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	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Λ			

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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.
		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)
		1
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:
		SHAVER LAKE, CA
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	060204
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	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	or mobile home parks should be reported in parentheses below the
First	CITY OR TOWN SHAVER LAKE	CA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06020
_	SECONDARY TRANSMISSION		BSCDI		TES				
E	In General: The information in s			-	-	rtransmission s	ervice of th	ie cable	
	system, that is, the retransmission	on of television a	and radi	o broadcasts I	by your sy	stem to subscrib	oers. Give i	nformation	
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le svetem	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billings	s in that	category (the	number of	persons or org	anizations		
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				ly standar		, within a p		
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. <b>Note</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	nce again unde	er "Servi	ce to additiona	al set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		ngnt-ne						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	<ul> <li>Service to first set</li> </ul>		452	59.99					
	<ul> <li>Service to additional set(s)</li> </ul>		331	0					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		8	59.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	SIONS: RATES	3				
Е	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, 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.	-	-		-			
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							wara nat	
Rales	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	Pay cable	17.00	• Mot	el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	• Con	nmercial					ļ
	<ul> <li>Fire protection</li> </ul>		• Pay	cable					
	<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set	99.00	• Burg	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	25.00		ervices:					
	<ul> <li>FM radio (if separate rate)</li> </ul>			onnect		40.00			
	Converter		<ul> <li>Disc</li> </ul>	onnect					
			• Out	et relocation		25.00			

nting Period: 2	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM II
Name	CEQUEL COMMUNIC			0602
	PRIMARY TRANSMITTERS:			0002
G Primary Insmitters: elevision	In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a	ntify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie	t (1) stations carried only on a part- he carriage of certain network progratice) (2) and (4))]; and (2) certain state arried by your cable system on a such he Special Statement and Program d both on a substitute basis and also	time basis under ams [sections ations carried on a ubstitute program Log)—if the so on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the locatio	n concerning substitute basis stations n's call sign. <i>Do not</i> report origination   I with a station according to its over-th he form. I number the FCC assigned to the tel 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), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of the	brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the statior	PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). h is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
			3. ITPE OF STATION	4. LOCATION OF STATION
	KFRE-1	36	I	SANGER, CA
	KFSN-1	30	N	FRESNO, CA
vs as Necessary	KGPE-1	34	N	FRESNO, CA
	KMPH-1	28	I	MERCED-MARIPOSA, CA
	KNSO-1	11	l	MERCED, CA
	KNXT-1	50	E	VISALIA, CA
	KSEE-1	38	N	FRESNO, CA
	KVPT-1	40	E	FRESNO, CA

EGAL NAME OF								SYSTEM ID 06020
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recei at the Cc I sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on the 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	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		6/D				e/P		
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 LI	LC				060204
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
I I	In General: In space I, identi				-	ion that your cable	system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE			
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	ir cable system	carry, on a substitute bas	s, any nonne	twork television pro	ogram
Statement and	broadcast by a distant star		2				-
Program Log	,				0.4 1		
	Note: If your answer is "No'	, leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ist complete the pro	ogram
	log in block 2.						
	2. LOG OF SUBSTITUTE			to ling. Lieg abbroviations	whorovor pos	sible, if their meani	ing is
	In General: List each subst clear. If you need more spa				wherever pos		ing is
				ision program ("substitute	program") tha	it, during the accou	Inting
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gen	eral instruction	ns for further inform	nation.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy	y" or
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		
				ne community to which the			or, in
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is ider	ntified).	
	first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Use	numerals, with the	emonth
			substitute pro	gram was carried by your	cable system	List the times accu	urately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."		1 3 4	,			
				was substituted for progra			
	to delete under FCC rules a was substituted for program						program
	effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a		
						N SUBSTITUTE	
	S	UBSTITUT	TE PROGRAM	1		AGE OCCURRE	D 7. REASON FOR DELETION
	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
						_	
						<u>—</u>	
					·		
						_	
			1				
						_	
						_	
			1				
						_	
			1				

Accounting Period:	2018/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 060204
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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.	smission service s amount, see	9,498.05 pss 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 \$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 f 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	· · · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13)	7,100)	
	1. Base amount under statutory formula \$ 263,800.0	0	
	2. Enter amount of gross receipts from space K \$ 179,498.0	5	
	3. Subtract line 2 from line 1	5	
	4. Enter the amount of gross receipts from space K	179,498.05	
	5. Enter the amount from line 3	84,301.95	
	6. Subtract line 5 from line 4	95,196.10	
	7. Multiply line 6 by .005 (enter figure here)		475.98
	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	<b>\$</b>	475.98
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	0	
	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	0.00	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	475.98	
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	\$	495.98
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Regi 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# 060204
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 on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	8 39
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)]	rstem as identified
	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. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0602
<ul> <li>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."     </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>NO</li> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address     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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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	<u>-</u>
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