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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook 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	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting	20181 Barcode Data Filing Period (optional - see instructions)	
Period		
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner	List any other name or names under which the owner conducts the business of the cable system.	
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	CEQUEL COMMUNICATIONS LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	SUDDENLINK COMMUNICATIONS	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	TYLER, TX 75701 (City, town, state, zip)	
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С	names 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:	
	PERRY, OK	
	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 suffciency of the fling, a determination that would be made by a court of law.

Г

Name CECUEL COMMUNICATIONS LLC Instructions: List ach separate community served by the cable system. A "community that was as a "community unit" as defined of access unincerporated community in the "unit community in the "unit community in the "unit community." Instructions at the first community on all future time. While was as a brown of system identification here as the "trict community." Presente at the first community on all future time. While was as the "trict community." Presente at the first community on all future time. While was as the "trict community." Presente at the first community on all future time. While was a the "trict community." Presente at the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was a the first community on all future time. While was attemented the reported in parentheses being defined city.		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includ discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here as the "first community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses belor identified city. First CITY OR TOWN STATE PERRY OK NOBLE COUNTY OK	Name		008653
Served identified city. First CITY OR TOWN State OK OK OK		Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future film	mmunity" is the same as a "community unit" as defined in FCC rules: ited communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
First Community NOBLE COUNTY OK			
Community NOBLE COUNTY OK		CITY OR TOWN	STATE
		PERRY	OK
Address a statust 	Community	NOBLE COUNTY	ОК
	Add Douis on Necessary		
	Add Rows as Necessary		
Image: state in the state in			
Image: state of the state of			
Image: state of the state of			
Image: section of the section of th			
Image: Section of the section of th			
Index <tr< td=""><td></td><td></td><td></td></tr<>			
InstrumentInstrumen		ากการการการการการการการการการการการการกา	
 Intersection Intersection<			
Index <tr< td=""><td></td><td></td><td></td></tr<>			
Image: set in the			
Image: Section of the section of th			

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							00865
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose 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	d rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ries 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					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	<u>`</u>	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		504						
	Service to first set		564	39.99					
	Service to additional set(s)	1	1,403	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		31	39.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
Г	In General: Space F calls for rat	e (not subscribe	er) infoi	rmation with re	spect to al	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		acadiny	billou. If uny fe				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	inese other serv	lices in the	form of a	
							T		
		BLOC		ORY OF SER				BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable	17.00		tel, hotel	luentiai				
	• Pay cable—add'l channel	17.00		mmercial					
	Fire protection	19.00		/ cable					
	•			/ cable-add'l cl	annol				
	 Burglar protection Installation: Residential 			protection	annei				
		40.00		•					
	First set Additional set(s)	40.00		glar protection					
	Additional set(s) EM radio (if concrete rate)	25.00		services:		40.00			
	• FM radio (if separate rate)			connect		40.00			
	Converter			connect		05.00			
			• Out	tlet relocation		25.00			
				ve to new addr		40.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	CEQUEL COMMUNIC	ATIONS LLC		008
	PRIMARY TRANSMITTERS:			
G		ntify every television station (including n during the accounting period, <i>excep</i>		
- ·	FCC rules and regulations i	n effect on June 24, 1981, permitting t	he carriage of certain network progra	ms [sections
Primary ansmitters:	substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.		
elevision		: With respect to any distant stations c les, regulations, or authorizations:	arried by your cable system on a sub	stitute program
	• Do not list the station here	e in space G—but do list it in space I (i	the Special Statement and Program L	.og)—if the
		also in space I, if the station was carrie		
		n concerning substitute basis stations 's call sign. <i>Do not</i> report origination		
	multicast stream associated	I with a station according to its over-th		
		el number the FCC assigned to the tele	evision station for broadcasting over t	he air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a	noncommercial
	educational station, by ente	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	ndent), "I-M"
	For the meaning of these te	"E" (for noncommercial educational), rms, see page (iv) of the general instru-	uctions in the paper SA1-2 form.	
		n of each station. For U.S. stations, lis dian stations, if any, give the name of t	2	
		searche, a dry, give the hume of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUT-HD	40	I-M	OKLAHOMA CITY, OK
	KAUT-THIS	40	I-M	OKLAHOMA CITY, OK
ows as Necessary	KAUT-TV	40	l	OKLAHOMA CITY, OK
	KETA-HD	13	E-M	OKLAHOMA CITY, OK
	KETA-TV	13	E	OKLAHOMA CITY, OK
	KETA-TV2	13	E-M	OKLAHOMA CITY, OK
	KFOR-ANTENNA	27	I-M	OKLAHOMA CITY, OK
	KFOR-HD	27	N-M	OKLAHOMA CITY, OK
				OKLAHOMA CITY, OK
	KFOR-TV	27 27 33	N-M N I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB	27 33	N I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET	27 33 33	N -M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD	27 33 33 33 33	N I I-M I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-TBD	27 33 33 33 33 33 33	N -M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-TBD KOCM	27 33 33 33 33 33 46	N i i-M i-M i-M i	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-TBD KOCM KOCO-HD	27 33 33 33 33 33 46 7	N I I-M I-M I-M I N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK NORMAN, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-TBD KOCM KOCO-HD KOCO-HD	27 33 33 33 33 33 46 7 7 7	N I I-M I-M I-M I N-M I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK NORMAN, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-TBD KOCM KOCO-HD KOCO-HD KOCO-TV	27 33 33 33 33 33 46 7 7 7 7 7 7	N i i-M i-M i-M i i N-M i-M N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK NORMAN, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-TBD KOCM KOCO-HD KOCO-HD KOCO-METV KOCO-TV KOKH-CHRGE	27 33 33 33 33 33 46 7 7 7 7 7 24	N I I-M I-M I-M I N-M I-M N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-TBD KOCB-TBD KOCO-HD KOCO-HD KOCO-METV KOCO-TV KOKH-CHRGE KOKH-HD	27 33 33 33 33 46 7 7 7 7 7 24 24 24	N i i-M i-M i-M i i-M i-M i-M i-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-TBD KOCO-HD KOCO-HD KOCO-METV KOCO-TV KOCH-CHRGE KOKH-HD KOKH-TV	27 33 33 33 33 46 7 7 7 7 24 24 24 24 24	N I I-M I-M I-M I N-M I-M I-M I-M I-M I-M I-M I-M I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-HD KOCB-TBD KOCO-HD KOCO-HD KOCO-METV KOCO-TV KOKH-CHRGE KOKH-HD KOKH-TV KOKH-TV KOKH-WEATHER	27 33 33 33 33 46 7 7 7 7 24 24 24 24 24 24 24 24	N i i-M i-M i-M i i-M i-M i-M i-M	OKLAHOMA CITY, OKOKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-TBD KOCO-HD KOCO-HD KOCO-TV KOCO-TV KOKH-CHRGE KOKH-HD KOKH-TV KOKH-WEATHER KOPX	27 33 33 33 33 46 7 7 7 7 24 24 24 24 24 24 24 50	N i i-M i-M i-M i i N-M i-M i-M i i i i i i	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KFOR-TV KOCB KOCB-COMET KOCB-HD KOCB-HD KOCB-TBD KOCO-HD KOCO-HD KOCO-METV KOCO-TV KOKH-CHRGE KOKH-HD KOKH-TV KOKH-TV KOKH-WEATHER	27 33 33 33 33 46 7 7 7 7 24 24 24 24 24 24 24 24	N I I-M I-M I-M I N-M I-M I-M I-M I-M I-M I-M I-M I	OKLAHOMA CITY, OKOKLAHOMA CITY, OK

