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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
	ctions are located of this workbook	8/28/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	YYY/(Period))	

		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20191 Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
		Instructions:	
Р		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	
В		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	
		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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	se
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	TRENTON, MO	
		MAILING ADDRESS OF CABLE SYSTEM:	
	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 suffciency 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	010579
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, : you list will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filir	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
		OTATE
First	CITY OR TOWN TRENTON	MO
Community	GRUNDY COUNTY(PORTION)	MO
Add Rows as Necessary		
	การและการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							01057
	SECONDARY TRANSMISSION		DecDIE		TES				
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						hose existi	ing on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate ir	ndicated	l-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of seco	ondary 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 o					i in the count un	der "Servio	ce to the	
	Block 2: If your cable system h					service that are	different fr	rom those	
	printed in block 1 (for example, ti	-		•					
	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. BLOCK 1					BLOCK	()		
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	• Service to first set		661	24.00					
			760	34.99 0					
	Service to additional set(s)		700	U					
	• FM radio (if separate rate)								
	Motel, hotel Commercial		15	34.99					
			15	34.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	SIONS: RATES	3				
E	In General: Space F calls for rat		,		•	• •			
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		- 3 ,	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.							ionn or a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	19.00	• Mote	el, hotel					
	Pay cable—add'l channel	19.00	• Con	nmercial					
	Fire protection		• Pay	cable					1
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	First set	99.00	• Burg	glar protection					
	 Additional set(s) 	25.00	Other s	ervices:					
	1		• Rec			40.00			
	 FM radio (if separate rate) 		1,000	onnect		-0.00			
	 FM radio (if separate rate) Converter 			connect		-0.00			
	· · · /		• Disc			25.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM		SYSTEM			
Name				010			
	PRIMARY TRANSMITTERS:			010			
-		entify every television station (including	translator stations and low nower	television stations)			
G		enduring the accounting period, except					
Primary		in effect on June 24, 1981, permitting the					
Fransmitters:	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.						
Television	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
	 basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 						
	station was carried only on a substitute basis.						
	 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. 						
		n's call sign. <i>Do not</i> report origination p					
	"WETA-2" as the same on	d with a station according to its over-the the form.	e-air designation. For example, re	port mulusuream			
		el number the FCC assigned to the tele	vision station for broadcasting over	er the air in its community			
		VRC is channel 4 in Washington, D.C. In case whether the station is a network a	station, an independent station, or	r a noncommercial			
	educational station, by enter	ering the letter "N" (for network), "N-M" (for network multicast), "I" (for inde	ependent), "I-M"			
		, "E" (for noncommercial educational), c erms, see page (iv) of the general instru		ational multicast).			
	Column 4: Give the location	on of each station. For U.S. stations, list	the community to which the static				
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	ne community with which the station	on is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KCPT-1	19	Е	KANSAS CITY, MO			
	KCPT-2	18	E-M	KANSAS CITY, MO			
d Rows as Necessary	KCPT-3	19.3	E-M	KANSAS CITY, MO			
,	KCPT-HD1	19	E-M	KANSAS CITY, MO			
		-					
	KCTV-1	5	N	KANSAS CITY, MO			
	KCTV-HD1	5	N-M	KANSAS CITY, MO			
	KCWE-1	29	I	KANSAS CITY, MO			
	KCWE-2	29.2	I-M	KANSAS CITY, MO			
	KCWE-HD1	29	I-M	KANSAS CITY, MO			
	KMBC-1	9	N	KANSAS CITY. MO			
	KMBC-2	9.2	I-M	KANSAS CITY, MO			
	KMBC-HD1	9	N-M	KANSAS CITY, MO			
	KPXE-1	50		KANSAS CITY, MO			
	KPXE-HD1	50	I-M	KANSAS CITY, MO			
	KSHB-1	41	Ν	KANSAS CITY, MO			
	KSHB-2	41.2	I-M	KANSAS CITY, MO			
	KSHB-HD1	41	N-M	KANSAS CITY. MO			
	KSMO-1	62		KANSAS CITY, MO			
	KSMO-HD1	62	I-M	KANSAS CITY, MO			
	WDAF-1	4	I	KANSAS CITY, MO			
	WDAF-2	4.2	I-M	KANSAS CITY, MO			
	WDAF-HD1	4	I-M	KANSAS CITY, MO			

