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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER 8/29/2018

B 2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20181 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.
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
Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another connoration, give the full connorate title
D 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.
System 1 IDENTIFICATION OF CABLE SYSTEM: MORRILTON, AR
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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	004031
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporated 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 film	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or me identified city.	
	CITY OR TOWN	STATE
First	MORRILTON	AR
Community		
Add Rows as Necessary		

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F Ca Su firs Pri Wi Su F SE In no	ategories, that person or entity s ubscriber who pays extra for cal rst set" and would be counted o Block 2: If your cable system h rinted in block 1 (for example, ti rith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel commercial	should be count ble service to ac once again under has rate categor iers of services t and rates, in the DCK 1 NO. OF SUBSCRIBE	ed as a dditional r "Servic ies for s that inclu right-ha RS	subscriber in sets would b e to additiona econdary tran ude one or mond block. A tw RATE 34.99	each appl e included al set(s)." nsmission ore second vo- or thre	blicable category d in the count ur service that are dary transmission e-word descript	: Example nder "Servi e different f ons), list th ion of the s BLOC	: a residential ce to the from those em, together service is K 2 NO. OF	RATI
F F SE	ubscriber who pays extra for cal rst set" and would be counted o Block 2: If your cable system h rinted in block 1 (for example, ti rith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel commercial	ble service to ac once again under has rate categor iers of services t and rates, in the DCK 1 NO. OF SUBSCRIBE	dditional r "Servic ies for s that inclu right-ha RS ,183	sets would b ce to additiona econdary tran ude one or mond block. A tw RATE 34.99	e included al set(s)." nsmission ore second vo- or thre	d in the count ur service that are dary transmission e-word descript	der "Servi e different f ons), list th ion of the s BLOC	ce to the from those em, together service is K 2 NO. OF	RATI
F F F F F F F F F F F F F F	rst set" and would be counted o Block 2: If your cable system h rinted in block 1 (for example, ti rith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel commercial	nce again unde has rate categor iers of services t ind rates, in the DCK 1 NO. OF SUBSCRIBE	r "Servic ies for s that inclu right-ha RS ,183	e to additiona econdary trai ude one or m nd block. A tv RATE 34.99	al set(s)." nsmission ore second vo- or thre	service that are dary transmission e-word descript	e different f ons), list th ion of the s BLOC	from those em, together service is K 2 NO. OF	RATE
F F	Block 2: If your cable system h rinted in block 1 (for example, ti rith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel commercial	has rate categor iers of services t ind rates, in the DCK 1 NO. OF SUBSCRIBE	ies for s that inclu right-ha RS ,183	econdary trai ude one or m nd block. A tv RATE 34.99	nsmission ore second vo- or thre	dary transmissio ee-word descript	ons), list th ion of the s BLOC	em, together service is K 2 NO. OF	RATE
F Pri vii su su Re Co Co SE In no	rinted in block 1 (for example, ti rith the number of subscribers a ufficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel commercial	DCK 1 NO. OF SUBSCRIBE	that incluright-ha	nd block. A tv RATE 34.99	ore second vo- or thre	dary transmissio ee-word descript	ons), list th ion of the s BLOC	em, together service is K 2 NO. OF	RATI
F SE	Ufficient. BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel commercial	DCK 1 NO. OF SUBSCRIBE	RS ,183	RATE 34.99			BLOC	K 2 NO. OF	RATI
F Re Re Re Co Co SE In no	BLC CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel commercial	NO. OF SUBSCRIBE	,183	34.99	CAT	EGORY OF SE		NO. OF	RATE
F Re Re Re Re Re Re Re Re Re Re	CATEGORY OF SERVICE esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel commercial	NO. OF SUBSCRIBE	,183	34.99	CAT	EGORY OF SE		NO. OF	RATI
F Re Re Re Re Re Re Re Re Re Re	esidential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) lotel, hotel commercial	1	,183	34.99	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
F In no	 Service to first set Service to additional set(s) FM radio (if separate rate) Iotel, hotel commercial 		.						
F In no	 Service to additional set(s) FM radio (if separate rate) Iotel, hotel commercial 		.						
F In no	• FM radio (if separate rate) lotel, hotel commercial		,301	U					
F In no	lotel, hotel commercial								
F In no	ommercial								
F In no			76	24.00					
F In no			76	34.99					
F n	Converter								
F se	Residential								
F In no	Non-residential								
no no	ERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATE	s				
- 10	General: Space F calls for rate	•	,		•	• •			
se	ot covered in space E, that is, th								
Services fur	ervice for a single fee. There are irnished at cost or (2) services of								
	mount of the charge and the un								
Secondary en	nter only the letters "PP" in the I	rate column.	-	-		-		- 3 ,	
	Block 1: Give the standard rate								
	Block 2: List any services that sted in block 1 and for which a s	• •			-	-			
	rief (two- or three-word) descrip				Sileu. List				
		BLOC						BLOCK 2	
CA	ATEGORY OF SERVICE			DRY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ion: Non-res					
	• Pay cable	17.00	• Mote	l, hotel					
	• Pay cable—add'l channel	19.00	• Com	mercial					
	Fire protection		• Pay	cable					1
	•Burglar protection			cable-add'l ch	nannel				
	stallation: Residential			protection					
	First set	40.00		lar protection					
	Additional set(s)		•	ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	Converter			onnect					
				et relocation		25.00			
			Move			20.00			

