This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/29/2018	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20181 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	names	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: MONTGOMERY 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	counting Period:	2010/1	FORM SA1-2E. PAGE
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kr as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE BOYD (MONTGOMERY CORR)		LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kr as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE BOYD MD (MONTGOMERY CORR)	Name		06319
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE BOYD MD (MONTGOMERY CORR)			
Served identified city. CITY OR TOWN STATE First BOYD MD Community (MONTGOMERY CORR)	D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that it is the "first community." Please use it as the first community on all future file.	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know ings.
CITY OR TOWN STATE First BOYD MD Community (MONTGOMERY CORR)			nobile nome parks should be reported in parentheses below the
First BOYD MD Community (MONTGOMERY CORR)	Served	identified city.	
First BOYD MD Community (MONTGOMERY CORR)			
Community (MONTGOMERY CORR)		CITY OR TOWN	STATE
	First	BOYD	MD
	Community	(MONTGOMERY CORR)	
Road National Control of Control			
	d Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

063191

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Secondary Transmission Service: Subscribers and Rates

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 of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

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

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

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

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

BL	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	0	-			
 Service to additional set(s) 	0	0			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	13	39.33			
Converter					
 Residential 					
Non-residential					
		T		T	l

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
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			
Installation: Residential		Fire protection			
First set	-	Burglar protection			
 Additional set(s) 		Other services:			
FM radio (if separate rate)		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

Accounting Period:	2018/1			FORM SA1-2E	PAGE 3
Name	LEGAL NAME OF OWNER OF			SYST	EM ID#
	CEQUEL COMMUNIC				03191
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC reduction to Do not list the station her station was carried only or List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the locations	entify every television station (including and uring the accounting period, except in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. S: With respect to any distant stations caules, regulations, or authorizations: the in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. Do not report origination p d with a station according to its over-the the form. Let n' a substitute basis stations, n's call sign. Do not report origination p d with a station according to its over-the the form. Let n' case whether the station is a network sering the letter "N" (for network), "N-M" (for network), "N-M" (for network), see page (iv) of the general instruction of each station. For U.S. stations, list	(1) stations carried only on a particle carriage of certain network products (e)(2) and (4))]; and (2) certain started by your cable system on a state Special Statement and Program is both on a substitute basis and a see page (v) of the general instructoring services such as HBO, E-air designation. For example, revision station for broadcasting overstation, an independent station, of or network multicast), "I" (for independent station, of the content o	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial spendent), "I-M" ational multicast). In is licensed by the	
		idian stations, if any, give the name of th	ne community with which the stati	on is identified.	
	1. CALL SIGN	dian stations, if any, give the name of the control	ne community with which the station 3. TYPE OF STATION	on is identified. 4. LOCATION OF STATION	
		,,,	·		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
Add Rows as Necessary	1. CALL SIGN WJLA-ABC	2. B'CAST CHANNEL NUMBER 7	3. TYPE OF STATION N	4. LOCATION OF STATION WASHINGTON, DC	
Add Rows as Necessary	1. CALL SIGN WJLA-ABC WTTG-FOX	2. B'CAST CHANNEL NUMBER 7 36	3. TYPE OF STATION N I	4. LOCATION OF STATION WASHINGTON, DC WASHINGTON, DC	
Add Rows as Necessary	1. CALL SIGN WJLA-ABC WTTG-FOX	2. B'CAST CHANNEL NUMBER 7 36	3. TYPE OF STATION N I	4. LOCATION OF STATION WASHINGTON, DC WASHINGTON, DC	
Add Rows as Necessary	1. CALL SIGN WJLA-ABC WTTG-FOX	2. B'CAST CHANNEL NUMBER 7 36	3. TYPE OF STATION N I	4. LOCATION OF STATION WASHINGTON, DC WASHINGTON, DC	
Add Rows as Necessary	1. CALL SIGN WJLA-ABC WTTG-FOX	2. B'CAST CHANNEL NUMBER 7 36	3. TYPE OF STATION N I	4. LOCATION OF STATION WASHINGTON, DC WASHINGTON, DC	
Add Rows as Necessary	1. CALL SIGN WJLA-ABC WTTG-FOX	2. B'CAST CHANNEL NUMBER 7 36	3. TYPE OF STATION N I	4. LOCATION OF STATION WASHINGTON, DC WASHINGTON, DC	
Add Rows as Necessary	1. CALL SIGN WJLA-ABC WTTG-FOX	2. B'CAST CHANNEL NUMBER 7 36	3. TYPE OF STATION N I	4. LOCATION OF STATION WASHINGTON, DC WASHINGTON, DC	
Add Rows as Necessary	1. CALL SIGN WJLA-ABC WTTG-FOX	2. B'CAST CHANNEL NUMBER 7 36	3. TYPE OF STATION N I	4. LOCATION OF STATION WASHINGTON, DC WASHINGTON, DC	
Add Rows as Necessary	1. CALL SIGN WJLA-ABC WTTG-FOX	2. B'CAST CHANNEL NUMBER 7 36	3. TYPE OF STATION N I	4. LOCATION OF STATION WASHINGTON, DC WASHINGTON, DC	
Add Rows as Necessary	1. CALL SIGN WJLA-ABC WTTG-FOX	2. B'CAST CHANNEL NUMBER 7 36	3. TYPE OF STATION N I	4. LOCATION OF STATION WASHINGTON, DC WASHINGTON, DC	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

