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> For additional information,
General instructions are located in the first tab of this workbook	03/01/2019 ALLOCATION NUMBER		Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED B	Y THIS STATEMENT: (YY	YY/(Period))	

	700		
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	004263
		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:	
		VERNON, 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	004263
D	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	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	obile home parks should be reported in parentheses below the
-	CITY OR TOWN VERNON	тате ТХ
First Community	VERNON	
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							00426
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate in	idicated-	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servic	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 of					i in the count un	der Servic	ce to the	
	Block 2: If your cable system					service that are	different fr	rom those	
	printed in block 1 (for example, the	-		•					
	with the number of subscribers a	ind rates, in the	right-han	d block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF	DO	DATE	CAT			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	R5	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set	1	.002	29.99					
	Service to additional set(s)		,002 379	29.99					
	• FM radio (if separate rate)		5/5	v					
	Motel, hotel								
	Commercial		41	29.99					
	Converter			23.33					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES	6				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions:	Block 1: Give the standard rat							wara nat	
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			RY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		nstallati	on: Non-res	idential				
	• Pay cable	17.00	 Motel 	, hotel					
	Pay cable—add'l channel	19.00	• Comr	nercial					
	Fire protection		• Pay c	able					
	•Burglar protection		• Pay c	able-add'l ch	annel				
	Installation: Residential		• Fire p	rotection					
		00.00	• Burgla	ar protection					
	First set	99.00					ſ		
	First setAdditional set(s)		Other se	rvices:					
			Other se • Recor			40.00			
	Additional set(s)			nnect		40.00			
	Additional set(s)FM radio (if separate rate)		• Recor • Disco	nnect		40.00 25.00			

ounting Period: 2	-			FORM SA1-2E. PA
Name				SYSTEM 004
	CEQUEL COMMUNIC			004
	PRIMARY TRANSMITTERS:			
G		ntify every television station (including m during the accounting period, excep		
	FCC rules and regulations i	n effect on June 24, 1981, permitting t	he carriage of certain network prog	grams [sections
Primary nsmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain s	tations carried on a
levision		: With respect to any distant stations c	arried by your cable system on a s	substitute program
		iles, regulations, or authorizations: e in space G—but do list it in space I (t	he Special Statement and Program	n Log) if the
	station was carried only on		ne special statement and Program	n Log)—ii the
		also in space I, if the station was carrie		
		n concerning substitute basis stations n's call sign. <i>Do not</i> report origination		
	multicast stream associated	with a station according to its over-the		
	"WETA-2" as the same on t	he form. 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.	vision station for broadcasting ove	
		case whether the station is a network		
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),		
	For the meaning of these te	erms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	
		n of each station. For U.S. stations, lis		-
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	ne community with which the state	on is identified.
		· · · · · · · · · · · · · · · · · · ·		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUZ-2	22	I-M	
	KAUZ-HD1	22	N-M	WICHITA FALLS, TX
ws as Necessary	KAUZ-1	22	N	WICHITA FALLS, TX
	KFDX-HD1	28	N-M	WICHITA FALLS, TX
	KFDX-1	28	N	WICHITA FALLS, TX
	KJBO-1	35	<u> </u>	WICHITA FALLS, TX
	KJTL-1	15	I	WICHITA FALLS, TX
	KJTL-HD1	15	I-M	WICHITA FALLS, TX
	KRMA-1	18	Е	DENVER, CO
	KSWO-HD2	11	I-M	LAWTON, OK
	KSWO-HD1	11	N-M	LAWTON, OK
	KSWO-2	11	I-M	LAWTON, OK
	KSWO-1	11	N	LAWTON, OK
	1			

EGAL NAME OF								SYSTEM I 0042
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stat this by placing	y the sys be receint the Co sign of e the static ion's sign g a check	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.	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 mna, during co ge (v) of the g	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in	the case of	
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						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				004263
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3		
I I	In General: In space I, identi				-	ion that your cable s	system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st 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 Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> pro	gram
Program Log	broadcast by a distant sta	tion?				YE	s × NO
i rogiani Log	Note: If your answer is "No'	leave the	rest of this nad	e blank. If your answer is '	Yes " vou mi		
		, leave the	rest of this pag		res, you me		gram
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meanir	ng is
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.			-
				ision program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori	es like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lucy	" or
	"NBA Basketball: 76ers vs.						
				r "Yes " Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC or	, in
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	ntified).	
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the	month
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	ahla evetam	List the times accu	rately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						rogram
	effect on October 19, 1976.						
	S	IIBSTITII	E PROGRAM	1		EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	0
						_	
						_	

Accounting Period:	2018/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 004263
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (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.	nission service amount, see	8,297.99 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 \$ • 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 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 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,		
	1. Base amount under statutory formula \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K \$ 218,297.99	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K	218,297.99	
	5. Enter the amount from line 3	45,502.01	
	6. Subtract line 5 from line 4	172,795.98	
	7. Multiply line 6 by .005 (enter figure here)	\$	863.98
	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	\$	863.98
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)	
	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		
	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)	863.98	
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	\$	883.98
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004263
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	236
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 (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)] (I's / Alan Dannenbaum 	istem 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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unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL 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:	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
	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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