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	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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20181 Barcode Data Filing Period (optional - see instructions)	
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	
		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)	
		(City, town, state, zip)	
	INIOT		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the 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:	
		RED ROCK CORRECTIONAL FACILITY	
		MAILING ADDRESS OF CABLE SYSTEM:	
	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063120
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat 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 filin Note: Entities and properties such as hotels, apartments, condominiums, or mo	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	ELOY	AZ
Community	(RED ROCK CORR)	
Add Rows as Necessary		

Residential: 0 - Service to additional set(s) 0 0 • Service to additional set(s) 0 0 • FM radio (if separate rate) 0 0 Motel, hotel 0 0 Commercial 91 39.33 Converter - - • Residential - - • Non-residential - - • Services Conterter - • Residential - - • Non-residential - - • Services - The General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that wern to 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 should include both the anot of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis enter onty the letters "P	FORM SA1-2E. PAG					I				
F SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission source is the system, that is, the retransmission of felevision and radio broadcasts by your system to subscribers in the subscriber in each applicable category. User your system Note: Valuer and invitational sets would be include: Inter our under "Service to the subscribers in the subscriber in each applicable category is subscriber in each applicable category is subscriber in each applicable category is subscriber in the subscriber in each applicable category is subscriber in the subscriber in each applicable category is subscriber in the subscriber in each applicable category is subscriber in the subscriber in each applicable category is subscriber in the subscriber in each applicable category is subscriber in the subscriber in each applicable category is subscriber in the subscriber in each applicable category	SYSTEM II	SYS			ABLE SYSTEM:	LEGAL NAME OF OWNER OF CA	Name			
Ferror In General: The information in space E should cover all categories of secondary transmission active information about other services (including pay cable) in space E, not here. All the facts you state must be those existing on the isat day of the accounting period (Jue 30 of December 31, as the case may be). Services: Sub services including pay cable) in space E call for the number of subscribers in the brane existing on the isat day of the accounting period (Jue 30 of December 31, as the case may be). Rates Number of Subscribers: Both blocks in space E call for the number of subscribers in the category (Jue number of subscribers in the category (Jue number of subscribers in the category of service. Include both the around of the charge and the particular service at the rate indicated—ont the number of subscribers in a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the off-hand block in space E, the form lists the category of service. Include both the around of the cahe last date date pays 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 counted one again under "Service to additional sets would be counted one again under "Service to additional sets would be counted one a subscribers in each applicable category. Example: aresidential subscribers in the right-hand block. A two- or three-word description of the service to additional set(s). Block 2: If your cable system that rate categories for secondary transmission service tha at different rate in the rate of subscribers and rate (service). Internet from those printed in space E, tho subscribers of secondary transmission ser	06312									
system, that is, the retransmission of television and radio broadcasts by your system to subscripters. Give information body other services inducing provide) in space F. Inot ther. All the facts you state in use the torse existing on the fact system. The subscripters is build body in the scale may be). Number of Subscripters and thorises in a set of call for the number of subscripters is build body in the scale may be). Number of Subscripters and thorises in space Call for the number of subscripters is build body in space Call for the number of subscripters is build body in space Call for the number of subscripters is build body in space Call for the number of subscripters is build be called provide in that calegory in the number of subscripters is build be called proved that applies to your system in that called or the number of subscripters is build be called body in space E. The form lists the categories of secondary transmission service that called your system. Note: None an individual or organization is receiving services in the instruction of the subscripters. Solve the number of subscripters and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service to the first service to more light whole be cauted to a subscripters. Solve the number of subscripters and rate or each instruction is service that acting one space that applies to your system. Note: Where an individual or organization is receiving service to the first service is subscripter who pays extra for cable service to additional set(s). Biock 2: If your cable system has rate categories for secondary transmissions, single number of subscripters. Solve the number of subscripters is services to subscripters and rates, in the right-hand block. A two- or three-word description of the service is subscripter set of the separate rate). Note in the categories of rate (not subscripter) information with the repect to all your cable system services that were not dinstruction in which it is user			S	BERS AND RA	SERVICE: SUBSC	SECONDARY TRANSMISSION	-			
