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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Beturn completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	ctions are located		\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook	03/01/2019	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT. AN	(VV///Doried))	
	ACCOUNTING FERIOD COVERED	DT THIS STATEMENT: (TT		
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			1		
			_		
		20402	Barcode Data Filing Period (optional	- see instructions)	
		20182			
Accounting					
Period					
		Instructions:			
-			e cable system. If the owner is a subsid	iary of another corporation, give the full corporate title	
В		of the subsidiary, not that of the parent co	prporation.		
Owner					
owner		List any other name or names under which	the owner conducts the business of the	e cable system.	
		If there were different owners during the a	accounting period, only the owner on th	e last day of the accounting period should submit a	
		single statement of account and royalty fe	e payment covering the entire accounting	ng period.	
		Charle have if this is the sustained first filling	If and antenthe entertails ID and have	aire ad ha tha Linearian Division	061727
		Check here if this is the system's first filing	g. If not, enter the system's ID number as	ssigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING	G 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 n	umber)		
		TYLER, TX 75701			
		(City, town, state, zip)			
С				tify the business and operation of the system	
C	names	already appear in space B. In line	2, give the mailing address of the	e system, if different from the address given in	space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		CROWLEY COUNTY CORR	ECTIONAL FACILITY		
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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 fling, 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	061727
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporal 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 filin	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
First	CITY OR TOWN OLNEY SPRINGS	CO
Community	(CROWLEY CNTY CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							-2E. PAGE
Name	CEQUEL COMMUNICAT	IONS LLC							06172
_	SECONDARY TRANSMISSION		BSCRI	BERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both							brokon	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate ir	ndicated	d-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				iy standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				es 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					a in the count un	der "Servic	ce to the	
	Block 2: If your cable system I					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-ha	and block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		0						
	Service to first set Service to additional act/a)		0	- 0					
	Service to additional set(s)		U	U					
	• FM radio (if separate rate)								
	Motel, hotel Commercial		44	42.53					
	Converter		44	42.33					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMISS	SIONS: RATES	5				
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								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	•							
		BLOC	:K 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	- Day apple	-	• Mot	el, hotel					
	 Pay cable 		• Con	nmercial					
	Pay cable Pay cable—add'l channel	-							
		-	• Pay	cable					
	• Pay cable—add'l channel	-		cable cable-add'l ch	annel				
	Pay cable—add'l channel Fire protection		• Pay		annel				
	 Pay cable—add'l channel Fire protection Burglar protection 	-	• Pay • Fire	cable-add'l ch	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire • Burg	cable-add'l ch protection	annel				
	Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set		• Pay • Fire • Burg Other s	cable-add'l ch protection glar protection	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Bury Other s • Rec	cable-add'l ch protection glar protection services:	annel	······			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Bury • Bury • Rec • Disc	cable-add'l ch protection glar protection services: connect	annel				

lame	LEGAL NAME OF OWNER OF			SYSTEM
	CEQUEL COMMUNIC			0617
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including		
U		m during the accounting period, exception of the exceptio		
nary		e)(2) and (4), or 76.63 (referring to 76.1		
itters:		s explained in the next paragraph.		
ion		: With respect to any distant stations outlines, regulations, or authorizations:	carried by your cable system on a su	ibstitute program
		e in space G—but do list it in space I (the Special Statement and Program	Log)—if the
	station was carried only on			
		also in space I, if the station was carrie on concerning substitute basis stations		
		n's call sign. <i>Do not</i> report origination		
		d with a station according to its over-th	e-air designation. For example, rep	ort multistream
	"WETA-2" as the same on the channel in the channel	the form. el number the FCC assigned to the tel	evision station for broadcasting over	the air in its community
		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),		
		erms, see page (iv) of the general instr		ional municast).
		n of each station. For U.S. stations, lis		
	FCC. For Mexican or Cana	dian stations, if any, give the name of	the community with which the statio	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ККТ V-1	49	N	COLORADO SPRINGS, CO
	KOAA-1	42	N	COLORADO SPRINGS, CO
essary	KRDO-1	24	N	COLORADO SPRINGS, CO
y	KTSC-1	8	E	COLORADO SPRINGS, CO
			_	
	KVSN-1	48	I	COLORADO SPRINGS, CO
	KXRM-1	22	<u> </u>	COLORADO SPRINGS, CO

EGAL NAME OF								SYSTEM I 0617
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: lo	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei t the Co sign of e	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If gnal, indicate Column 4: G	the radio stat this by placing ive the statior	ion's sigi g a checł n's locati	nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	ne station is licens	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
				{				
				{				
							Į	

Accounting Perio	od: 2018/2					FC	DRM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC				061727
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G		
I I	In General: In space I, identi				-	ion that your cable sys	stem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT			TITUTE CARRIAGE			
Special	 During the accounting period 	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television progra	am
Statement and	broadcast by a distant stat	-				YES	× NO
Program Log	5				0.4 1	_	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progr	am
	log in block 2.						
	2. LOG OF SUBSTITUTE			to line. Lice abbroviations	whorovor pos	sible, if their meaning	ic
	In General: List each subst clear. If you need more space				wherever pos	sible, il their meaning	15
				sion program ("substitute	program") tha	it, during the accounti	ng
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of another s	tation
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informati	ion.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" o	Dr
			dcast live enter	"Yes." Otherwise enter "N	lo "		
				sting the substitute progra			
				e community to which the			n
	the case of Mexican or Can	adian statio	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 m	onth
			substitute pro	gram was carried by your	cable system	List the times accura	telv
	to the nearest five minutes.						licity
	stated as "6:00-6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						gram
	effect on October 19, 1976.	inning that y	our system wa	s permitted to delete unde	r FCC rules a		
						EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRED	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	DELETION
						_	
						<u>—_</u>	
]				
						_	
						_	
						_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name		SI	STEM ID#
	CEQUEL COMMUNICATIONS LLC		061727
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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.	ssion service mount, see	,182.50 is receipts)
-	COPYRIGHT ROYALTY FEE		
L 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. 	63,800	
	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 t accounting period is \$52.00		
	Line 1. Royalty fee for accounting period	\$	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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		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 groop requirts from an and K		
	Enter the amount of gross receipts from space K Base amount under statutory formula \$ 263,800.00		
	2. base annount under statutory formula 203,000.00		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	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 m		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061727
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	6
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	35
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 (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 auto partner) (Signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	stem 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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inting Period: 2018/2	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0617
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 Name 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
	Interact Accord
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
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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