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@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/01/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Λ			

A	ACCO	UNTING PERIOD COVERED BY TH	IS STATEMENT: (Y	YYY/(Period))	
		2018/2 Period 1	= January 1 - June 30	Period 2 = July 1 - December 31	
		20182 Barcode	Data Filing Period (optiona	al - see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of the cable sy of the subsidiary, not that of the parent corporation		idiary of another corporation, give the full corporate title	2
Owner		List any other name or names under which the own	er conducts the business of th	he cable system.	
		If there were different owners during the accountin single statement of account and royalty fee paymer	••••••	the last day of the accounting period should submit a ting period.	
		Check here if this is the system's first filing. If not, e	nter the system's ID number a	assigned by the Licensing Division.	035149
		LEGAL NAME OF OWNER/MAILING ADDRE	ESS 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)			
	INST		rade names used to ide	entify the business and operation of the system	unless these
С				he system, if different from the address given i	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		FORT SILL, OK MAILING ADDRESS OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE STSTEM.			
	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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	035149
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single,
Area	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 h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	FORT SILL	OK
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							03514
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose exist	ing on the	
Transmission	last day of the accounting period						ala avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate ir	ndicated	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standa	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	ce 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 "Servi	ce to the	
	Block 2: If your cable system h					service that are	different f	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	right-ha	nd block. A tw	vo- or thre	e-word descripti	on of the s	service is	
	sufficient.	DCK 1					BLOC	K 2	
		NO. OF		DATE	CAT			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		554	29.99					
	Service to additional set(s)		374	29.99					
	• FM radio (if separate rate)		5/4	· · · · · ·					
	Motel, hotel								
	Commercial		19	29.99					
	Converter			23.33					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMISS	IONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:									
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip								
	, , ,	BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installat	ion: Non-res	idential				
	Pay cable	17.00	• Mote	el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	• Com	mercial					
	Fire protection		• Pay	cable					1
	<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l ch	annel				[
	Installation: Residential		• Fire	protection					
			• Burg	lar protection					[
	First set	99.00				I	ſ		
	<ul><li>First set</li><li>Additional set(s)</li></ul>		Other se	ervices:					
				ervices:		40.00			
	Additional set(s)		• Reco			40.00			
	<ul><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		• Reco • Disc	onnect		40.00 25.00			

counting Period: 2	-			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF			SYSTEM
	CEQUEL COMMUNIC			035
	PRIMARY TRANSMITTERS:			
G		ntify every television station (including n during the accounting period, except		
_	FCC rules and regulations i	n effect on June 24, 1981, permitting th	ne carriage of certain network prog	grams [sections
Primary Transmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain s	tations carried on a
Television		: With respect to any distant stations ca	arried by your cable system on a s	substitute program
		lles, regulations, or authorizations:	as Created Statement and Dramar	a loc) if the
	<ul> <li>Do not list the station here station was carried only on</li> </ul>	e in space G—but do list it in space I (tl a substitute basis.	he Special Statement and Program	n Log)—If the
	· List the station here, and a	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		
	multicast stream associated	with a station according to its over-the		
	"WETA-2" as the same on t	he form. I number the FCC assigned to the tele	wision station for broadcasting over	ar the air in its community
		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		
	For the meaning of these te	rms, see page (iv) of the general instru	ictions in the paper SA1-2 form.	
		n of each station. For U.S. stations, list	, ,	,
	FCC. For Mexican or Canad	dian stations, if any, give the name of the stations of the stations of the state o	ne community with which the station	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUZ-2	22	I-M	WICHITA FALLS, TX
	KAUZ-HD1	22	N-M	WICHITA FALLS, TX
d Rows as Necessary	KAUZ-1	22	Ν	WICHITA FALLS, TX
	KETA-HD1	13	E-M	OKLAHOMA CITY, OK
	KETA-1	13	Е	OKLAHOMA CITY, OK
	KFDX-HD1	28	N-M	WICHITA FALLS, TX
	KFDX-1	28	N	WICHITA FALLS, TX
	KJBO-1	35		WICHITA FALLS, TX
	KJTL-1	15		WICHITA FALLS, TX
	KJTL-HD1	15	I-M	WICHITA FALLS, TX
	KSWO-2	11	I-M	LAWTON, OK
	KSWO-Z	11	N-M	LAWTON, OK
	KSWO-HD2	11	I-M	
	KSWO-3	11	I-M	LAWTON, OK
	KSWO-1	11	N	LAWTON, OK

EGAL NAME OF								SYSTEM I 0351
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
pecial Instruct eceivable if (1) in the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If gnal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	rning AI y the sys be recei t the Co sign of o the static ion's sig g a check n's locati	I-Band FM Carriage: Under ( them whenever it is received a wed at the headend, with the popyright Office regulations on the 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	Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	egulations, an adend, and (2 mna, during co ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st eneral in eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/2				0/2		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				035149
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	G		
I I	In General: In space I, identi				-	ion that your cable sy	stem 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 nonne	twork television prog	ram
Statement and Program Log	broadcast by a distant star	tion?				YES	NO
Program Log	5		waat of this was	a blank. Kurun anauran in (	·//	-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	rres, you mu	ist complete the prog	Iram
	log in block 2.		MC				
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sible if their meaning	n is
	clear. If you need more spa						g 10
	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 les like "mo	r authorization: vies" or "baske	<ol> <li>See page (v) of the gene thall " List specific program</li> </ol>	eral instruction	ns for further informa	tion. or
	"NBA Basketball: 76ers vs.			toall. List speeline program			01
	Column 2: If the program	n was broad	dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			IN
				tem carried the substitute			nonth
	first. Example: for May 7 giv		, ,		Ū		
				gram was carried by your			ately
	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:	15 p.m. to 6:2	8:30 p.m. should be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system was requ	lired
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed pro	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCURRED	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. TIMES FROM — TO	DELETION
		103 01 10	ONEE OIGH	4. 61/1101/0 200/1101			,
						_	
						_	
						_	
						_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 035149
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	<b>,575.09</b> ss receipts)
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 \$2 • 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	263,800	
	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-mon	
	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 \$137,1	00)	
	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)		
	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	<u> </u>	
	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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035149
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	15
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	235
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>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.</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> <li>K /s/ Alan Dannenbaum</li> <li>Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</li> </ul>	stem as identified
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 02/18/2019	

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Inting Period: 2018/2	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0351
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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> </ul> </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>X NO</li> </ul>	P Special Statemen Concerning Gros 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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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