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 COPYRIGE	HT OFFICE USE ONLY	Return completed workboo 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	ACCO	DUNTING 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	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	ROCKVIEW STATE CORRECTIONAL INSTITUTION	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	061735
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor 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 fil Note: Entities and properties such as hotels, apartments, condominiums, or m	ommunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area Served	identified city.	nome parks should be reported in parentices below the
	CITY OR TOWN	STATE
First	BELLEFONTE	PA
Community	(ROCKVIEW SCI)	
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT	IONS LLC							06173
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both							brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				y Stanuai		s wiu iir a p		
	Block 1: In the left-hand block				es of seco	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								
	Block 2: If your cable system								
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	ind rates, in the r	rignt-na	and DIOCK. A two	or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		0	-					
	<ul> <li>Service to additional set(s)</li> </ul>		0	0					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		485	39.33					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES					
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				h af tha a		a a lintad		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and include	the ra	te for each.					
		BLOCI						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-resid	dential				
	• Pay cable	-		el, hotel					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>	-		nmercial cable					
	•Burglar protection			cable-add'l cha	nnol				
	Installation: Residential			protection					
	• First set	_		glar protection					
	Additional set(s)	-		ervices:					
	• FM radio (if separate rate)	- 0		onnect					
	• Converter			connect					
	Converter			let relocation		_			
			Jul	or reiocation					
			• Mov	ve to new addre	ee	_			

ccounting Period: 2	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNICA			061735
G Primary Transmitters: Television	In General: In space G, idel carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c iles, regulations, or authorizations: e in space G—but do list it in space I (t 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 d with a station according to its over-the	<i>bt</i> (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a subs 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, ESPI re-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a ful (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM-ABC	24	N	ALTOONA, PA
	WJAC-NBC	34	N	JOHNSTOWN, PA
ws as Necessary	WKBS-IND	46	I	ALTOONA, PA
	WPCW-CW	11	I	PITTSBURGH, PA
	WPSU-PBS	15	E	CLEARFIELD, PA
	WTAJ-CBS	32	Ν	ALTOONA, PA
	WWCP-FOX	8	l	JOHNSTOWN, PA

EGAL NAME OF								SYSTEM I 0617
	_ · ·							
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
ceivable if (1) in the basis of i por detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf gnal, 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 ive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process c mark in the "S/D" column. on (the community to which th	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 co ge (v) of the g system as a se sed by the FC	ertain st ertain st eneral in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		-	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1						

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					061735
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				•	ion that you	ır cahle syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of th	e general instr	uctions in th	ne paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion progran	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Note: If your answer is "No	" loovo tho	root of this pag	o block If your opowor in	"Voo " vou mi		-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	e the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if thei	ir meaning is	
	clear. If you need more spa						i i i i i i i i i i i i i i i i i i i	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o ies like "mo	vies" or "baske	s. See page (v) of the gen thall " List specific program	n titles for ex	ample "I I c	er information	1.
	"NBA Basketball: 76ers vs.					umpio, 120		
				"Yes." Otherwise enter "I				
				sting the substitute progra		nood by the	FCC or in	
	the case of Mexican or Can			e community to which the			e FCC or, in	
	Column 5: Give the mor	th and day	when your sys	tem carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv	ve "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. s	hould be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if the	e listed progr	
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	ind regulation	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	l	CARR	AGE OCC	URRED	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. T FROM	TIMES — TO	DELETION
		100 01 110					10	
					-		—	
					-		. <u> </u>	
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Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	O61735
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 1,342.40
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 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 \$ 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 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		
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	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 061735
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	7 47
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) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(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</li> <li>X (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.</li> <li>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)]</li> </ul> Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	stem as identified
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING	
	(Title of official position held in corporation or partnership) Date: 08/18/2018	

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NAME OF OWNER OF CABLE SYSTEM:	
	SYSTEM
UEL COMMUNICATIONS LLC	0617
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 folowing sentence: <ul> <li>"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 ocated 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?</li></ul>	P Special Statemen Concerning Gros 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 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
	_
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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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