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

| A | ACCO | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|----------------------|-------|--|-----|
| | | 2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| Accounting Period | | 20181 Barcode Data Filing Period (optional - see instructions) | |
| | | 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. | 134 |
| | | | |
| | | 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) | |
| | INICT | | |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | | WESTCHESTER COUNTY DEPARTMENT OF CORRECTIONS | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | (Number, street, rural route, apartment, or suite number) | |
| | | (City, fown, 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 suffciency 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 | 063134 |
| D | Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or r identified city. | ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings. |
| Served | | |
| | CITY OR TOWN | STATE |
| First | VALHALLA | NY |
| Community | (WESTCHESTER DOC) | |
| Add Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | SYS | TEM ID |
|-------------------------------|---|---------------------|----------|-----------------|-------------|-------------------|--------------|---------------------------|--------|
| Name | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 06313 |
| | SECONDARY TRANSMISSION | | | | TES | | | | |
| E | In General: The information in s | | | - | - | v transmission s | ervice of th | ne cable | |
| | system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | hose existi | ng on the | |
| Transmission | last day of the accounting period | | | | | | | hashes | |
| Service: Sub- scribers and | Number of Subscribers: Both down by categories of secondary | | | | | | | | |
| Rates | each category by counting the n | | | | | | | | |
| | separately for the particular serv | ice at the rate in | dicated | -not the num | ber of set | s receiving servi | ice). | - | |
| | Rate: Give the standard rate c | | | | | | | | |
| | unit in which it is generally billed category, but do not include disc | | | | iy standar | d rate variations | s within a p | articular rate | |
| | Block 1: In the left-hand block | | | | es of seco | ondarv transmis | sion servic | e that cable | |
| | systems most commonly provide | | | | | | | | |
| | that applies to your system. Note | | | | | | | | |
| | categories, that person or entity | | | | | | | | |
| | subscriber who pays extra for ca first set" and would be counted or | | | | | in the count un | der "Servic | e to the | |
| | Block 2: If your cable system I | | | | | service that are | different fr | om those | |
| | printed in block 1 (for example, the | | | | | | | | |
| | with the number of subscribers a | ind rates, in the i | right-ha | and block. A tw | o- or three | e-word descripti | on of the s | ervice is | |
| | sufficient. | DCK 1 | | | | | BLOCK | () | |
| | | NO. OF | | D.175 | | | | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIBER | RS | RATE | CAII | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE |
| | Residential: | | 0 | | | | | | |
| | Service to first set Service to additional act/a) | | 0 | - 0 | | | | | |
| | Service to additional set(s) | | U | U | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel Commercial | | 31 | 39.33 | | | | | |
| | Converter | | 31 | 39.33 | | | | | |
| | | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRAN | ISMISS | SIONS: RATES | ; | | | | |
| F | In General: Space F calls for rat | • | , | | • | | | | |
| F | not covered in space E, that is, the | | | | | | | | |
| Services | service for a single fee. There ar furnished at cost or (2) services | | | | | | | | |
| Other Than | amount of the charge and the un | | | | | | | | |
| Secondary | enter only the letters "PP" in the | rate column. | - | - | | - | | - 3 , | |
| Fransmissions: | Block 1: Give the standard rat | | | | | | | | |
| Rates | Block 2: List any services that listed in block 1 and for which as | | | | | | | | |
| | brief (two- or three-word) descrip | • | | | ileu. List | | | Ionn of a | |
| | | | | | | | | | |
| | CATEGORY OF SERVICE | BLOCI RATE C | | ORY OF SER | /ICE | RATE | CATEGO | BLOCK 2 DRY OF SERVICE | RATE |
| | Continuing Services: | | | tion: Non-resi | | TUTE | O/ TEO | | TUTE |
| | • Pay cable | - | | el, hotel | | | | | |
| | Pay cable—add'l channel | - | | nmercial | | | | | |
| | Fire protection | | | cable | | | | | |
| | •Burglar protection | | | cable-add'l cha | annel | | | | |
| | Installation: Residential | | | protection | | | | | |
| | • First set | - | | glar protection | | | | | |
| | Additional set(s) | - 0 | | ervices: | | | | | |
| | • FM radio (if separate rate) | | | connect | | - | | | |
| | Converter | | | connect | | | | | |
| | | | | let relocation | | - | | | |
| | | | Jul | | | | | | |
| | | | • Mov | e to new addre | ss | - | | | |

| carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul bo not list the station here station was carried only on a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location | ATIONS LLC TELEVISION ntify every television station (including n during the accounting period, <i>except</i> n 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. ilso in space I, if the station was carried n 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- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. | time basis under rams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). |
|---|--|--|--|
| PRIMARY TRANSMITTERS: In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul basis under specific FCC rul basis under specific FCC rul basis under specific FCC rul basis. For further information Column 1: List each station here, station was carried <i>only</i> on a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location | TELEVISION ntify every television station (including n during the accounting period, <i>except</i> n 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. Ilso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network : ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list | t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. | elevision stations) time basis under rams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial pendent), "I-M" ional multicast). |
| In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location | ntify every television station (including n during the accounting period, <i>except</i> n 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: a in space G—but do list it in space I (th a substitute basis. Ilso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the he form. In number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list | t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. | time basis under rams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). |
| | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| WABC-ABC | 7 | Ν | NEW YORK, NY |
| WCBS-CBS | 2 | Ν | NEW YORK, NY |
| WFUT-68 | 68 | I | NEW YORK, NY |
| WNBC-NBC | 4 | Ν | NEW YORK, NY |
| WNET-PBS | 13 | E | NEW YORK, NY |
| WNJU-TMO | 47 | l | NEW YORK, NY |
| WNYN-LP | 39 | Ι | NEW YORK, NY |
| WNYW-FOX | 5 | I | NEW YORK, NY |
| WPIX-CW | 11 | I | NEW YORK, NY |
| WWOR-MNT | 9 | l | NEW YORK, NY |
| WXTV-UNI | 41 | l | NEW YORK, NY |
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| | WABC-ABC WCBS-CBS WFUT-68 WNBC-NBC WNBC-NBC WNET-PBS WNJU-TMO WNYN-LP WNYN-LP WNYW-FOX WPIX-CW | NABC-ABC7NCBS-CBS2NFUT-6868NNBC-NBC4NNET-PBS13NNJU-TMO47NNYN-LP39NNYW-FOX5NPIX-CW11NWOR-MNT9 | NABC-ABC7NNCBS-CBS2NNFUT-68681NNBC-NBC4NNNET-PBS13ENNJU-TMO471NNYN-LP391NNYW-FOX51NPIX-CW111NWOR-MNT91 |

| EGAL NAME OF | | | | | | | | SYSTEM II 0631 |
|--|--|--|--|--|---|---|--|----------------------------------|
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| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing Sive the station | y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati | I-Band FM Carriage: Under (stem 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 | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain st eneral i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| | <u>-</u> | | | | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | od: 2018/1 | | | | | | FORM | M SA1-2E. PAGE 5. |
|--------------------------|---|-----------------------|---------------------------|---|---------------------|--------------------|------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS LI | LC | | | | | 063134 |
| | SUBSTITUTE CARRIAGI | | | NT AND PROGRAM I O | 3 | | | |
| I I | In General: In space I, identi | | | | - | ion that your cal | hle svster | m carried on a |
| • | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | ing that mus | st be included in | this log, see page (v) of the | e general instr | uctions in the pa | per SA1- | 2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBST | TITUTE CARRIAGE | | | | |
| Special Statement and | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | s, any nonnet | twork television | program | <u> </u> |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO |
| r rogram Log | Note: If your answer is "No' | ' loovo tho | rest of this nad | e blank. If your answer is ' | | | - | |
| | - | , leave life | rest of this pag | e blank. Il your answer is | res, you mu | ist complete the | : piografi | 1 |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever pos | sible, if their me | aning is | |
| | clear. If you need more spa | | | | | | 5 | |
| | | | | sion program ("substitute p | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categor | ies like "mo | vies" or "baske | tball." List specific program | titles. for exa | ample. "I Love L | ucv" or | - |
| | "NBA Basketball: 76ers vs. | Bulls." | | | | | | |
| | | | | r "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra the community to which the | | nsed by the EC | C or in | |
| | the case of Mexican or Can | | | | | | 0 01, 11 | |
| | Column 5: Give the mon | th and day | | tem carried the substitute p | | | the mon | th |
| | first. Example: for May 7 giv | | | | | | | |
| | to the nearest five minutes. | | | gram was carried by your o | | | | У |
| | stated as "6:00–6:30 p.m." | | i program came | | 5 p.m. to 0.2 | 0.00 p.m. snou | u 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 undel | r FCC rules a | nd regulations i | n | |
| | | | | | | | | |
| | | | | | | N SUBSTITUT | | |
| | S | | E PROGRAN | | | AGE OCCURF | | 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. TIME: FROM — | S TO | 511211011 |
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| Accounting Period: | 2018/1 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|---------------------------------|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | YSTEM ID# 063134 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 servic s amount, see | e 7,200.00 |
| 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) | | <u> </u> |
| | 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# 063134 |
| 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 | 11 |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | 22 |
| 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 system 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 owner 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)] K /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | stem as identified |
| | Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) | |
| | Date: 08/18/2018 | |

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. PAG |
|---|---|---|
| L NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM |
| QUEL COMMUNICATIONS LLC | | 0631 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence: | le system for the basic estem shall not include sub- ursuant to section 119." neral instructions | P Special Statemen Concerning Gros Receipts Exclusio |
| X NO | | |
| YES. Enter the total here and list the satellite carrier(s) below | | |
| Name Name Mailing Address Mailing Address | | |
| | | |
| | | |
| INTEREST ASSESSMENT | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late p | avmont or undornavmont | |
| | | 0 |
| For an explanation of interest assessment, see page (viii) of the general instructions located in | | Q |
| For an explanation of interest assessment, see page (viii) of the general instructions located in | | Q Interest Assessme |
| | | Q |
| For an explanation of interest assessment, see page (viii) of the general instructions located in | | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | n the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in | n the paper SA1-2 form. x | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | n the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | n the paper SA1-2 form. x x x days | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | n the paper SA1-2 form. x x x days | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | n the paper SA1-2 form. x - x - x - x - - days - - | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | x days | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | n the paper SA1-2 form. x x a days x 0.00274 | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | n the paper SA1-2 form. x x x a x a x 0.00274 (interest charge) | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | n the paper SA1-2 form. x x x a x a x 0.00274 (interest charge) | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | n the paper SA1-2 form. x x x a x a x 0.00274 (interest charge) | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | xdays xdays x 0.00274 (interest charge) r further assistance please | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | x | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | x | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | x | Q Interest Assessme |
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