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	DUNTING 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		
		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.
		063267
		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
		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:
		CASA GRADE TRANSITIONAL HOUSING
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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New-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063267
D Area Served	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
First	CITY OR TOWN LAS VEGAS	STATE NV
Community	(CASA GRADE TRANS)	
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06326
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both	h blocks in space	e E call	for the number	of subsc	ribers to the cat			
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed for	or adva	nce payment.					
	Block 1: In the left-hand block								
	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								
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		ingine inc						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		0	-					
	 Service to additional set(s) 		0	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		17	42.53					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATES					
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		isually I	billed. If any rat	es are ch	arged on a varia	able per-pro	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		o cablo	system for oac	h of the c	anlicable convic	oc listod		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and include	the rat	te for each.					
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE	1		ORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	ľ		tion: Non-resid	dential				
	• Pay cable	-		el, hotel					
	Pay cable—add'l channel	-		nmercial		••••••			<u> </u>
	Fire protection			cable	nnal				
	•Burglar protection Installation: Residential			cable-add'l cha protection	armei				
	First set			•					
				glar protection					
	Additional set(s) EM radio (if separate rate)	- (onnect					
	FM radio (if separate rate) Converter					-			
	- Converter			connect					
				let relocation ve to new addre	~~	-			

Inting Period:	1			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM
	CEQUEL COMMUNIC			0632
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including		
U		n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting		
imary		e)(2) and (4), or 76.63 (referring to 76.		
mitters:		s explained in the next paragraph.		
evision		: 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		
	multicast stream associated	with a station according to its over-th		
	"WETA-2" as the same on t	he form. I number the FCC assigned to the tel	ovision station for broadcasting over	the air in its community
		RC is channel 4 in Washington, D.C.	evision station for broadcasting over	
		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).
		n of each station. For U.S. stations, lis		is licensed by the
		dian stations, if any, give the name of		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC-1	16	I	
	KLAS-1	7	N	LAS VEGAS, NV
s as Necessary	KLVX-1	11	E	LAS VEGAS, NV
	KSNV-1	22	N	LAS VEGAS, NV
	KTNV-1	13	Ν	LAS VEGAS, NV
	KVCW-1	29	I	LAS VEGAS, NV
	KVVU-1	9	1	HENDERSON, NV
		3		

EGAL NAME OF								SYSTEM ID
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
Special Instruct eccivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: G	tions Conce it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing Sive the station	rning AI y the sys be receint t the Co sign of the static ion's sig g a check n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright 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 the the community with which the	Copyright Office r t the system's he system's FM ante his point, see pa ed by the cable s he station is licens	egulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st general i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
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							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063267
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv no	nnetwork televis	ion program, broadcast by	a <i>distant</i> stat	ion. that vour	cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st 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	ion program	<u>1</u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	o blonk. If your onowor in '			-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2.		Me					
	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	 See page (v) of the gene thall " List specific program 	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			500 ·	
	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 of				ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system v	vas require	d
	to delete under FCC rules a							
	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.							
					WHF	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 –	MES – TO	DELETION
								·
								·
							_	
						-	_	
						-	_	
							_	
						_	_	
						-	-	
1		1	1					1

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 063267
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.	ssion service mount, see	,343.00 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	his 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 \$ 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		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 grade requirts from anone K		
	Enter the amount of gross receipts from space K Base amount under statutory formula Second Sec		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 240 00	
	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 063267
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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	7
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 Telepho	one (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 regulation. 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as 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 here 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 	ce B; or le system as identified owner of the cable system
	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) 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	0632
 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
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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