Nama	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:			SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC			004
	PRIMARY TRANSMITTERS:	TELEVISION			
G	carried by your cable system FCC rules and regulations i	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	<i>bt</i> (1) stations carried only on a part- he carriage of certain network progr	-time basis under rams [sections	
Primary ransmitters: Television	substitute program basis, a	(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca			
	basis under specific FCC ru	ules, regulations, or authorizations: re in space G—but do list it in space I (th			
	• List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	, see page (v) of the general instruct program services such as HBO, ESI	tions. PN, etc. Identify each	
	of license. For example, W	nel number the FCC assigned to the telever vRC is channel 4 in Washington, D.C.	C C	-	
	educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	h case whether the station is a network s ering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	(for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	pendent), "I-M" tional multicast). n is licensed by the	
		1			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION O	F STATION
	KAFT	9	E	FAYETTEVILLE, AR	
	KAFT-CREATE	9	E-M	FAYETTEVILLE, AR	
Rows as Necessary	KAFT-HD	9	E-M	FAYETTEVILLE, AR	
	KAFT-KIDS	9	E-M	FAYETTEVILLE, AR	
	KAFT-WLD	9	E-M	FAYETTEVILLE, AR	
	KARK-HD	32	N-M	LITTLE ROCK, AR	
	KARK-TV	32	N	LITTLE ROCK, AR	
	KARZ-HD	44	I-M	LITTLE ROCK, AR	
	KARZ-TV	44	l	LITTLE ROCK, AR	
	KASN	39	I	PINE BLUFF, AR	
	KASN-HD	39	I-M	PINE BLUFF, AR	
	ΚΑΤΥ	22	N	LITTLE ROCK, AR	
	KATV-CHRGE	22	I-M	LITTLE ROCK, AR	
	KATV-COMET	22	I-M	LITTLE ROCK, AR	
	KATV-HD	22	N-M	LITTLE ROCK, AR	
	KATV-TBD	22	I-M	LITTLE ROCK, AR	
	KKAP	36	E	LITTLE ROCK, AR	
	KLRA-CA	20	l	LITTLE ROCK, AR	
	KLRA-HD	20	I-M	LITTLE ROCK, AR	
	KLRT-HD	30	I-M	LITTLE ROCK, AR	
	KLRT-TV	30	 I	LITTLE ROCK, AR	
				CAMDEN, AR	
		49			
	KMYA-DT	49 12			
		49 12 12	I N N-M	LITTLE ROCK, AR	

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.
Neme	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		004031
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide 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 not list the station here station was carried only 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 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	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.1 is explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: is in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carried in concerning substitute basis stations of call sign. <i>Do not</i> report origination I with a station according to its over-the he form. el number the FCC assigned to the tele 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 n of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program S1(e)(2) and (4))]; and (2) certain static carried by your cable system on a subst the Special Statement and Program Low ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KVTN	24		PINE BLUFF, AR
	KVTN-HD	24	I-M	PINE BLUFF, AR

EGAL NAME OI								SYSTEM I 0040
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cal					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 b monitoring, to ormation abou rm. dentify the cal State whether f 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 them whenever it is received a wed 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 the the community with which the	at the system's he system's FM anto 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 ertain s general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						
		+						
		+						
	+	<u> </u>						
			1			[
							<u> </u>	

Accounting Perio	od: 2018/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					004031
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that your ca	able syste	m 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 pa	aper 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 nonne	twork television	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete th	e progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their m	eaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	orogram") tha	t during the ac	counting	
	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 in	formation	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love	Lucy" or	
			dcast live. ente	r "Yes." Otherwise enter "N	0."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can Column 5: Give the mon	ith and day	when vour svs	tem carried the substitute	program. Use	numerals. with	h the mon	ith
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. shou	ld be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	s required	d
	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	nd regulations	in	
								1
						N SUBSTITU		
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCUR 6. TIME		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC				6YSTEM ID# 004031
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 explana 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	system's stion of how	secondary trans to compute this	mission serv s amount, ser \$ 39	ice
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 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	0 but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	1
	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 li	nes 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	393,930.43		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	130,130.43		
	4. Multiply line 3 by .01		\$	1,301.30	
	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	1, 5, and 6 .		\$	2,620.30
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,620.30	
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			\$	2,640.30
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004031
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 which the cable system carried television broadcast stations and nonbroadcast services.	27 396
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted 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; of (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)] 	tem as identified
	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: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) 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 telephol 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 fling, a determination that would be made by a court of lav

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
UEL COMMUNICATIONS LLC	00403
 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." 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. 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? 	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 Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for these revelts, normants submitted as a result of a late normant or undernormant	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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