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

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
Р		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	
B		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.	
		1	
		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 unless these s 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:	
	'	NEWPORT, AR	
		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 fing, a determination that would be made by a court of law.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	004413
_	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter known
	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 ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	NEWPORT	AR
Community	CAMPBELL STATION	AR
	DIAZ	AR
dd Rows as Necessary	JACKSON COUNTY	AR
, , ,	JACKSONPORT	AR
	TUCKERMAN	AR

	ſ								-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							00441
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in sp								
	system, that is, the retransmission								
Secondary	about other services (including p						nose existii	ng on the	
Transmission 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 nu								
	separately for the particular servi								
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	ibers. G	live 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					i in the count un	der "Servic	e to the	
	Block 2: If your cable system h					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-ha	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	<u>`</u> 0	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
			026	24.00					
	Service to first set		,826 3,930	34.99					
	Service to additional set(s)	3	,930	0					
	• FM radio (if separate rate)								
	Motel, hotel		405						
	Commercial		105	34.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	SIONS: 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 and 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	
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				SHEU. LISI			IOTTI OF a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res			0,11200		
	• 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)			ervices:					
	• FM radio (if separate rate)	23.00		onnect		40.00			
	• Converter			connect		+0.00			
	Converter			let relocation		25.00			
			Jut	ICLI COCOLION		25.00			
				ve to new addr	000	99.00			

	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC			004
	PRIMARY TRANSMITTERS:			
G	In General: In space G, id	entify every television station (including or during the accounting period, except	translator stations and low power	television stations) t-time basis under
_	FCC rules and regulations	in effect on June 24, 1981, permitting the	ne carriage of certain network prog	grams [sections
Primary Fransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	i1(e)(2) and (4))]; and (2) certain s	tations carried on a
Television	Substitute Basis Station	s: With respect to any distant stations ca	arried by your cable system on a s	substitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I (tl	he Special Statement and Prograr	n Log)—if the
	station was carried only or	n a substitute basis. also in space I, if the station was carrie	d both on a substitute basis and a	les on some other
	basis. For further informati	on concerning substitute basis stations,	see page (v) of the general instru	ictions.
		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. lel number the FCC assigned to the tele	wision station for broadcasting ow	'
		VRC is channel 4 in Washington, D.C.	wision station for broadcasting ove	
		h case whether the station is a network ering the letter "N" (for network), "N-M" (
	(for independent multicast	, "E" (for noncommercial educational), o	or "E-M" (for noncommercial educa	
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		on is licensed by the
		adian stations, if any, give the name of t	,	,
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAIT-1	8	N	JONESBORO, AR
	KAIT-HD1	8	N-M	JONESBORO, AR
Rows as Necessary	KARK-1	32	Ν	LITTLE ROCK, AR
	KARK-HD1	32	N-M	LITTLE ROCK, AR
	KARZ-1	44	<u> </u>	LITTLE ROCK, AR
	KARZ-HD1	44	I-M	LITTLE ROCK, AR
	KASN-1	39	l	PINE BLUFF, AR
	KASN-HD1	39	I-M	PINE BLUFF, AR
	KATV-1	22	N	LITTLE ROCK, AR
	KATV-2	22	I-M	LITTLE ROCK, AR
	KATV-3	22	I-M	LITTLE ROCK, AR
	KATV-4	22	I-M	LITTLE ROCK, AR
	KATV-HD1	22	N-M	LITTLE ROCK, AR
	KKAP-1	36	I	LITTLE ROCK, AR
	KLRT-1	30		LITTLE ROCK, AR
	KLRT-HD1	30	I-M	LITTLE ROCK, AR
	KTEJ-1	20	E	JONESBORO, AR
	KTEJ-2	20	E-M	JONESBORO, AR
	KTEJ-3	20	E-M	JONESBORO, AR
	KTEJ-HD1			
		20	E-M	JONESBORO, AR
	KTEJ-4	20	E-M	JONESBORO, AR
	KTHV-1	12	N	LITTLE ROCK, AR
		12	I-M	LITTLE ROCK, AR
	KTHV-HD1	12	<u>N-M</u>	LITTLE ROCK, AR
	KVTJ-1	48	I	JONESBORO, AR
	KVTJ-HD1	48	I-M	JONESBORO, AR

EGAL NAME OF								SYSTEM I 0044
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
ceivable if (1) in the basis of r por detailed infor aper SA1-2 for Column 1: Id Column 2: S Column 3: If gnal, indicate f Column 4: G	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein t the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under (item whenever it is received a wed at the headend, with the pyright 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		Γ						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							t	

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 LI	LC					004413
	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	e 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 televis	<u>ion</u> program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	XNO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	a blank. If your anowar is '			-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	п
	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				interer pee	0.0.0,0.	in our nig to	
				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	niformation	1.
	"NBA Basketball: 76ers vs.					umpio, 1 201	10 Lucy 0.	
				"Yes." Otherwise enter "N				
				sting the substitute progra		nood by the	FCC or 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	vith 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	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was 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	listed progra	
	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	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		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 –	IMES — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	1110	10	
							_	
						-		
						-	_	
						-	_	
						-	_	
						_	_	
						-	_	
							_	
							-	

Accounting Period:	2018/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004413
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enfail 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
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	
	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	
	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	
	1. Base amount under statutory formula \$ 263,800.00	
	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	
	o. Interest charge. Enter the amount from line 4, space Q, page o	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 \$ 507,517.81	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	2,437.18
	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	
		<u>\$ 3,756.18</u>
	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)	3,756.18
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	\$ 3,776.18
	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# 004413
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	26
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	421
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)] X /s/ Alan Dannenbaum 	stem as identified
	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 (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
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0044
 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 Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
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