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	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
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
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	

	A00(
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20182 Barcode Data Filing Period (optional - see instructions)	
Period			
B Owner		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. 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.	100.00C
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	004256
		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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM: BURKBURNETT, TX	
		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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	004256
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	
First	CITY OR TOWN BURKBURNETT	TX
Community	IOWA PARK	ТХ
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							00425
F	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
Casandami	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary	, transmission s	ervice.	In general, yo	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							a and the	
	unit in which it is generally billed.								
	category, but do not include disc						,		
	Block 1: In the left-hand block	in space E, the	form li	sts the categor					
	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								
	Block 2: If your cable system I	has rate categor	ries for	secondary tra	nsmission				
	printed in block 1 (for example, ti						<i>,</i> ·		
	with the number of subscribers a sufficient.	ind rates, in the	right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	0000011122						000001102110	
	Service to first set		932	29.99					
	Service to additional set(s)	1	,842	0					
	• FM radio (if separate rate)		<i></i>						
	Motel, hotel								
	Commercial		19	29.99					
	Converter								
	Residential								
	Non-residential								
			1						
_	SERVICES OTHER THAN SEC In General: Space F calls for rat	-			-	l vour cable svs	tom's sorvi	ces that were	
F	not covered in space E, that is, the	•	,		•	• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		isually	billed. If any ra	ates are ch	arged on a varia	able per-pro	ogram basis,	
Fransmissions:	Block 1: Give the standard rat		e cable	e svstem for ea	ich of the a	oplicable servio	es listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	tion and include	e the ra	te for each.			•		
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			BORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	17.00		tel, hotel					
	Pay cable—add'l channel	19.00		nmercial					
	Fire protection			/ cable					
	•Burglar protection			/ cable-add'l ch	lannel				
	Installation: Residential	00.00		e protection					
	• First set	99.00		glar protection					
	Additional set(s) EM radio (if concrete rate)	25.00		services:		40.00			
	• FM radio (if separate rate)			connect		40.00			
	Converter					05.00			
			• Out	tlet relocation		25.00			
				ve to new addr		99.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM
Name	CEQUEL COMMUNIC			0042
_		ntify every television station (including	translator stations and low nower	television stations)
G	carried by your cable syster	m during the accounting period, excep	t (1) stations carried only on a part	t-time basis under
Primary		n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6		
nsmitters:		s explained in the next paragraph.	51(e)(2) and (4))], and (2) certain s	
elevision		: With respect to any distant stations c les, regulations, or authorizations:	arried by your cable system on a s	substitute program
		e in space G—but do list it in space I (t	he Special Statement and Prograr	n Log)—if the
	station was carried only on			
		also in space I, if the station was carrie n concerning substitute basis stations.		
		i's call sign. Do not report origination p		
	"WETA-2" as the same on t	I with a station according to its over-the he form.	e-air designation. For example, re	port mulustream
		el number the FCC assigned to the tele	evision station for broadcasting over	er the air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or	r a noncommercial
	educational station, by ente	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for inde	ependent), "I-M"
		"E" (for noncommercial educational), (rms, see page (iv) of the general instru		ational multicast).
	Column 4: Give the location	n of each station. For U.S. stations, list	t the community to which the static	
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	he community with which the station	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K44FI-1	44	E	WICHITA FALLS, TX
	KAUZ-2	22	I-M	WICHITA FALLS, TX
ows as Necessary	KAUZ-HD1	22	N-M	WICHITA FALLS, TX
	KAUZ-1	22	Ν	WICHITA FALLS, TX
	KFDX-HD1	28	N-M	WICHITA FALLS, TX
	KFDX-1	28	N	WICHITA FALLS, TX
	KJBO-1	35	I	WICHITA FALLS, TX
	KJTL-1	15	I	WICHITA FALLS, TX
	KJTL-HD1	15	I-M	WICHITA FALLS, TX
	KSWO-1	11	N	LAWTON, OK
	KSWO-2	11	I-M	LAWTON, OK
	KSWO-HD1	11	N-M	LAWTON, OK
	KSWO-HD2	11	I-M	LAWTON, OK
		·····		

EGAL NAME OF								SYSTEM II 0042
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
special Instruct eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t 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 C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process 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 his point, see pa ed by the cable s e 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
	ANA	0/5			ANA	0/5		
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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					004256
	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	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	-2 form.
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	<u>on</u> program	<u>1 </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	o blonk. If your onowor in '			-	
	-	, leave life	rest of this pay	e bidlik. Il your allswer is	res, you mu	ist complete	ule prograi	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	
	clear. If you need more spa						iniouning io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ov	information	1.
	"NBA Basketball: 76ers vs.						0 2009 01	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nead by tha	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, w	ith the mor	ith
	first. Example: for May 7 give				-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sno	ouid 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							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	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:	2018/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 004256
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 trait (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	1,604.41 sss 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 t • 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 Line 1. Royalty fee for accounting period		0.00
			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	37,100)	
	1. Base amount under statutory formula \$ 263,800.	00	
	2. Enter amount of gross receipts from space K \$ 204,604.	41	
	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	145,408.82	
	7. Multiply line 6 by .005 (enter figure here)		727.04
	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	···· \$	727.04
	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 \$ 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		
	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)	727.04	
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	\$	747.04
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab t		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004256
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	13
	on which the cable system carried television broadcast stations and nonbroadcast services	244
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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)] 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	vstem as identified
	(Title of official position held in corporation or partnership) Date: 02/18/2019	

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unting Period: 2018/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0042
 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 sub scribers 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? 	Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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