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	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	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 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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
-	names 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: LASALLE COUNTY JAIL
	MAILING ADDRESS OF CABLE SYSTEM:
	2
	2 (Number, street, rural route, apartment, or suite number)
	(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	063625
D	Instructions: List each separate community served by the cable system. A "comma separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mot identified city.	ile home parks should be reported in parentheses below the
-	CITY OR TOWN OTTOWA	STATE
First Community	(LASALLE COUNTY JAIL)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06362
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng 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 in	dicated	I-not the numb	per 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				y standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				es of seco	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					I 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	and rates, in the	right-ha	and block. A two	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1					BLOCK	· •	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAII	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		15	42.53					
	Converter		15	42.55					
	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								
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								
	brief (two- or three-word) descrip								
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	I	nstalla	tion: Non-resid	dential				
	• Pay cable	-	• Mot	el, hotel					
	 Pay cable—add'l channel 	-	• Con	nmercial					
	Fire protection		• Pay	cable					
			• Pay	cable-add'l cha	annel				
	 Burglar protection 		— :						T
	•Burglar protection Installation: Residential		• Fire	protection					
	U 1	-		protection glar protection					
	Installation: Residential	-	• Burg	•					
	Installation: Residential • First set		• Burg Other s	glar protection		-			
	Installation: Residential • First set • Additional set(s)		• Burg Other s • Rec	glar protection					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burg Other s • Rec • Disc	glar protection ervices:					

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM
)				063
	PRIMARY TRANSMITTERS:			
			translater stations and law newsrate	levision stations)
		ntify every television station (including n during the accounting period, excep		
	FCC rules and regulations i	n effect on June 24, 1981, permitting t	he carriage of certain network progra	ams [sections
		e)(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain sta	tions carried on a
		s explained in the next paragraph. : With respect to any distant stations c	arried by your cable system on a sub	ostitute program
	basis under specific FCC ru	les, regulations, or authorizations:		
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (t	the Special Statement and Program	Log)—if the
		also in space I, if the station was carrie	ed both on a substitute basis and also	o on some other
		n concerning substitute basis stations		
		i's call sign. <i>Do not</i> report origination p I with a station according to its over-the		
	"WETA-2" as the same on t	5		
		I number the FCC assigned to the tele	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	station an independent station or a	noncommercial
		ring the letter "N" (for network), "N-M"		
		"E" (for noncommercial educational),		onal multicast).
		rms, see page (iv) of the general instru- 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
	WBBM-1	12	N	CHICAGO, IL
	WFLD-1	31	I	CHICAGO, IL
,			·	
	WLS-1	7	N	
	WMAQ-1	29	N	CHICAGO, IL

EGAL NAME OF								SYSTEM I 0636
	every radio s	station ca	arried on a separate and discre					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	tions Conce it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	rning AI y the sys be recei t the Co sign of o the static ion's sig g a check n's locati	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 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 e station is licens	egulations, an adend, and (2 mna, during co ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st eneral in eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
					I	•		
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	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063625
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				•	ion that your ca	hle syster	m 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 pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	<u> </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 blank. If your anowar in '		unt complete the	-	
		, leave the	rest of this pag	e Diarik. Il your answer is	res, you mu	ist complete the	e program	1
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their me	aning is	
	clear. If you need more spa				interer pee		saini gilo	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori	guiations, o les like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ove I	ucv" or	l.
	"NBA Basketball: 76ers vs.						2009 01	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		need by the EC	C or in	
	the case of Mexican or Can						C 01, 11	
				tem carried the substitute			the mon	th
	first. Example: for May 7 giv				-			
				gram was carried by your				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shoui	la pe	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	s required	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations i	in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	ΓE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCUR	RED	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. TIME FROM —	S TO	DELETION
		100 01 110					10	
						_		
						_		
						_		
						_		

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063625
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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	,870.00 ss 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. 	263,800	
	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 accounting period is \$52.00	this six-mon	
		¢	F2 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		
	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
			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	1 210 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	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	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 n		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 063625
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	4 21
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted 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)] (S' Alan Dannenbaum 	stem as identified
	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)	
1	Date: 02/18/2019	

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unting Period: 2018/2	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0636
 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? 	P Special Statemen Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
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