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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
8/7/2018	\$ ALLOCATION NUMBER						

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Coastal Link Communication, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 2008 (Number, street, rural route, apartment, or suite number)
		Brazoria, TX 77422 (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 is 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		IDENTIFICATION OF CABLE SYSTEM:
0,500111	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	<u> </u>	(only) tolkin, state; Elp seasy

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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	Coastal Link Communication, LLC	630
_	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorporadiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha	
	as the "first community." Please use it as the first community on all future fili	
	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Area	identified city.	iobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Brazoria	Texas
Community	Jones Creek	Texas
ld Rows as Necessary		

Accounting Period: 2018/1 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63077

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Coastal Link Communication, LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
 Service to first set 	877	34.49	Basic Expanded	849	47.00			
 Service to additional set(s) 	3,980	3.99	Digital Package	573	18.00			
 FM radio (if separate rate) 								
Motel, hotel								
Commercial								
Converter								
 Residential 								
Non-residential								
		T		· [

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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 brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
 Pay cable 		Motel, hotel		Premium 1	13.95	
 Pay cable—add'l channel 		Commercial		Premium 2	10.95	
 Fire protection 		• Pay cable		Premium 3	9.95	
Burglar protection		 Pay cable-add'l channel 		Premium 4	9.95	
Installation: Residential		Fire protection				
First set		Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63077

Coastal Link Communication, LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFTH-DT	36	I-M	Alvin, TX
KFTH-HD	36.1	l	Alvin, TX
KFTH2	36.2	I-M	Alvin, TX
KHOU	11	N-M	Houston, TX
KHOU2	11.1	N-M	Houston, TX
KHOU-HD	11.2	N	Houston, TX
KHOU3	11.3	N-M	Houston, TX
KIAH-DT	38	I-M	Houston, TX
KIAH-HD	38.1	I	Houston, TX
KLTJ	23	I	Galveston, TX
KPRC-DT	35	N-M	Houston, TX
KPRC-HD	35.1	N	Houston, TX
KPRC3	35.2	N-M	Houston, TX
KRIV-DT	26.1	I-M	Houston, TX
KRIV-HD	26	I	Houston, TX
KTBU55	42	I-M	Conroe, TX
KTMD-DT	48	I-M	Galveston, TX
KTMD-HD	48.1	I	Galveston, TX
KTRK-DT	13	N-M	Houston, TX
KTRK2	13.1	N-M	Houston, TX
KTRK3-HD	13.2	N	Houston, TX
KTRK4	13.3	N-M	Houston, TX
KTXH-DT	19	I-M	Houston, TX
KTXH-HD	19.1	I	Houston, TX
KUBE-TV	31	l	Baytown, TX

Accounting Period: 2018/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Coastal Link Communication, LLC

SYSTEM ID#

63077

G

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a

substitute program basis, as explained in the next paragraph. **Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KUHT-DT	8	E-M	Houston, TX
KUHT-HD	8.3	Е	Houston, TX
KUHT2Create	8.1	E-M	Houston, TX
KUHT3	8.2	E-M	Houston, TX
KXLN-DT	45	I-M	Rosenberg, TX
KXLN-HD	45.1	I	Rosenberg, TX
KXLN3	45.2	I-M	Rosenberg, TX
KYAZ	25	I	Katy, TX
KZJL-DT	44	l	Houston, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Coastal Link Communication, LLC

