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		\$	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	

A	ACC	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		
В		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 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)
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: MAHANOY STATE CORRECTIONAL INSTITUTION
		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: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063189
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future for Note: Entities and properties such as hotels, apartments, condominiums, or	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Served	identified city.	
	CITY OR TOWN	STATE
First Community	FRACKVILLE (MAHANOY SCI)	PA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06318
	SECONDARY TRANSMISSION		ecolo		TE O				
E	In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in space	ce F, n	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period								
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 ind	dicated	-not the numb	er of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed				y standar	d rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note	: Where an indiv	vidual o	or organization i	s receivii	ng service that f	alls under o	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted or					in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the r	right-ha	and block. A two	- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	( )	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		0	-					
	Service to additional set(s)		U						
	• FM radio (if separate rate)								
	Motel, hotel Commercial		440	42.53					
	Converter		440	42.03					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	SIONS: RATES					
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.	-	-		-		-	
Fransmissions:	Block 1: Give the standard rat							wara nat	
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip	•			ICU. LIST				
		BLOCK						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV	ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	lr	nstalla	tion: Non-resid	lential				
	• Pay cable	-	• Mote	el, hotel					
	Pay cable—add'l channel	-	• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l cha	nnel				
	Installation: Residential		• Fire	protection					
	• First set	-	• Burg	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	- 0		ervices:					
	• FM radio (if separate rate)		• Rec	onnect		-			
	• Converter			connect					
	-			et relocation		-			
			• Mov	e to new addre	ss	-			

ing Period:				FORM SA1-2E. PA
lame	LEGAL NAME OF OWNER OF			SYSTEM
	CEQUEL COMMUNIC			063
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including		
		n during the accounting period, except n effect on June 24, 1981, permitting		
ry		e)(2) and (4), or 76.63 (referring to 76.		
ers:		s explained in the next paragraph.		
on		: With respect to any distant stations on les, regulations, or authorizations:	carried by your cable system on a sul	ostitute 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		
		n concerning substitute basis stations i's call sign. Do not report origination		
		I with a station according to its over-th		
	"WETA-2" as the same on t		evision station for broadcasting even	the sin is its something
		el number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community
		case whether the station is a network	station, an independent station, or a	noncommercial
		ring the letter "N" (for network), "N-M"		
		"E" (for noncommercial educational), rms, see page (iv) of the general instr		onal multicast).
		rms, see page (iv) of the general instr n of each station. For U.S. stations, lis		is licensed by the
		lian stations, if any, give the name of		
			-	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE-1	11	N	WILKES BARRE, PA
	WNEP-1	50	N	SCRANTON, PA
			<b>N</b>	
essary	WOLF-1	45	I	HAZLETON, PA
	WSWB-1	31	I	SCRANTON, PA
	WVIA-1	41	Е	SCRANTON, PA
	WYOU-1	13	N	SCRANTON, PA

EGAL NAME OF								SYSTEM I 0631
	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 <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to mation about 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	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
lexican or Can	adian stations	s, if any,	the community with which the	station is identifi	ed).			
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					063189
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
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	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	<u>1</u>
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	res, 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						incurning 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 ies like "mo	r authorization: vies" or "baske	<ol> <li>See page (v) of the gene thall " List specific program</li> </ol>	titles for ex	ns for further	r informatior	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			<b>FOO</b> 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		CARR	AGE OCCL	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 –	IMES — TO	DELETION
		103 01 100	ONEE OIGH	4. 01/1101/0 200/1101		TROM	10	
						-		
						-	_	
						-	_	
						-		
						-	-	
							_	
						-		
						-	_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 063189
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 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 amount, see	<b>,316.02</b> is 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 \$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	263,800	
	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	this six-mon	
	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 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	<u> </u>	
	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# 063189
<b>M</b> 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	6 47
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) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(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</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.</li> <li>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)]</li> </ul> Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	rstem 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 I
UEL COMMUNICATIONS LLC	06318
<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> </ul>	P Special Statement Concerning Gross Receipts Exclusion
X NO	
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
	Q Interest Assessme
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	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	LQ Interest Assessme 

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