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM
	CEQUEL COMMUNIC	CATIONS LLC		008
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a	lentify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s	t-time basis under grams [sections tations carried on a
Television	basis under specific FCC i • Do <i>not</i> list the station he station was carried <i>only</i> of		e Special Statement and Program	n Log)—if the
	basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the charn of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the locati	el number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), o rerms, see page (iv) of the general instru	see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form.	ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M"
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	the community to which the station the community with which the station	
	FCC. For Mexican or Cana			
		adian stations, if any, give the name of th	e community with which the static	on is identified.
	1. CALL SIGN	adian stations, if any, give the name of t	e community with which the static	on is identified. 4. LOCATION OF STATION
	1. CALL SIGN KTBO-TV	adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 15	e community with which the static 3. TYPE OF STATION	A. LOCATION OF STATION OKLAHOMA CITY, OK
	1. CALL SIGN KTBO-TV KTUZ-HD	adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 15 29	e community with which the static 3. TYPE OF STATION I I-M	A. LOCATION OF STATION OKLAHOMA CITY, OK SHAWNEE, OK
	1. CALL SIGN KTBO-TV KTUZ-HD KTUZ-TV	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 15 29 29 29 29	e community with which the static 3. TYPE OF STATION I I-M	A. LOCATION OF STATION OKLAHOMA CITY, OK SHAWNEE, OK SHAWNEE, OK
	1. CALL SIGN KTBO-TV KTUZ-HD KTUZ-TV KWEM-LP	adian stations, if any, give the name of the stations of the station of the state o	e community with which the static 3. TYPE OF STATION I I-M I I I	A. LOCATION OF STATION OKLAHOMA CITY, OK SHAWNEE, OK SHAWNEE, OK STILLWATER, OK

EGAL NAME OF								SYSTEM I 0086
RIMARY TRA	NSMITTERS							
n General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether f the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under (stem whenever it is received a ived 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 th	at the system's he system's FM anter this point, see pa sed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can certain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the			,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					008653
	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	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	on program	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	,		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.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incuring io	
	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	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	Information	1.
	"NBA Basketball: 76ers vs.			toali. List speelile program			C LUCY OF	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 an in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				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 w	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 l	isted progra	
	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 OCCU	IRRED	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. TII FROM –	MES - TO	DELETION
							-	
							-	
						=		
							_	
							_	
							_	
							_	
							-	
							-	
						_	-	
							-	
							-	
							_	
							-	

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	VSTEM ID# 008653
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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	's secondary tran- ow to compute th	smission servie is amount, see	of ce 0,978.12
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 les • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more informations	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	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 an			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula			
	2. Enter amount of gross receipts from space K		-	
	3. Subtract line 2 from line 1		-	
	Enter the amount of gross receipts from space K		- 190,978.12	
	5. Enter the amount from line 3		72,821.88	
	6. Subtract line 5 from line 4		118,156.24	
	7. Multiply line 6 by .005 (enter figure here)		\$	590.78
	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.		\$	590.78
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	out less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K		_	
	2. Base amount under statutory formula	263,800.00	_	
	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)	<u>\$</u>	590.78	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	610.78
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form	• •		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 008653
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 .	32 389
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	 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 (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)] X /s/ Alan Dannenbaum 	tem as identified
	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 telephol 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 fling, 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	0086
 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." 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. 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? NO 	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	
	····
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.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	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
Line 1 Enter the amount of late payment or underpayment	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
Line 1 Enter the amount of late payment or underpayment	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
Line 1 Enter the amount of late payment or underpayment	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
Line 1 Enter the amount of late payment or underpayment	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

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 th 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 Office'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.