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 workbool 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))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20181 Barcode Data Filing Period (optional - see instructions)	
			_
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.	
		1	
		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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MONTEREY, CA	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	060289
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hour identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MONTEREY	СА
Community	CSU-MONTEREY BAY	СА
	POM	CA
dd Rows as Necessary	PRESIDIO SPECIAL MILITARY ACCT	CA CA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06028
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	service of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose exist	ing on the	
Transmission	last day of the accounting period						ala avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate in	ndicated	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	ce 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 o						der Servi		
	Block 2: If your cable system h					service that are	different f	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	right-ha	nd block. A tw	vo- or thre	e-word descripti	on of the s	service is	
		DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	000001102							
	Service to first set		255	39.99					
	 Service to additional set(s) 		580	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		7	39.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				•				
-	In General: Space F calls for rat	-			-	ll your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, th	hose services th	nat are r	ot offered in c	combinatio	on with any seco	ndary tran	smission	
0	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		isually c	nicu. n any ra				ogram basis,	
ransmissions:	Block 1: Give the standard rate	e charged by th							
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	vices in the	e form of a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ion: Non-res					
	• Pay cable	17.00	• Mote	el, hotel					
	Pay cable—add'l channel	19.00		mercial					
	Fire protection		• Pay	cable					1
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Dangian protootion	h	• Fire	protection					
	Installation: Residential			proteotion					
	U	40.00	• Burg	lar protection					
	Installation: Residential			•					
	Installation: Residential • First set		Other s	lar protection		40.00			
	Installation: Residential • First set • Additional set(s)		Other so • Reco	lar protection		40.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other so • Reco • Disc	lar protection ervices:		40.00			

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			060289
G Primary ansmitters: Felevision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr. • Do <i>not</i> list the station here station was carried <i>only</i> 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 a Column 2: Give the channa 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 is 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-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepu- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a _og)—if the _og)—if the _o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КСВА	13		SALINAS, CA
	KCBA-HD	13	i-M	SALINAS, CA
Rows as Necessary	KICU-TV	36		SAN JOSE, CA
UWS dS INCLESSIONY	KION-CW	32	- I-M	MONTEREY, CA
	KION-HD	32	N-M	
	NUTTE	52		
		32		MONTEREY, CA
	KION-TV	<u>32</u> 21	N	MONTEREY, CA
	KION-TV KMUV-LP	21	N I	MONTEREY, CA MONTEREY, CA
	KION-TV KMUV-LP KQED	21 30	N I E	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA
	KION-TV KMUV-LP KQED KQED-HD	21 30 30	N I E E-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS	21 30 30 30 30	N I E E-M E-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW	21 30 30 30 8	N I E E-M E-M N	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC	21 30 30 30 8 8 8	N I E E-M E-M N N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD	21 30 30 30 8 8 8 8 8	N I E E-M E-M N N-M N-M N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC	21 30 30 30 8 8 8	N I E E-M E-M N N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD	21 30 30 30 8 8 8 8 8	N I E E-M E-M N N-M N-M N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	21 30 30 30 8 8 8 8 8 8 8	N I E E-M E-M N N-M N-M N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	21 30 30 30 8 8 8 8 8 8 8	N I E E-M E-M N N-M N-M N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	21 30 30 30 8 8 8 8 8 8 8	N I E E-M E-M N N-M N-M N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	21 30 30 30 8 8 8 8 8 8 8	N I E E-M E-M N N-M N-M N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	21 30 30 30 8 8 8 8 8 8 8	N I E E-M E-M N N-M N-M N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	21 30 30 30 8 8 8 8 8 8 8	N I E E-M E-M N N-M N-M N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA
	KION-TV KMUV-LP KQED KQED-HD KQED-PLUS KSBW KSBW-ABC KSBW-ABC HD KSBW-HD	21 30 30 30 8 8 8 8 8 8 8	N I E E-M E-M N N-M N-M N-M	MONTEREY, CA MONTEREY, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SAN FRANCISCO, CA SALINAS, CA SALINAS, CA SALINAS, CA

EGAL NAME OF								SYSTEM I 0602
RIMARY TRA	Nemittede							
n General: List	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, 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 pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process c 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 in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
lexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
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 LI	LC					060289
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	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 televisi	ion program	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incurning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	r informatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			FOO and in	
	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 o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	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 y	our system v	was require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	MES – TO	DELETION
							10	
							_	
							_	
						-	_	
							_	
							_	
							_	
						_		
							-	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 060289
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 service s amount, see	e 9,207.22
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		
	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 \$ 263,800.00		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	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# 060289
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	15 340
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 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 owned 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)] X /s/ Alan Dannenbaum 	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	

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. PAGI
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0602
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrid lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the call service of providing secondary transmissions of primary broadcast transmitters, the sy scribers and amounts collected from subscribers receiving secondary transmissions p For more information on when to exclude these amounts, see the note on page (vii) of the ge located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners?	ble system for the basic ystem shall not include sub- oursuant to section 119." eneral instructions	P Special Statement Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		-
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late For an explanation of interest assessment, see page (viii) of the general instructions located		Q
For an explanation of interest assessment, see page (viii) of the general instructions located		Q Interest Assessme
		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	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 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	in the paper SA1-2 form.	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	in the paper SA1-2 form. x x a days	Q Interest Assessme
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