Secondary Transmission about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission Service: Sub scribers and Rates Rates about other services (including y transmission service. In general, you can compute the number of subscribers in each category by counting the number of parsons or organizations charged separately for the particular service at the rate indicated—ont the number of sets receiving service. Rate: Give the standard rate charged for each category of service. Include both the amound of the charge and the unit in which it is generally blick (Example: "S207mth"). Summarize any standard rate variations within a patricular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, In therm lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers vide that fails under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber vide or gale scribe carbics for 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. BLOCK 1 BLOCK 2 NO. OF CATEGORY OF SERVICE Subscriber wide service is subscriber with the number or subscriber wide in the service is sufficient. BLOCK 1 BLOCK 1 BLOCK 2 NO. OF Service is sufficient. BLOCK 1 BLOCK 1 BLOCK 2 Service is sufficient. Service is sufficient. </td <td colspan="10">In General: The information in space E should cover all categories of secondary transmission service of the cable</td>	In General: The information in space E should cover all categories of secondary transmission service of the cable									
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F Services of a single fee: of services that inclusion of the services that are offer that are different from those printed in block 1 for example, titers of services that include one or more secondary transmission), 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. BLOCK 1 BLOCK 2 NO. OF RATE CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS NO. O Residential: 0 - Subscribers		der "Service to the								
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• FM radio (if separate rate) Motel, hotel Commercial 91 39.33 Converter • Residential • Non-residential 91 B 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. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential • Pay cable • Motel, hotel • Pay cable • Motel, hotel • Pay cable • Pay cable • Pay cable				-		 Service to first set 				
Motel, hotel 91 39.33 Converter • Residential 91 39.33 • Non-residential 91 39.33 • Non-residential 91 39.33 F 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 wer 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 services that your cable system furnished or offered during the accounting period that were not listed in block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. Block 1: Give three-word) description and include the rate for each. BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE • Pay cable - •				0		 Service to additional set(s) 				
Commercial 91 39.33 Converter - - · Residential - - · Non-residential - - · Non-residential - - Services 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 wer 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 1: 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. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE · Pay cable - - - - · Pay cable - - - - -						 FM radio (if separate rate) 				
Converter Residential • Non-residential • Non-residential 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 wern ot 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 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 in the form of a brief (two- or three-word) description and include the rate for each. Extreme CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable - • First set -						Motel, hotel				
• Residential • Non-residential • Non-residential • Non-residential F 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 wern to 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 should include both the anothor 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 in the form of a brief (two- or three-word) description and include the rate for each. Block 1: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. ECATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable - • Motel, hotel • Motel, hotel • Pay cable - • Pay cable • Pay cable • Pay cable • First set - • Burglar protection • Pay cable • Pay cable				39.33	9	Commercial				
• Non-residential 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 secondary Services Other Than Secondary Endered 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 in the form of a brief (two- or three-word) description and include the rate for each. 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 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable - • Pay cable -						Converter				
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 wer not covered in space E, that is, those services that are not offered in combination with any secondary transmissions: Rates 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 wer not covered in space E, that is, those services that are not offered in combination with any secondary transmissions: Rates Transmissions: Rates Secondary Transmissions: Rates Secondary Transmissions: Rates Secondary Transmissions: Rates 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 BLOCK 1 CATEGORY OF SERVICE RATE Pay cable - • Fire protection - </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>Residential</td> <td></td>						Residential				
