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 ACCOUNTfor Secondary Transmissions byCable Systems (Short Form)	RECEIVED AMOUNT
	coplicsoa@loc.gov
General instructions are located 8/29/2 in the first tab of this workbook	contact the U.S. Copyright

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			
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 corpora of the subsidiary, not that of the parent corporation.	ite title
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 subm single statement of account and royalty fee payment covering the entire accounting period.	it a
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	063265
		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)	
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the s	vetom unloss those
С		es already appear in space B. In line 2, give the mailing address of the system, if different from the address g	
System	1	IDENTIFICATION OF CABLE SYSTEM: CARLIN CONSERVATION	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	1		

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 fing, 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	063265
D Area Served	Instructions: List each separate community served by the cable system. A "coo "a separate and distinct community or municipal entity (including unincorpora 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 film Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	ted communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
	CITY OR TOWN	STATE
First	CARLIN	NV
Community	(CARLIN CONSERVATION)	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							06326
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						nose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standar	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion service	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 o					I in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	0	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		•						
	Service to first set		0	-					
	Service to additional set(s)		0	0					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		12	39.33					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATE	s				
-	In General: Space F calls for rat	-			-	l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar	•			•		• • •		
Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		locatiny					gram baolo,	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other serv	lices in the	form of a	
		BLOC RATE				DATE	CATECO	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable			el, hotel	lacinal				
	Pay cable—add'l channel			nmercial					
	• Fire protection			cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	_		glar protection					
	Additional set(s)			giar protection services:					
		-		connect					
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>					-			
	- Converter			connect					
			• Out	let relocation		-			1
				ve to new addr					

ing Period:	· •			
lame	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNICA			063265
G imary smitters: evision	In General: In space G, ide 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 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 Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these tei 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 e)(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. also in space I, if the station was carried n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also roogram services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBYU-PBS	11	E	PROVO, UT
	KBYU-PBS	<u>11</u>	E	PROVO, UT
	KSL-NBC	5	N	SALT LAKE CITY, UT
rs as Necessary				
as Necessary	KSL-NBC	5	N	SALT LAKE CITY, UT
is Necessary	KSL-NBC	5	N	SALT LAKE CITY, UT
	KSTU-Fox	28	I	SALT LAKE CITY, UT
Necessary	KSL-NBC KSTU-Fox KTVX-ABC	5 28 40	N I	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT
s Necessary	KSL-NBC KSTU-Fox KTVX-ABC KUCW-CW	5 28 40 48	N I	SALT LAKE CITY, UT SALT LAKE CITY, UT SALT LAKE CITY, UT OGDON, UT
is Necessary	KSL-NBC	5	N	SALT LAKE CITY, UT
	KSTU-Fox	28	I	SALT LAKE CITY, UT
	KTVX-ABC	40	N	SALT LAKE CITY, UT
	KUCW-CW	48	I	OGDON, UT
	KUTH-Univision	32	I	PROVO, UT
s Necessary	KSL-NBC	5	N	SALT LAKE CITY, UT
	KSTU-Fox	28	I	SALT LAKE CITY, UT
	KTVX-ABC	40	N	SALT LAKE CITY, UT
	KUCW-CW	48	I	OGDON, UT
	KUTH-Univision	32	I	PROVO, UT
s Necessary	KSL-NBC	5	N	SALT LAKE CITY, UT
	KSTU-Fox	28	I	SALT LAKE CITY, UT
	KTVX-ABC	40	N	SALT LAKE CITY, UT
	KUCW-CW	48	I	OGDON, UT
	KUTH-Univision	32	I	PROVO, UT
s Necessary	KSL-NBC	5	N	SALT LAKE CITY, UT
	KSTU-Fox	28	I	SALT LAKE CITY, UT
	KTVX-ABC	40	N	SALT LAKE CITY, UT
	KUCW-CW	48	I	OGDON, UT
	KUTH-Univision	32	I	PROVO, UT
is Necessary	KSL-NBC	5	N	SALT LAKE CITY, UT
	KSTU-Fox	28	1	SALT LAKE CITY, UT
	KTVX-ABC	40	N	SALT LAKE CITY, UT
	KUCW-CW	48	1	OGDON, UT
	KUTH-Univision	32	1	PROVO, UT
as Necessary	KSL-NBC	5	N	SALT LAKE CITY, UT
	KSTU-Fox	28	1	SALT LAKE CITY, UT
	KTVX-ABC	40	N	SALT LAKE CITY, UT
	KUCW-CW	48	1	OGDON, UT
	KUTH-Univision	32	1	PROVO, UT
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	KTVX-ABC	40	N	SALT LAKE CITY, UT
	KUCW-CW	48	1	OGDON, UT
	KUTH-Univision	32	1	PROVO, UT
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	KSTU-Fox	28	1	SALT LAKE CITY, UT
	KTVX-ABC	40	N	SALT LAKE CITY, UT
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	KUCW-CW	48	1	OGDON, UT
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	KTVX-ABC	40	N	SALT LAKE CITY, UT
	KUCW-CW	48	1	OGDON, UT
	KUTH-Univision	32	1	PROVO, UT

EGAL NAME OF								SYSTEM II 0632
								U
			arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> 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 checl n's locati	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can sertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
				T				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							t	

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063265
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion progran	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations i	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever pos		inearing is	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	<ol> <li>See page (v) of the gene thall " List specific program</li> </ol>	titles for ex	ns for further	ntormatior	1.
	"NBA Basketball: 76ers vs.			toali. List speelile program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 au in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCL	JRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	MES – TO	DELETION
						_	-	
						-	_	
							_	
							_	
							-	
							_	
							-	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063265
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 transs (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 2,808.00
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 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	(,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 Due	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 063265
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 which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	7 19
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 (90	03) 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; or</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 of 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>	
	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

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	0632
<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 subscribers 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> <li>NO</li> </ul>	P Special Statemen Concerning Gross Receipts Exclusio
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.	0
Toral explanation of interest assessment, see page (vin) of the general instructions located in the paper OAT-2 form.	<u> </u>
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	<u> </u>
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