63077

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
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d: 2018/1						FOR	RM SA1-2E. PAGE 5.	
							SYSTEM ID# 63077	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program "substitute program" that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 6: Give the broadcast station's location (the community with which the station is identified). Column 6: Give the broadcast station's location (the community with which the station is dentified). Column 6: Give the broadcast station's location (the community to which the station is dentified). Column 6: State the times when the								
	Coastal Link Communi SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peribroadcast by a distant statt Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call se Column 4: Give the broathe case of Mexican or Cana Column 5: Give the monifirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. Is stated as "6:00—6:30 p.m." Column 7: Enter the letter to delete under FCC rules are was substituted for program effect on October 19, 1976.	Coastal Link Communication, Li SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did your broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant stati under certain FCC rules, regulations, or Do not use general categories like "mon "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast statio the case of Mexican or Canadian statio Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulatio was substituted for programming that y effect on October 19, 1976.	Coastal Link Communication, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paglog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separar clear. If you need more space, please add additional raculum 1: Give the title of every nonnetwork televit period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcat Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your systifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carries stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Coastal Link Communication, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM IN General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute be broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitunder certain FCC rules, regulations, or authorizations. See page (v) of the go not use general categories like "movies" or "basketball." List specific prog "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise ente Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations, if any, the community with which the case of Mexican or Canadian stations are program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:05 state the times when the substitute program was substituted for programming that your system was permitted to delete underfect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Coastal Link Communication, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant st substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general into 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nontroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever periodear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") to period, was broadcast by a distant station and that your cable system substitute for the prunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for emander certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for emander of the program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the month and day when your system carried the substitute program. Column 5: Give the month and day when your system carried the substitute program. In the case of Mexican or Canadian stations, if any, the community with which the station is like case of Mexican or Canadian stations in effect during the accounting period; enter the Lotter "R" if the listed pro	LEGAL NAME OF OWNER OF CABLE SYSTEM: Coastal Link Communication, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in 1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televioradcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth on our use general categories like "movies" or "basketball." List specific program titles, for example, "L. "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals first. Example: for May 7 give "5/7." Column 4: Give the broadcast station's location (the community with which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program	LEGAL NAME OF OWNER OF CABLE SYSTEM: Coastal Link Communication, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable systs substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograting in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another statunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is location file the month and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should	

ccounting Period:	·				A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Coastal Link Communication, LLC			S	YSTEM ID 6307
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form all amounts (gross receipts) paid to your cable system by subscriber (as identified in space E) during the accounting period. For a further page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission ser during the accounting period	rs for the syster explanation of n. rvice(s)	n's secondary tran how to compute th	smission service is amount, see	0,555.15
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:			(
Copyright Royalty Fee	 Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 c Use block 2 if the amount of gross receipts in space K is more than Use block 3 if the amount of gross receipts in space K is more than See page (vi) of the general instructions located in the paper SA1-2 form 	\$137,100 but le \$263,800 but le	ess than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS	OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, accounting period is \$52.00	the royalty fee th	hat you must pay fo	this six-month	
	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 PERIO				
	BLOCK 2: GROSS RECEIPTS OF \$263,800			•	
	Enter amount of gross receipts from space K			_	
	3. Subtract line 2 from line 1	-		_	
	Enter the amount of gross receipts from space K			- 180,555.15	
	5. Enter the amount from line 3		\$	83,244.85	
	6. Subtract line 5 from line 4		\$	97,310.30	
	7. Multiply line 6 by .005 (enter figure here)			\$	486.55
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. A	dd lines 7 and 8		\$	486.55
	BLOCK 3: GROSS RECEIPTS OF MORE TH	IAN \$263,800 ((but less than \$52	7,600)	
	Enter the amount of gross receipts from space K	<u> </u>		_	
	Base amount under statutory formula	<u>\$</u>	263,800.00	_	
	3. Subtract line 2 from line 1	· · · · · <u> </u>		=	
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory for	ormula)	<u>\$</u>	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. A	dd lines 4, 5, and	d 6		
	FILING FEE AND TOTAL REMITTA	NCE DUE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, about 1).	ove)	<u>\$</u>	486.55	
Due	Filing Fee (See the instructions for more information on filing fee calc	ulations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2	and 3		\$	506.55
	Important: Your remittance must be in the form of an electronal See page i of the general instructions in the page.				jhts!

