This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	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	
		20181 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3121
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa-	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-	ST. CROIX 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063121
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	
First	CITY OR TOWN NEW RICHMOND	STATE WI
First Community	(ST. CROIX CORR)	
-		
Add Rows as Necessary		

CEQUEL COMMUNICATIONS LLC         Ubi33           E         SecONARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES         In General: The information in space 5 hould over all categories of secondary transmission service of the cable system, that is, the retrammission of television and radio broadcasts by your system to subscribers. Give information is space 5 hould exp. 11 be facts your system to subscribers. Give information is about other services (including pay cable) in space E call for the number of subscribers. Subscribers: Subscribers: Subscribers: Sub blocks in space E call for the number of subscribers in the cable system, broken developed by coulting the number of subscribers in the cable system, broken developed by coulting the runner of advance payment.           Rete: Site the standard rate charged for each category (for number of persons or organizations charged separately for the particular service at the rate indicated—not the number of subscribers and rate for each listed category system. Note: Where an individual or organization is receiving service that falls under different categories of secondary transmission service in the cable system may be.           Ret: Site the person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays exit for cable service to additional sets would be included on roome secondary transmission. Service that them, together with the number of subscribers and rate for each listed category standary transmission excite the first effect and would be counted on capa and met or Service to additional sets.           Intel eff-hand block in space E, the form lists the categories of secondary transmission. Service to the first effect and would be counted as a subscriber in each applicable category. Example: a residential subscriber: Since there are in theret and tr		LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							-2E. PAGE
E       In General: The information is space E should cover all categories of secondary transmission service of the cable system. Natis, the transmission diverse in the information in space E and to the accounting period (Law So Toelements 4), as the case must be those exclines, information is adout the rearrowised on the standard provides in space E call for the number of subscribers in the cable system. To the information is adout the rearrowised on compute the number of subscribers in each category by counting the number of billions in space E call for the number of subscribers in the cable system. Torken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billions in the category than mission service. In the information include discounts allowed for advance payment.         Bick 1: In the left hand block in space E, the form lists the categories of secondary transmission service and the cable sequence payment.         Bick 1: In the left hand block in space E, the form lists the categories of secondary transmission service that cable advectory statem induced advance payment.         Bick 1: In the left hand block in space E, the form lists the categories of secondary transmission service that category that applies by our system. Note: Where an individual or ognization is receiving service that different cable system has rate categories for secondary transmission service in the cable secondary transmission service is a different cable.         Bick 1: In the left hand block. Note: Where an individual or ognization is receiving service that falls under different cable secondary transmission service is the cable secondary transmission service is the cable secondary transmission service in the cable secondary transmission service is a secondary transmission service is the	Name	CEQUEL COMMUNICAT	IONS LLC							06312
Transmission Retes Rete Rete	_	In General: The information in s system, that is, the retransmission	pace E should c on of television a	over al and rad	categories of so broadcasts b	secondary y your sy	stem to subscrib	bers. Give i	nformation	
Rates         each category by counting the number of billings in that category (the number of persons or organizations). Rate: Cive the standard rate charged for each category of service. Include both the amount of the charge and the category, but do not include discounts allowed for advance payment. Biock 11: In the lichhard block: Name: S20MPH.         Service in advance payment.           Biock 11: In the lichhard block: Name: S20MPH.         Biock 11: In the lichhard block: Name: S20MPH.         Biock 12: In the lichhard block: Name: S20MPH.           Biock 12: In the lichhard block: Name: Name	Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	l (June 30 or De n blocks in space	cembei e E call	<sup>•</sup> 31, as the cas for the number	e may be of subsc	). ribers to the cat	ole system,	broken	
F       Service to additional set(s)       O <td< td=""><td></td><td>each category by counting the n separately for the particular serv</td><td>umber of billings ice at the rate in</td><td>in that dicated</td><td>category (the i —not the num</td><td>number of ber of set</td><td>, f persons or org s receiving serv</td><td>anizations ice).</td><td>charged</td><td></td></td<>		each category by counting the n separately for the particular serv	umber of billings ice at the rate in	in that dicated	category (the i —not the num	number of ber of set	, f persons or org s receiving serv	anizations ice).	charged	
system most commonly provide to their subscribers. Give the number of subscribers and rate offerent 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 more again under "Service to additional sets.         Block 2: if your cable system that site categories for secondary transmission service that and different from those printed in block 1 (for example. Iters 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 is subscriber who service is sufficient.         EloCK 1       ELOCK 1       ELOCK 2         CATEGORY OF SERVICE       Subscriber who service is subscribers in the right-hand block. A two- or three-word description is service is subscriber who service is subscriber who service is subscriber who service is subscriber who service is a subscriber. Service is a additional set(s)         • Service to difficient all is the service set that are not offered in combination with any secondary transmission services that were not accered in space 1: their services is that include one and the unit in which it is subscriber. Nate information andule include both the amount of the charge and the unit in which it is subscriber. Nate information andule include and the unit is whole whole whole and the unit in which it is subscriber. The information andule include and the unit is whole include and the unit is which it is analytice. There are charged an avanibe perprogram basis, anot offered in combination		unit in which it is generally billed category, but do not include disc	. (Example: "\$20 counts allowed for	)/mth"). or adva	Summarize ar nce payment.	ıy standaı	rd rate variations	s within a p	articular rate	
subscriber who pays extra for cable service to additional sets would be included in the count under "Service to additional sets)."       Biock 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, liters 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         CATEGORY OF SERVICE       SuBSCRIBERS         Residential:       0         • Service to first set       0         • Service to additional set(s)       0         • FM radio (if separate rate)       0         Motel, hotel       3         Converter       • Residential         • No-residential       3         • No-residential       3         • No-residential       3         • No-residential       0         • Residential       0         • No-residential       3         • No-residential       3         • Service to additional set(s)       0         • General: Space F calls for rate (not subscriber) information with any secondary transmission service that services that were not oneored on synate be arrower services that were not not overed in space F. Linkt is, those services that are not offered in combination with any secondary transmission service that are not offered i		systems most commonly provide that applies to your system. <b>Note</b>	e to their subscri e: Where an indi	bers. G vidual (	ive the number	of subsc	ribers and rate find rate find the service that f	or each lis alls under	ted category different	
