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	<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

~	ACCU	UNTING PERIOD COVERED BY THIS STAT	EMENI: (YYY	YY/(Period))	
		Period 1 = January	1 - June 30	Period 2 = July 1 - December 31	
		20182 Barcode Data Filing	Period (optional - s	see instructions)	
Accounting Period		20102			
		Instructions:			
В		Give the full legal name of the owner of the cable system. If the of the subsidiary, not that of the parent corporation.	e owner is a subsidiai	ry of another corporation, give the full corporate title	
Owner		List any other name or names under which the owner conducts	the business of the o	cable system.	
		If there were different owners during the accounting period, on single statement of account and royalty fee payment covering t			
		Check here if this is the system's first filing. If not, enter the syst	em's ID number assi	igned by the Licensing Division.	004382
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CA	BLE 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)			
	INCOTO				
С		JCTIONS: In line 1, give any business or trade nam already appear in space B. In line 2, give the mailing		, , , , , , , , , , , , , , , , , , , ,	
System	1	DENTIFICATION OF CABLE SYSTEM:			
		WINNSBORO, TX			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	Number, street, rural route, apartment, or suite number)			
		City, town, state, zip code)			
L					

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: CEQUEL COMMUNICATIONS LLC	89310# 804382
D Area	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate 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 filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Served	identified city.	
	CITY OR TOWN	STATE
First Community	WINNSBORO FRANKLIN COUNTY	TX TX
Community	WOOD COUNTY	
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							00438
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND R	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				iny standar		s within a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	bers. G	Bive the number	er of subsc	ribers and rate f	or each list	ed category	
	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, ti								
	with the number of subscribers a								
	sufficient.								
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		771	39.99					
	 Service to additional set(s) 	1	,654	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		43	39.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				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, th	•	,		•	• •			
	service for a single fee. There ar	•			•		• • •		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		isualiy	billeu. Il ally la	ales ale ch	argeu on a vana	able per-pro	grain basis,	
Fransmissions:	Block 1: Give the standard rat		e cable	system for ea	ach of the a	pplicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a				shed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip	otion and include	e the ra	te for each.			1		
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res	sidential				
	• Pay cable	17.00		el, hotel					
	Pay cable—add'l channel	19.00		nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential			protection					
	• First set	99.00		glar protection					
	 Additional set(s) 	25.00		services:					
	 FM radio (if separate rate) 			connect		40.00			
	Converter		• Dise	connect					
			• Out	let relocation		25.00			

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				004
	PRIMARY TRANSMITTERS:			
-		entify every television station (including	translator stations and low power	television stations)
G	carried by your cable syste	m during the accounting period, except	(1) stations carried only on a part	-time basis under
Primary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6		
Transmitters:	substitute program basis, a	is explained in the next paragraph.		
Television		With respect to any distant stations caules, regulations, or authorizations:	arried by your cable system on a s	ubstitute program
	• Do not list the station her	e in space G—but do list it in space I (t	he Special Statement and Progran	n Log)—if the
	station was carried only or	a substitute basis. also in space I, if the station was carrie	d both on a substitute basis and al	so on some other
	basis. For further information	on concerning substitute basis stations,	see page (v) of the general instru-	ctions.
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the		
	"WETA-2" as the same on	the form.	-	
		el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	evision station for broadcasting over	er the air in its community
	Column 3: Indicate in each	n case whether the station is a network		
		ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), o		
	For the meaning of these te	erms, see page (iv) of the general instru	ctions in the paper SA1-2 form.	
		on of each station. For U.S. stations, list dian stations, if any, give the name of t	,	· · · · · · · · · · · · · · · · · · ·
		alan stations, it any, give the name of t	ne community with which the state	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCEB-1	26	<u> </u>	LONGVIEW, TX
	KCEB-HD1	26	I-M	LONGVIEW, TX
dd Rows as Necessary	KDFI-1	36	l	DALLAS, TX
	KDFW-1	35	I	DALLAS, TX
	KDKJ-1	27	1	TYLER, TX
	KERA-3	14	E-M	DALLAS, TX
	KERA-1	14	E	DALLAS, TX
	KERA-4	14	E-M	DALLAS, TX
	KERA-HD1	14	E-M	DALLAS, TX
	KETK-1	22	<u>N</u>	JACKSONVILLE, TX
	KETK-HD1	22	<u>N-M</u>	JACKSONVILLE, TX
	KFXK-1	31	I	LONGVIEW, TX
	KFXK-HD1	31	I-M	LONGVIEW, TX
	KLTV-1	7	N	TYLER, TX
	KLTV-HD1	7	N-M	TYLER, TX
	KLTV-2	7	I-M	TYLER, TX
	KLTV-3	7	I-M	TYLER, TX
	KLTV-HD3	7	I-M	TYLER, TX
		42	w	
	KPXD-1			ARLINGTON, TX
	KXAS-1	41	<u>N</u>	FORT WORTH, TX
			N	NACOGDOCHES, TX
	КҮТХ-1	18		
	KYTX-1 KYTX-HD1	18	N-M	NACOGDOCHES, TX
			N-M I-M	NACOGDOCHES, TX NACOGDOCHES, TX
	KYTX-HD1	18		
	KYTX-HD1 KYTX-2	18 18	I-M	NACOGDOCHES, TX
	KYTX-HD1 KYTX-2	18 18	I-M	NACOGDOCHES, TX
	KYTX-HD1 KYTX-2	18 18	I-M	NACOGDOCHES, TX
	KYTX-HD1 KYTX-2	18 18	I-M	NACOGDOCHES, TX
	KYTX-HD1 KYTX-2	18 18	I-M	NACOGDOCHES, TX
	KYTX-HD1 KYTX-2	18 18	I-M	NACOGDOCHES, TX
	KYTX-HD1 KYTX-2	18 18	I-M	NACOGDOCHES, TX

CEQUEL CO	OWNER OF C							SYSTEM I 0043
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id 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. on (the community to which th	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	ertain st ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the			C 01, III		
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					004382
	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	ion program	1
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.		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						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 les like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	ntormatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			FOO in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	ve "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 v	vas require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the l	listed 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	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
		100 01 110	ONEE OIGH		THE BITT	11100	10	
							_	
						_	_	
							-	
						_	_	
							_	
							_	
							-	

Accounting Period:	2018/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 004382
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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	1,141.84 Jss 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 \$ 211,141.84	_	
	3. Subtract line 2 from line 1	-	
	5. Enter the amount from line 3	52,658.16	
	6. Subtract line 5 from line 4	158,483.68	
	7. Multiply line 6 by .005 (enter figure here)	\$	792.42
	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		792.42
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	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		
	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)	792.42	
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	\$	812.42
	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 the second se		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004382
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	24
	on which the cable system carried television broadcast stations and nonbroadcast services	449
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 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)] Mathematical examined the statement. 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	ystem as identified
	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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0043
 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	
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
· · · · · · · · · · · · · · · · · · ·	
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 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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