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

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:	
		OSBURN, ID	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	060598
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated com	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me nerks should be reported in perentheces below the
Area	identified city.	me parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	OSBURN	ID
ommunity	ELIZABETH PARK	ID
	KELLOGG	ID
vs as Necessary	PINHURST	ID
	SMELTERVILLE	ID
	WALLACE	ID

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							06059
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in sp	pace E should	cover al	Il categories of	secondar				
	system, that is, the retransmission								
Secondary	about other services (including p						hose existii	ng on the	
Transmission 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 nu								
	separately for the particular servi								
	Rate: Give the standard rate cl unit in which it is generally billed.								
	category, but do not include disc				iny stanual		s wiu iir a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	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 o								
	Block 2: If your cable system h					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		1,243	29.99					
	Service to additional set(s)		1,243 1,891	29.99 0					
			1,091	U					
	• FM radio (if separate rate)								
	Motel, hotel Commercial		73	29.99					
			13	29.99					
	Converter								
	Residential Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There and furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
Fransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				Shea. List			ionn or a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	17.00	• Mot	tel, hotel					
	Pay cable—add'l channel	19.00	• Cor	nmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection			v cable-add'l ch	nannel				
	Installation: Residential		• Fire	e protection					
	• First set	40.00		glar protection					
	 Additional set(s) 	25.00		services:					
	• FM radio (if separate rate)		• Rec	connect		40.00			
	• Converter			connect					
	-			let relocation		25.00			
				ve to new addr	-255	40.00			

accounting Period: 2	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNIC			060598
G Primary Transmitters: Television	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 <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 statior 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	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 es explained in the next paragraph. s: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carrie 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	ot (1) stations carried only on a part-tiu the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESP le-air designation. For example, report evision station for broadcasting over t a station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. at the community to which the station i	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt 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
	KAYU-HD	28	I-M	SPOKANE, WA
	KAYU-TV	28	I	SPOKANE, WA
d Rows as Necessary	KHQ-HD	15	N-M	SPOKANE, WA
	KHQ-TV	15	Ν	SPOKANE, WA
	KHQ-DT	15	I-M	SPOKANE, WA
	KREM	20	Ν	SPOKANE, WA
	KREM-HD	20	N-M	SPOKANE, WA
	KREM-LIVE	20	I-M	SPOKANE, WA
	KSPS-HD	7	E-M	SPOKANE, WA
	KSPS-TV	7	E	SPOKANE, WA
	KUID-TV	12	E	MOSCOW, ID
	KXLY-HD	13	— N-М	SPOKANE, WA
	KXLY-METV	13	I-M	SPOKANE, WA
	KXLY-TV	13	N	SPOKANE, WA

EGAL NAME OI								SYSTEM II 0605
RIMARY TRA		: RADIO						
			arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	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>						

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					060598
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	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	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	on program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pas	a blank. If your anowar is '			-	
	-	, leave the	rest of this pag	je Dialik. Il your answer is	res, you mu	ist complete t	ine progran	п
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their i	meaning is	
	clear. If you need more spa						inouring io	
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	ies like "mo	vies" or "baske	tball " List specific program	titles for example	ample "I I ove	e Lucv" or	1.
	"NBA Basketball: 76ers vs.					p.o,o	0 200) 0.	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nead by the F	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, wi	ith the mor	nth
	first. Example: for May 7 give				-			
				gram was carried by your o				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. sno	bula be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	is in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCU	RRED	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. TIN FROM —	MES - TO	DELETION
						<u></u>		
							-	
							-	
]			_	-	
							-	
							-	
						_		
							-	
						_		
							-	
1	1	1	1		1.1			1

Accounting Period:	2018/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			\$	64558 SYSTEM ID# 060598
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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	e system's ation of how	secondary trans v to compute this	mission servi s amount, sec \$ 34	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 \$137,10 • Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less	than \$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		, , ,		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 I	ines 1 and	2	· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	nore 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				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8	•••••		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (bu	t less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	346,658.27		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	82,858.27		
	4. Multiply line 3 by .01		\$	828.58	
	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		\$	2,147.58
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,147.58	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		. <u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,167.58
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 060598
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	14 176
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 (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 X (Officer or partner) I am an officer (if a corporation) or a partner (if a 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)] X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	istem as identified
	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
QUEL COMMUNICATIONS LLC	06059
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 su scribers 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 transmission made by satellite carriers to satellite dish owners?	D- 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 those royalty payments submitted as a result of a late payment or underpaymer For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	nt. 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.	Interest Assessment
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	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
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
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
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
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
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	Lange
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	Lange
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 days se
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 days se
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 days se
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 days se
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 days se
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 days se
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 days se

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 th 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 Office'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.