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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20182 Barcode Data Filing Period (optional - see instructions)
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
		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)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		KENTUCKY STATE PENITENTIARY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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#
Manie	CEQUEL COMMUNICATIONS LLC	063351
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 t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
First	CITY OR TOWN EDDYVILLE	STATE KY
Community	(KY STATE PEN)	
Add Rows as Necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	TIONS LLC							06335
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existil	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system.	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of							and the	
	unit in which it is generally billed								
	category, but do not include disc				iny standa		5 within a p		
	Block 1: In the left-hand block	in space E, the	form lis	sts the categor					
	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	has rate catego	ries for	secondary trai	nsmission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODCOLUDE	110	TUTE	0/11		TICE	COBCONDENCE	- i d ti L
	Service to first set		0	-					
	Service to additional set(s)		Ŭ	0					
	• FM radio (if separate rate)		Ŭ	Ŭ					
	Motel, hotel								
	Commercial		52	42.53					
	Converter		<u> </u>						
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-			-				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		• • •		
Other Than	amount of the charge and the ur		sually	billed. If any ra	ates are ch	arged on a varia	able per-pro	ogram basis,	
Secondary	enter only the letters "PP" in the		o ooblo	avatam far aa	ab of the c		an linted		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and include	e the ra	te for each.					
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE (	CATEG	ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		nstalla	tion: Non-res	idential				
	• Pay cable	-	• Mot	el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	-		nmercial					ļ
	Fire protection			cable					
	<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l ch	nannel				
	Installation: Residential			protection					
	• First set	-	• Bur	glar protection					
		- (	Other s	services:					
	<ul> <li>Additional set(s)</li> </ul>								
	<ul><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		• Rec	connect		-			
	( )			connect connect		-			
	• FM radio (if separate rate)		• Dise			-			

	2018/2			FORM SA1-2E. PA
lame	LEGAL NAME OF OWNER OF			SYSTEM 063
	CEQUEL COMMUNIC			003
	PRIMARY TRANSMITTERS:			
i		entify every television station (including		
		m during the accounting period, excep in effect on June 24, 1981, permitting t		
,	76.59(d)(2) and (4), 76.61(	e)(2) and (4), or 76.63 (referring to 76.6		
ers:		s explained in the next paragraph.		h - 4/4 . 4
on		: With respect to any distant stations c les, regulations, or authorizations:	carried by your cable system on a su	bstitute program
		e in space G—but do list it in space I (1	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. Do not 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 form. el number the FCC assigned to the tele	ovision station for broadcasting over	the air in its community
		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	a noncommercial
		ring the letter "N" (for network), "N-M"		
		"E" (for noncommercial educational), erms, see page (iv) of the general instr		ional multicast).
		n of each station. For U.S. stations, lis		is licensed by the
		dian stations, if any, give the name of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI-1	23	I N	CAPE GIRARDEAU, MO
	KFVS-1	12	N	CAPE GIRARDEAU, MO
essary	WDKA-1	49		PADUCAH, KY
	WPSD-1	32	N	PADUCAH, KY
	WQWQ-1	12	l	PADUCAH, KY
	WSIL-1	34	N	HARRISBURG, IL
	WSIU-1	8	E	CARDONDALE, IL

EGAL NAME OF								SYSTEM ID 06335
	every radio s	station 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 Column 2: S	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be recein t the Co sign of the station	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ante this point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st leneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
ignal, indicate Column 4: G	this by placing ive the statior	g a checl n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
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 L	LC				063351
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM I O	3		
I I	In General: In space I, identi				-	ion that your cabl	le system 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 pap	er SA1-2 form.
Carriage:	1. SPECIAL STATEMEN						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	•	r cable system	carry, on a substitute basi	s, any nonne	twork television p	
Program Log	broadcast by a distant star	tion?				Y	ES XNO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete the p	program
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their mea	ining is
				ision program ("substitute p	program") tha	t, during the acco	ounting
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of anoth	her station
	under certain FCC rules, re Do not use general categor	gulations, o	r authorization	s. See page (v) of the gene thall " List specific program	eral instruction	ns for further info	rmation.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific program			
				r "Yes." Otherwise enter "N			
				sting the substitute progra the community to which the		nsed by the ECC	or in
	the case of Mexican or Can						or, in
	Column 5: Give the mon	th and day		tem carried the substitute p			he month
	first. Example: for May 7 giv		substituto pro	gram was carried by your o	able system	List the times as	curately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."						
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra			
	was substituted for program						
	effect on October 19, 1976.		·			-	
						N SUBSTITUTE	=
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRI	ED 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. TIMES FROM —	TO
						_	
						_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 063351
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 transmi (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	,338.18
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	63,800	
	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 Line 1. Royalty fee for accounting period		<u>52.00</u> 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		
	1. Base amount under statutory formula		
	8. Interest charge. Enter the amount from line 4, space Q, page 8         9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	BLOCK 3. GROSS RECEIPTS OF MORE THAN \$203,000 (but less tildin \$527,	000)	
	1. Enter the amount of gross receipts from space K		
	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)	52.00	
	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# 063351
<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	7 37
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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <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>(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.</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> <li>X /s/ Alan Dannenbaum</li> </ul>	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	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephoi 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 Office's public indexes and 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
UEL COMMUNICATIONS LLC	0633
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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> </ul> </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 Statemen Concerning Gross Receipts Exclusio
X NO	
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th 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 Office'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.