ers vs. | | vies" or "baske | tball." List specific program | n titles, for exa | ample, "I Lov | 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 | | | FCC or, in | |
| | | | | tem carried the substitute | | | vith the mor | nth |
| | first. Example: for May 7 giv | /e "5/7." | | | - | | | |
| | | | | gram was carried by your o | | | | ly |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example. a | a program cam | ed by a system nom 6.01. | 15 p.m. to 6.2 | 5.50 p.m. sn | | |
| | Column 7: Enter the letter | | | was substituted for progra | | | | |
| | to delete under FCC rules a | | | | | | | am |
| | was substituted for program | inning that y | our system wa | s permitted to delete unde | r FCC rules a | nu regulatio | IIS III | |
| | effect on October 19, 1976. | | - | • | | - | | |
| | effect on October 19, 1976. | | - | | | - | | T |
| | | | | · | WHE | | | |
| | s | UBSTITUT | E PROGRAM | · | WHE CARRI | AGE OCCL | JRRED | 7. REASON FOR DELETION |
| | | | E PROGRAM 3. STATION'S CALL SIGN | · | WHE | | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |
| | s | UBSTITUT 2. LIVE? | 3. STATION'S | 1 | WHE CARRI 5. MONTH | AGE OCCL 6. TI | JRRED MES | 1 |

| Accounting Period: | 2018/1 | | FORM S | A1-2E. PAGE 6. |
|---------------------|--|---------------------------------------|----------------------------------|----------------|
| Name | | | S | YSTEM ID# |
| | CEQUEL COMMUNICATIONS LLC | | | 003912 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of he page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | s secondary trans w to compute thi | smission servio s amount, see | 6,701.33 |
| Copyright | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information | than \$527,600 | \$263,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OI | RLESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00 Line 1. Royalty fee for accounting period | | | |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and | 12 | · · <u> </u> | |
| | 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 | 206,701.33 | _ | |
| | 3. Subtract line 2 from line 1 | 57,098.67 | - | |
| | 4. Enter the amount of gross receipts from space K | . \$ 2 | 206,701.33 | |
| | 5. Enter the amount from line 3 | . \$ | 57,098.67 | |
| | 6. Subtract line 5 from line 4 | \$ 1 | 149,602.66 | |
| | 7. Multiply line 6 by .005 (enter figure here) | | \$ | 748.01 |
| | 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 | | \$ | 748.01 |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bi | ut less than \$527 | 7,600) | |
| | 1. Enter the amount of gross receipts from space K | | | |
| | 2. Base amount under statutory formula | | - | |
| | Subtract line 2 from line 1 | | - | |
| | | | - | |
| | 4. Multiply line 3 by .01. | | 1 210 00 | |
| | 5. 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, 5, and 6 | 8 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | | |
| Filing Fee and | | • | | |
| Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | \$ | 748.01 | |
| Duc | 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 | | \$ | 768.01 |
| | Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f | - | | ghts! |

| Accounting Period: | 2018/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 003912 |
| 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. | 28 |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | 385 |
| 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 (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 sy In line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own In line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own 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)] | stem as identified |
| | Date: 08/18/2018 | |

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 telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

| scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | SYSTEM I 0039 P ecial Statement ncerning Gross ceipts Exclusion |
|---|--|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- owing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Sp For more information on when to exclude these amounts, see the note on page (vii) of the general instructions ocated in the paper SA1-2 form. Sp 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? Sp X NO YES. Enter the total here and list the satellite carrier(s) below. Sp Name Mailing Address Name Mailing Address Name Mailing Address NTEREST ASSESSMENT Name | P ecial Statement ncerning Gross |
| The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- Sp owing 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 sub-scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Sp For more information on when to exclude these amounts, see the note on page (vii) of the general instructions ocated in the paper SA1-2 form. Sp 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 Name Mailing Address Name Mailing Address Name Mailing Address Name Mailing Address Name Mailing Address Name | ecial Statement |
| YES. Enter the total here and list the satellite carrier(s) below. \$ | |
| Mailing Address | |
| | |
| | |
| | |
| 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 | rest Assessme |
| | |
| × | |
| ine 2 Multiply line 1 by the interest rate* and enter the sum here | |
| xdays | |
| ine 3 Multiply line 2 by the number of days late and enter the sum here | |
| x 0.00274 | |
| ine 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 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 ist below the owner, address, first community served, ID number, and accounting period as given in the original filing. | |
| | |
| Dwner | |
| Vddross | |
| Address | |
| Address D number | |
| | |

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