F 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 services 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. Ketter CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable - • Motel, hotel • Motel, hotel • Motel, hotel • Pay cable - • Pay cable • Pay cable <t< td=""><td></td><td></td><td></td><td></td><td></td><td>Non-residential</td><td></td></t<>						Non-residential				
F In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that wernot 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. Incare Continuing Services: Installation: Non-residential • Pay cable • Motel, hotel • Pay cable • Motel, hotel • Fire protection • Pay cable • Burglar protection • Pay cable • Fire protection										
F 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. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Other, hotel • Pay cable • Motel, hotel • Pay cable • Motel, hotel • Fire protection • Pay cable	were	em's services that were	ect to all vour cable syst				_			
Services Other Than Secondary Transmissions: Rates 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 BLOCK CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable • • Pay cable • • Fire protection • Pay cable • Burglar protection • Pay cable • First set • • Burglar protection • • First set •					, ,		F			
Other Than Secondary Transmissions: Rates 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 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable • Motel, hotel • Pay cable • Motel, hotel • Fire protection • Pay cable • Burglar protection • Pay cable • First set • Burglar protection		e ()				5				
Secondary Transmissions: Rates 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 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential • Pay cable • Motel, hotel • Fire protection • Pay cable • Burglar protection • Pay cable-add'l channel • Fire set • Burglar protection • Fire protection • Fire protection • Fire protection • Burglar protection										
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 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential Output • Pay cable • Motel, hotel • Motel, hotel • Fire protection • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection • Burglar protection • Burglar protection • Fire protection • Burglar protection • Burglar protection • Burglar protection • Burglar protection	SIS,	ible per-program basis,	are charged on a varia	billed. If any ra						
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 BLOCK 1 BLOC CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable - Installation: Non-residential - - - • Pay cable - • Motel, hotel - - - • Fire protection - • Pay cable - - - • Fire protection - • Pay cable - - - • Fire protection - • Pay cable - - - • Fire protection - • Pay cable - - - - • Fire protection - • Pay cable-add'I channel -		es listed.	of the applicable servic	e system for ea			•			
brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Ontinuing Services: Installation: Non-residential Ontinuing Services: Ontin										
BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable - Motel, hotel • Pay cable—add'l channel - • Commercial • Fire protection • Pay cable • Burglar protection • Pay cable-add'l channel • First set - • Burglar protection	1	ices in the form of a	d. List these other serv							
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICEContinuing Services:Installation: Non-residential				ate for each.	tion and include the	brief (two- or three-word) descrip				
Continuing Services:Installation: Non-residential• Pay cable-• Pay cable—add'l channel-• Pay cable—add'l channel-• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• First set-• Fire protection• Pay cable add'l channel	JCK 2	BLOCK 2			BLOCK 1					
• Pay cable - • Motel, hotel - - • Pay cable—add'l channel - • Commercial - - • Fire protection • Pay cable - - - • Burglar protection • Pay cable-add'l channel - - - • Fire protection • Pay cable-add'l channel - - - • Fire protection • Fire protection - - - • Fire protection • Burglar protection - - -	SERVICE RATE	CATEGORY OF SERVICE	E RATE	GORY OF SER	RATE CAT	CATEGORY OF SERVICE				
• Pay cable—add'l channel - • Commercial - • Fire protection • Pay cable - - • Burglar protection • Pay cable-add'l channel - - Installation: Residential • Fire protection - - • First set - • Burglar protection - -			ntial	ation: Non-res	Inst	•				
• Fire protection • Pay cable • end • Burglar protection • Pay cable-add'l channel • end Installation: Residential • Fire protection • end • First set • Burglar protection • end				tel, hotel	- •	Pay cable				
•Burglar protection •Pay cable-add'l channel Installation: Residential •Fire protection •First set •Burglar protection				mmercial	-	 Pay cable—add'l channel 				
Installation: Residential • Fire protection • First set • Burglar protection				y cable	•	Fire protection				
First set - Burglar protection			nel	y cable-add'l ch	•	 Burglar protection 				
				e protection	•	Installation: Residential				
				rglar protection	- •	First set				
Additional set(s) Other services:				services:	- Oth	 Additional set(s) 				
• FM radio (if separate rate) • Reconnect -			-	connect	•	• FM radio (if separate rate)				
Converter O				connect	•					
• Outlet relocation -			-	tlet relocation	• (
Move to new address -			-							