: 2018/1									FORM SA1-2E. P	'AGE 7
									SYSTE 6	M ID#
to its subscribers 1. Enter the total system carried 2. Enter the total on which the car	number of channels on which television broadcast stations. number of activated channels able system carried television	notal number that the cable s broadcast	ber of activ	vated channel	s during the a	accounting per	iod.		34 222	
			RMATIOI	IS NEEDED	(Identify an i	ndividual to wh	nom			
Name	Wade Aucoin						Telephone	979-798-2	121	
Address	Brazoria, TX 77422	ment, or suit	ite number)							
Email		n				Fax (optio	nal)			
I, the undersigne (Owne (Agent in I X (Office in I I have examined are true, complete	r other than corporation or part of owner other than corporation 1 of space B and that the over or partner) I am an officer (if line 1 of space B. the statement of account and he, and correct to the best of my lon 1001(1986)] Typed or printed Title:	artnership ation or pai where is not hereby dec knowledge Enter an e Enter sign	ly one, of the p) I am the artnership of a corporation) or a acclare under the pe, information of the corporation of the pe, information of the corporation of the pe, information of t	owner of the owner owner of the owner o	authorized agratip; or remarkip) of that all state, and are made in the line above to ture" (e.g., /s,	as identified in gent of the own the legal entity ments of fact cle in good faith. To certify this start John Smith)	er of the cable syndentified as own ontained herein attement.	rstem as identif		
	LEGAL NAME OF C Coastal Link C CHANNELS Instructions: Yo to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca and nonbroadc INDIVIDUAL TO we can contact a Name Address Email CERTIFICATION In the undersigne (Owne (Agent in the cast of the	LEGAL NAME OF OWNER OF CABLE SYSTEM: Coastal Link Communication, LLC CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's formulate on which system carried television broadcast stations. 2. Enter the total number of activated channel on which the cable system carried television and nonbroadcast services	CHANNELS Instructions: You must give (1) the number of channe to its subscribers, and (2) the cable system's total number of its subscribers, and (2) the cable system's total number of channels on which the cab system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of active. 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.) Name Wade Aucoin P.O. Box 2008 (Number, street, rural route, apartment, or suite number) Brazoria, TX 77422 (City, town, state, zip) Email wade@btel.com CERTIFICATION (This statement of account must be certified and I, the undersigned, hereby certify that (Check one, but only one, of the composition of partnership) I am the composition of partnership in line 1 of space B and that the owner is not a corporation line 1 of space B and that the owner is not a corporation in line 1 of space B. I have examined the statement of account and hereby declare under are true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)] X /s/ Water Title: Vice Presider Title: Vice Presider Vice Presider	CHANNELS Instructions: You must give (1) the number of channels on which the cable system its subscribers, and (2) the cable system's total number of activated channels on which 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can contact about this statement of account.) Name Wade Aucoin P.O. Box 2008 (Number, street, rural route, apartment, or suite number) Brazoria, TX 77422 (City, town, state, zip) Email wade@btel.com CERTIFICATION (This statement of account must be certified and signed in account in the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the count in line 1 of space B and that the owner is not a corporation or partner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law are true, complete, and correct to the best of my knowledge, information, and belter [18 U.S.C., Section 1001(1986)] X /s/ Wade A Aucoin Typed or printed name: Wade A. Aucion Typed or printed name: Wade A. Aucion	LEGAL NAME OF OWNER OF CABLE SYSTEM: Coastal Link Communication, LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the at 1. Enter the total number of channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an invector contact about this statement of account.) Name Wade Aucoin P.O. Box 2008 To Brazoria, TX 77422 (City, town, state, zip) Email Email Made Aucoin CERTIFICATION (This statement of account must be certified and signed in accordance with the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or the inline 1 of space B and that the owner is not a corporation or partnership; or the inline 1 of space B and that the owner is not a corporation or partnership; or the inline 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all state are true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] Title: Wade A. Aucoin Fitter of official possion held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: Costal Link Communication, LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broad to its subscribers, and (2) the cable system's total number of activated channels during the accounting per 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to will we can contact about this statement of account.) Name Wade Aucoin P.O. Box 2008 [Number, street, rust note, apartment, or suite number) Brazoria, TX 77422 (City, Izwa, state, zep) Email wade@btel.com Fax (option CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Offi • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duly authorized agent of the own 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 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 oare ruse, 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)) Typed or printed name: Wade A. Aucoin Finter an electronic signature on the line above to certify this statement using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Wade A. Aucoin	LEGAL NAME OF OWNER OF CABLE SYSTEM: Coastal Link Communication, LLC 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Address P.O. Box 2008 (Number, steer, runni route, spetment, or suite number) Brazoria, TX 77422 (City, town, steer, rg) Email Wade@btel.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, 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 in line 1 of space B and that the owner is not a corporation or partnership; or (Office 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 and that the owner is not a corporation or partnership; or in line 1 of space B and that the owner is not a corporation or partnership; or (Office 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 and that the owner is not a corporation or partnership; or the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership; or the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership; or the legal entity identified as own in line 1 of space B an	ECAL NAME OF OWNER OF CABLE SYSTEM Coastal Link Communication, LLC CHANNELS	ECRA: NAME OF COWNER OF CARL SYSTEM: Coastal Link Communication, LLC

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 telephon 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 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

ounting Period: 2018/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
astal Link Communication, LLC	63077
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."	P Special Statement Concerning Gross Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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 Assessment
x	
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 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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