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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

i

SA1-2E Short Form

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

n the first tab	of this	workbook	8/29/2018	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (YYY	Y/(Period))	
		2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20181	Barcode Data Filing Period (optional - se	ee instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		of another corporation, give the full corpora	ate title
Owner			the owner conducts the business of the ca	ble system. Ist day of the accounting period should subm	it a
			e payment covering the entire accounting p		004319
		Check here if this is the system's first filing	. If not, enter the system's ID number assig	ned 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 no	umber)		
		(City, town, state, zip)	ance,)		
С				the business and operation of the s ystem, if different from the address g	5
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	_	BRECKENRIDGE, TX			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite ni	umber)		
		(City, town, state, zip code)			
form in order to pro numbers. By provid	cess you ling PII, y	r statement of account. PII is any personal inf ou are agreeing to the routine use of it to esta	ormation that can be used to identify or trace ablish and maintain a public record, which inc	rsonally identifying information (PII) requested e an individual, such as name, address and tei cludes appearing in the Offce's public indexes your statement of account and its placement ir	lephone and in

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\$

AMOUNT

DATE RECEIVED

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hamo	CEQUEL COMMUNICATIONS LLC	004319
D	Instructions: List each separate community served by the cable system. A "c "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	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
First	CITY OR TOWN BRECKENRIDGE	TX
First Community	DRECKENNIDGE	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							00431
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission	last day of the accounting period							hashaa	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate in	ndicated-	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	e that cable	
	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					i in the count un			
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, t	iers of services	that inclu	ude one or mo	ore second	dary transmissic	ons), list the	em, together	
	with the number of subscribers a	ind rates, in the	right-ha	nd block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	De	RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	RO	NAIL	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	NA1
	Service to first set		746	29.99					
	Service to additional set(s)		842	23.33					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		33	29.99					
	Converter			20.00					
	Residential								
	Non-residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMISS	ONS: RATES	6				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions:								wara not	
Rates	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								
	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.								
	, , ,	BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installat	ion: Non-res	idential				
	• Pay cable	17.00	 Mote 	I, hotel					
	Pay cable—add'l channel	19.00	• Com	mercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	First set	40.00	• Burg	lar protection					
			Other se	rvicos					T
	 Additional set(s) 	25.00	••. • .	ervices.					
	Additional set(s)FM radio (if separate rate)	25.00		onnect		40.00			
		25.00	• Reco			40.00			
	• FM radio (if separate rate)	25.00	• Reco • Disco	onnect		40.00 25.00			

	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CEQUEL COMMUNIC			004319
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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 informatic 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 locatio	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier 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	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station i	ime basis under ims [sections itions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	KERA-HD	14	E-M	DALLAS, TX
	KERA-TV	14	E	DALLAS, TX
dd Rows as Necessary	KIDZ-LD	42		ABILENE, TX
	КРСВ	17	<u>I</u>	SNYDER, TX
	KRBC-HD	29	N-M	ABILENE, TX
	KRBC-TV	29	Ν	ABILENE, TX
	KTAB-HD	24	N-M	ABILENE, TX
	KTAB-TV	24	N	ABILENE, TX
	KTXS-CW	20	I-M	SWEETWATER, TX
	KTXS-HD	20	N-M	SWEETWATER, TX
	KTXS-METV	20	I-M	SWEETWATER, TX
	KTXS-TV			
		20	Ν	SWEETWATER, TX
	KTXS-WEATHER	20 20	N I-M	
	KTXS-WEATHER	20		SWEETWATER, TX
			I-M	
	KTXS-WEATHER KXTX-TV KXVA	20 40	I-M I I	SWEETWATER, TX DALLAS, TX ABILENE, TX
	KTXS-WEATHER KXTX-TV	20 40 15	i-M I	SWEETWATER, TX DALLAS, TX
	KTXS-WEATHER KXTX-TV KXVA	20 40 15	I-M I I	SWEETWATER, TX DALLAS, TX ABILENE, TX
	KTXS-WEATHER KXTX-TV KXVA	20 40 15	I-M I I	SWEETWATER, TX DALLAS, TX ABILENE, TX
	KTXS-WEATHER KXTX-TV KXVA	20 40 15	I-M I I	SWEETWATER, TX DALLAS, TX ABILENE, TX
	KTXS-WEATHER KXTX-TV KXVA	20 40 15	I-M I I	SWEETWATER, TX DALLAS, TX ABILENE, TX
	KTXS-WEATHER KXTX-TV KXVA	20 40 15	I-M I I	SWEETWATER, TX DALLAS, TX ABILENE, TX

EGAL NAME OF								SYSTEM I 0043
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the contract of the sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright 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 the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s he station is licent	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 in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	0/D		CALL SIGN	AM or EM	0/D		
CALL SIGN	AIVI OF 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					004319
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	G			
I I	In General: In space I, identi				•	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	,			e black lf. e.e. anover is '	·//		-	
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lse abbreviations	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				wherever pos		inearing is	
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations	s. See page (v) of the gene thall " List specific program	eral instruction	ns for further	r informatior	٦.
	"NBA Basketball: 76ers vs.		vies of baske	toall. List specific program		ample, i Lov	C LUCY OI	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that v	our svstem v	vas reauire	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S		5. MONTH AND DAY	6. TI		DELETION
		Tes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM -	– то	
							_	
							_	
						_	_	
						_	_	
						-	_	
						-	_	
						_	_	
						_	_	
			1					
						_	-	
1		1	1			<u> </u>		1

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC			004319
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' (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 ow to compute thi	smission servio s amount, see	5,309.90
	COPYRIGHT ROYALTY FEE			
L 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 O	R LESS		
	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	185,309.90	_	
	3. Subtract line 2 from line 1	78,490.10	_	
	4. Enter the amount of gross receipts from space K	\$	85,309.90	
	5. Enter the amount from line 3	\$	78,490.10	
	6. Subtract line 5 from line 4	\$ 1	106,819.80	
	7. Multiply line 6 by .005 (enter figure here)		\$	534.10
	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		\$	534.10
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$52	7,600)	
	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)		1 310 00	
	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	5		<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Foc and				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	534.10	
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		\$	554.10
	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 t	-		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004319
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 on which the cable system carried television broadcast stations and nonbroadcast services	16 262
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)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	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;	or
	 (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; 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)] 	
	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. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0043
 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? NO 	P Special Statement Concerning Gross Receipts Exclusio
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 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 Assessme
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 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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