	1			FORM SA1-2E. PAGE 3.				
ame	LEGAL NAME OF OWNER OF			8YSTEM ID# 063120				
		CEQUEL COMMUNICATIONS LLC 06312						
G mary mitters: vision	carried by your cable syster 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 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 station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	eral: In space G, identify every television station (including translator stations and low power television stations) by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under les and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 1)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(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 the program basis, as explained in the next paragraph. the Basis Stations: With respect to any distant stations carried by your cable system on a substitute program nder specific FCC rules, regulations, or authorizations: ot list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the was carried <i>only</i> on a substitute basis. e e station here, and also in space I, if the station was carried both on a substitute basis and also on some other ⁵ or further information concerning substitute basis stations, see page (v) of the general instructions. n 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each st stream associated with a station according to its over-the-air designation. For example, report multistream -2" as the same on the form. n 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community se. For example, WRC is channel 4 in Washington, D.C. n 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial onal station, by entering the letter "N" (for network multicast), "I" (for independent), "I-M" ependent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. n 4: Give the location of each station. For U.S. stations, list the community to which the station i						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KAET-PBS	8	Е	PHOENIX, AZ				
	KNXV-ABC	15	N	PHOENIX, AZ				
Rows as Necessary	KPHO-CBS	17	Ν					
ceessary	1			PHOENIX, AZ				
iccessury	KPNX-NBC	12	N	MESA, AZ				
i i i i i i i i i i i i i i i i i i i		12 10	N	***				
in the second	KPNX-NBC		N 	MESA, AZ				
cccssury	KPNX-NBC KSAZ-FOX	10	N 	MESA, AZ PHOENIX, AZ				
,,,,,,,, .	KPNX-NBC KSAZ-FOX KTVK-IND	10 24	N 	MESA, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33	N 	MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
eccostry (KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33	N 	MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
(cccsury)	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33	N 	MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33	N 1 1 1 1 1	MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33	N 1 1 1 1 1 1	MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33	N	MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33	N	MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33	N	MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33	N	MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33		MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33		MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33		MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33		MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33		MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
	KPNX-NBC KSAZ-FOX KTVK-IND KTVW-Univision	10 24 33		MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				

EGAL NAME OF								SYSTEM II 0631
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
cecivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing give the station	y the sys be recein at the Co I sign of a the static ion'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 opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM anter this point, see pa sed by the cable s ne station is licen	eadend, 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	

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					063120
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
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	t be included in	this log, see page (v) of the	e general instr	uctions in the	e 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 basi	s, any nonnet	twork televis	ion program	1 <u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	rost of this pag	o blank. If your answor is '			-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	1
	clear. If you need more spa				interer pee			
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ov	r informatior /e Lucy" or	1.
	"NBA Basketball: 76ers vs.					ampio, 120	10 Luoy 01	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nead by tha	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, v	vith 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	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	iouid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
						N SUBSTI		
	S		E PROGRAM			AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. I FROM -	IMES — TO	DELETION
						_	_	
							_	
								·
						-	_	
						_	_	
							_	
							_	
							_	
						-	_	
							_	
						-	_	
1		1	1		[1

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063120
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 trans (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 , 482.01
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		
	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# 063120
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	8
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	41
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 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)] 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 telephoi 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 fing, a determination that would be made by a court of lav

AME OF OWNER OF CABLE SYSTEM: EL COMMUNICATIONS LLC PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS he Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- wing 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 sub-	SYSTEM II 06312
PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS he Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- wing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic	06312
he Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- wing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic	
scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." or more information on when to exclude these amounts, see the note on page (vii) of the general instructions icated in the paper SA1-2 form. uring the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions icade by satellite carriers to satellite dish owners?	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
ame Name Mailing Address	
NTEREST ASSESSMENT	
ou must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. or an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
ine 1 Enter the amount of late payment or underpayment	Interest Assessme
	-
X	-
- Multiply line 1 by the interest rate* and enter the sum here	_
x days	
ne 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	_
ne 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	_
(interest charge)	
* 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.	
OTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please st below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
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