063191

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
		 				 	
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Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	_C					063191
1	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	thorizations.	For a further
Substitute Carriage:	explanation of the programm				ne general insti	uctions in th	e paper SAT	-2 101111.
Special	1. SPECIAL STATEMENT							
Statement and	During the accounting period	•	r cable system	carry, on a substitute ba	sis, any nonne	twork televis		
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the broad the case of Mexican or Can the case of Mexican or Can Golumn 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the ind regulatio	m on a separa add additional ranetwork televition and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	e program") that ed for the program titles, for ex "No." am. e station is lice a program. Use cable system 15 p.m. to 6:2 ramming that y d; enter the left	ent, during the gramming of one for furthe ample, "I Lo ensed by the ntified). e numerals, voice size the time 28:30 p.m. sleptour system tter "P" if the	e accounting another star r information ve Lucy" or FCC or, in with the mores accurate hould be was require listed progr	tion n. nth ly
								1
						EN SUBSTI		
	S	UBSTITUT	E PROGRAM	1	CARR	IAGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 CTATIONIC I COATION	5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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							_	
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ccounting Period:	· ·		1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	5	YSTEM I 10631
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tra (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	insmission servic this amount, see	e 3,000.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal 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.		
	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 accounting period is \$52.00	for 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 \$13	37,100)	
	1. Base amount under statutory formula	<u>0</u>	
	2. Enter amount of gross receipts from space K	<u> </u>	
	3. Subtract line 2 from line 1	<u> </u>	
	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	· · <u> </u>	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5	527,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	<u>0</u>	
	3. Subtract line 2 from line 1	<u></u>	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory 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 otal 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 Re See page i of the general instructions in the paper SA1-2 form for more inform		hts!

Accounting Period:	2018/1																																																																															F	=0	R	M	S	ŝΑ	.1-	-2	Ē.	. P	Ά	١G	ЭE	Ε	7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA																																																																					_	_	_		_	_	_	_	_							S	ΣY	′5		ΓΕ 06					
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services.	the cable system's total of channels on which the broadcast stations of activated channels of carried television br	tal numb	mber ible	ole	be ble	ole 	be le	et et	b le	e	e t	e t	e	er	r s	r	ta	e	of 	f a	ons	tiv 	/a	at		•		d						h			n	ın	ie.	ls		u	ri	ir	n :		t	he	e a	ico		·	ır	n	ıti	in	าดู	g	р	eı	ric	od.	-		tat	ior												1	9														
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORI	ORI	DR	OR	ΟF	F)	F	R	R	?	21	N	M	1.	,	Α	т	IC	Λ	1	I	S	3		1		N	II	E	E	EI	E	=1	D	E	=) (lo	le	er	nt	ti	if	y	ar	n ii	nd	liv	ic	dı	lu	ı	al	I 1	tc	ָ כ	w	hc	om	1																														_
for Further Information	Name SARA	H BOGUE									•••		•••	•••	•••																•••			•••		•••			•••																	•••								. 1	el	ер	ho	ne	(90	03	3)	5	79	9-	-3	1 1	2 ⁻	1															
		S SE LOOP 323 street, rural route, apartme	ent, or sui	suite	uite	uite	uite	uit	it	iit	it	te	e	e	9		n	11	ü	un	nb	per	r)	••••														•••						•••															••••		••••																								••••									
		R, TX 75701 n, state, zip)																													•••							•••	•••					•••												•••																																						
	Email	SARAH.BOGUE	@ALTI	TICE	ICE	IC	IC	IC	C	(C	2	2)	E	E	E	ι	Ļ	Ų:	S	A.	.С	CC	0	10	N	/	/		•••								•••														F	а	a:	X	(((0	op	pt	io	na	al))																														
0	CERTIFICATION (This state	ement of account must	st be cer	ertifi	ertifi	ertif	erti	ert	rt	r	rt	ti	ti	it	fi	fi	fie	Э	:(d	la	ano	d	si	ijζ	g	ır	1	16	е	е		d	t	ı	ii	n	1 6	a	C	С	rc	la	ır	10	С	Э	٠ ١	νi	th	С	op	Dy	yr	ri	įç	gł	hi	ıt	С	ff	ic	e i	re	gu	at	or	s)																								_	_	_
O Certification	• I, the undersigned, hereby	certify that (Check one,	e, but onl	only o	nly d	nly	ıly	ily	ly	l	ly	V	/	,	(c	OI	n	7	ne	€,	of	f tl	he	е		b)(oc))	X	×ε	e	9	s	8.)																																																								
	(Owner other th	an corporation or part	rtnership	hip)	ip)	ip)	ip)	ip	р	p	р)))	,	ı	I	ć	а	ar	m	th	ne	0	ΟV	w	VI	n	n	e	е	19	r	-	c	0	f	t	h	е	С	ak	le	9	s	3)	y	st	er	n a	as	id	le	er	ni	ti	ifi	ie	ed	i b	n	lir	ne	1	of	sp	ac	e E	3; (r																								
		other than corporation																																															d	ag	jer	nt	0	of	ft	tł	he	е	ec	ΟV	vn	er	r o	of t	he	ca	ble	e s	ys	er	m	as	id	let	nti	ifie	ed	ı																
	X (Officer or part in line 1 of s	ner) I am an officer (if a pace B.	a corpora	oratio	ratio	rati	rat	a	а	а	а	at	ti	ti	ic	ic	O	n	1	1)	0	r a	a _l	pa	а	ır	t	r	n	ı	e	9	er	r	((i	if		а	р	ar	tr	е	rs	sl	h	ni	p)	0	of t	he	e le	eç	ga	ja	al	le	eı	nt	tit	y	id	er	ntif	iec	l a	s c	ıw	er	of	f t!	he	Ca	ab	ıle	S	ys	₃te	m															
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	063191
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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