BLOCK 1         BLOCK 2           CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         SUBSCRIBERS         RA           Residential         • Service to additional set(s)         0         -         -         Subscription         Subscription         Ra           * Service to additional set(s)         0         - <t< td=""><td></td><td>subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a</td><td>ble service to ac once again unde has rate categor iers of services t</td><td>dditiona r "Servi ies for that inc</td><td>I sets would be ce to additiona secondary tran lude one or mo</td><td>e included I set(s)." smission re second</td><td>l in the count un service that are dary transmissio</td><td>der "Servic different fr ns), list the</td><td>e to the om those em, together</td><td></td></t<>		subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a	ble service to ac once again unde has rate categor iers of services t	dditiona r "Servi ies for that inc	I sets would be ce to additiona secondary tran lude one or mo	e included I set(s)." smission re second	l in the count un service that are dary transmissio	der "Servic different fr ns), list the	e to the om those em, together	
CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         SUBSCRIBERS         RATE           Residential:         -			OCK 1					BLOCK	2	
Residential:       0       -         · Service to first set       0       0         · Service to additional set(s)       0       0         · FM radio (if separate rate)       0       0         Motel, hotel       3       39.33         Converter       -       -         · Residential       3       39.33         · Non-residential       -       -         · Services       for rate (not subscriber) information with respect to all your cable system's services that were not ord single fee. There are two exceptions: you do nonsubscribers. Rate information should include both the anonut 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 rPrice to nonsubscriber on offered during the accounting period that wer					DATE	CAT				DATE
• Service to first set       0       -         • Service to additional set(s)       0       0         • FM radio (if separate rate)       0       0         Motel, hotel       3       39.33         Converter       -       -         • Residential       0       0         • Non-residential       0       0         • Instain thou ot a single fee. There are two exceptions: you do not need to give rate information should			SUBSCRIBE	RS	RAIL	CAT	EGURT OF SEI	<b>VICE</b>	SUBSCRIBERS	RAIL
•FM radio (if separate rate)       ••••••••••••••••••••••••••••••••••••				0	-					
Motel, hotel Commercial       Motel, hotel         Converter       -         - Residential       -         - Non-residential       -         - Pay cable       -         - Pay cable <td></td> <td>Service to additional set(s)</td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		Service to additional set(s)		0	0					
Commercial Converter         3         39.33           · Residential · Non-residential · Non-residential         -		• FM radio (if separate rate)								
Converter       Residential         • Non-residential       • Non-residential         • Non-residential       • Non-residential         • Non-residential       • Non-residential <b>F</b> 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 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 oncorrening (1) services furtished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services furtished 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.         Image: CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         Pay cable       -       -       -       -         • P		Motel, hotel								
• Residential       • Non-residential       • Non-residential         • Non-residential       • 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 concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. 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.            (AtteGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE            (AtteGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE            (Pay cable       -       -       -		Commercial		3	39.33					
• Non-residential       Image: Comparison of the second and the second		Converter								
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 service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services turnished 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 for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         EXTEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Installation: Residential       • Motel, hotel         • Pay cable       • Motel, hotel         • Pay cable       • Pay cable         • First set       • Burglar protection         • First se		Residential								
F       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 of 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.         Transmissions:       Rates         Biock 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       BLOCK 1         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE:       Installation: Non-residential         · Pay cable       · Motel, hotel         · Fire protection       · Pay cable         · Fire protection       · Pay cable         · Fire protection       · Pay cable         · Additional set(s)       · Other services:         · Fin ratio (if separate rate)       · Reconnect         · Fire rotection       · Burglar protection         · Fire st set       · Other services:         · Fin ratio (if separate rate)       · Reconnect         · Outlet relocation       · Outlet relocation </td <td></td> <td>Non-residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Non-residential								
BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE       Commercial       Installation: Non-residential       Installation: Non-resident       Installation: Non-residential	Services Other Than Secondary Fransmissions:	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	e (not subscribe hose services th e two exceptions or facilities furnis it in which it is u rate column. the charged by the sour cable syste separate charge	er) infor lat are i s: you o shed to isually l e cable em furr was m	mation with res not offered in c do not need to nonsubscriber billed. If any rat system for eac hished or offere ade or establis	pect to al ombinatio give rate i s. Rate in es are ch ch of the a d during t	n with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services oth the ogram basis, were not	
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICERAContinuing Services: • Pay cableInstallation: Non-residential • Motel, hotelMotel, hotelInstallation:RATECATEGORY OF SERVICERA• Pay cable—add'l channel-• Motel, hotel-• Commercial			BLOC	К 1					BLOCK 2	
• Pay cable-• Motel, hotel-• Pay cable—add'l channel-• Commercial-• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• Burglar protection• Fire protection• First set-• Burglar protection• First set-• Burglar protection• Additional set(s)-• Other services:• FM radio (if separate rate)• Reconnect• Converter-• Disconnect• Outlet relocation		CATEGORY OF SERVICE			ORY OF SERV	/ICE	RATE	CATEGO		RATE
• Pay cable—add'l channel       -       • Commercial       -				nstalla	tion: Non-resi	dential				
• Fire protection       • Pay cable       • Pay cable-add'l channel         • Burglar protection       • Pay cable-add'l channel       • Pay cable-add'l channel         Installation: Residential       • Fire protection       • Burglar protection         • First set       -       • Burglar protection       • Burglar protection         • Additional set(s)       -       • Other services:       • Reconnect         • FM radio (if separate rate)       • Disconnect       -         • Outlet relocation       -       • Outlet relocation			-		,					
•Burglar protection       •Pay cable-add'l channel         Installation: Residential       •Fire protection         •First set       •Burglar protection         •Additional set(s)       •Other services:         •FM radio (if separate rate)       •Reconnect         •Other telocation       •Other services:         •Outlet relocation       •Outlet relocation			-							
Installation: Residential       -<										
• First set     -     • Burglar protection     - <td></td> <td><b>3</b> 1</td> <td></td> <td></td> <td></td> <td>annel</td> <td></td> <td></td> <td></td> <td></td>		<b>3</b> 1				annel				
Additional set(s)     FM radio (if separate rate)     Converter     Other services:         Perconnect         Outlet relocation     Outlet relocation     Outlet relocation					•					
• FM radio (if separate rate)     • Converter     • Conver     • Converter     • Converte			-							
Converter     Disconnect     Outlet relocation     -			- (							
•Outlet relocation -		· · · /					-			
		Convertor								
		Converter								

				FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM I
	CEQUEL COMMUNIC			0631
G Primary Issmitters: Ievision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th )(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	ime basis under ims [sections itions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE-NBC	11	N	MINNEAPOLIS, MN
	KMSP-FOX	9	l	MINNEAPOLIS, MN
lecessary	KSTP-ABC	35	N	ST. PAUL, MN
	KTCA-PBS	34	Е	ST. PAUL, MN
	WCCO-CBS	32	N	MINNEAPOLIS, MN

CEQUEL CO	OWNER OF COMMUNICA							SYSTEM I 0631
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: Co	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of them 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 < mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated 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	
		0.0				5.0		
		<u> </u>						

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063121
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	- a <i>distant</i> stati	ion. that your o	cable svste	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	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	on program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete t	he prograr	n
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS					
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	program") tha	t during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further i	nformatior	1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			th the mon	ith
	first. Example: for May 7 giv	/e "5/7."	, ,	·	U U			
				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. sno	ula be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	FCC fulles a	nu regulation:	5 111	
					r 1			I
			E PROGRAM	I		N SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
							-	
						_		
						_		
1		1	1					1

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
			063121
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	<b>750.00</b>
Copyright	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	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 063121
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations .         2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	5
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	stem as identified
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING         (Title of official position held in corporation or partnership)	
	Date: 08/18/2018	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and 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

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06312
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:             "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>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.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> </ul>	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name     Name       Mailing Address     Mailing Address	
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.	ıt. Q
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