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				010			
				010			
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G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under						
•			the carriage of certain network program				
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a			
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program			
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-				
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the			
	station was carried only or						
			ed both on a substitute basis and also s, see page (v) of the general instructio				
			program services such as HBO, ESPN				
			ne-air designation. For example, repor	t multistream			
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community			
		VRC is channel 4 in Washington, D.C.					
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i				
			' (for network multicast), "I" (for indepen				
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).			
			st the community to which the station is	s licensed by the			
			the community with which the station i				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

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Name				010
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	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
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Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

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Name				010
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	PRIMARY TRANSMITTERS:		n den en la den de la	
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Name				010
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•			the carriage of certain network program	
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

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Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
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			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
				010
	PRIMARY TRANSMITTERS:		n den en la den de la	
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	ons carried on a
ansmitters: Television		as explained in the next paragraph.	carried by your cable system on a subs	stitute program
relevision		ules, regulations, or authorizations:	carried by your cable system on a sub-	
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
			ne-air designation. For example, repor	t multistream
	"WETA-2" as the same on Column 2: Give the chann		levision station for broadcasting over th	ne air in its community
		VRC is channel 4 in Washington, D.C.		
	Column 3: Indicate in eacl	h case whether the station is a networ	k station, an independent station, or a i	
			' (for network multicast), "I" (for indepen	
), "E" (for noncommercial educational), erms, see page (iv) of the general inst	or "E-M" (for noncommercial education	nal multicast).
			st the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

	LEGAL NAME OF OWNER O	- CABLE SYSTEM		SYSTE
Name				01
	CEQUEL COMMUNIC			01
	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele of (1) stations carried only on a part-tin	
U			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	
ransmitters:	substitute program basis, a	s explained in the next paragraph.		
Television			carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations:	the Special Statement and Program L	ag) if the
	station was carried only on		the Special Statement and Program E	
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on		ie-air designation. Tor example, repor	industican
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a i (for network multicast), "I" (for independent)	
			or "E-M" (for noncommercial education	
		erms, see page (iv) of the general inst		na matteast).
			st the community to which the station is	s licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				4
		ļ		ļ
		1		

	LEGAL NAME OF OWNER O	CABLE SYSTEM:		SYSTEM II
Name				01057
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- bo not list the station here station was carried only on • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these te	entify every television station (including m during the accounting period, excep- in effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of lales, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. 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-the the form. el number the FCC assigned to the tel (RC is channel 4 in Washington, D.C. o case whether the station is a networh ering the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general insti-	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Li- ed both on a substitute basis and also s, see page (v) of the general instructio program services such as HBO, ESPN lee-air designation. For example, repor evision station for broadcasting over th s station, an independent station, or a to (for network multicast), "I" (for independ uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast).
	FCC. For Mexican or Cana	dian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	the community with which the station i 3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM I 0105
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the poyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	e/D		CALL SIGN	AM or EM	e/n		
CALL SIGN	AIVI OF FIM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					010579
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi				-	ion that your cah	nle syster	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 pap	per SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	<u> </u>
Program Log	broadcast by a distant sta	tion?					YES	X NO
r rogram Log	Note: If your answer is "No'	' loovo tho	rest of this nac	e blank. If your answer is '			-	
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the	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					,	5	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori	ies like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Love Li	ucv" or	-
	"NBA Basketball: 76ers vs.	Bulls."				1 • • 1		
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the ECC	C or in	
	the case of Mexican or Can						0 01, 11	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute p	orogram. Use	numerals, with	the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."		i program cam		5 p.m. to 0.2	0.50 p.m. should	ube	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulations in	n	
						N SUBSTITUT		
	S		E PROGRAM			AGE OCCURR		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 TO	511211011
						_		
						_		
								·
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2019/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	YSTEM ID# 010579
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount yo all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to com 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.	ary transmis pute this a	ssion service mount, see	5,698.48
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 e • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 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	27,600	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you mu accounting period is \$52.00 Line 1. Royalty fee for accounting period			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more that	an \$137,10	00)	
		,800.00		
	• • • •	,698.48		
		<u>,101.52</u>		
	4. Enter the amount of gross receipts from space K\$		65,698.48	
	5. Enter the amount from line 3		98,101.52	
	6. Subtract line 5 from line 4		67,596.96	
	7. Multiply line 6 by .005 (enter figure here)	-		337.98
	 8. Interest charge. Enter the amount from line 4, space Q, page 8	<u></u>	\$	0.00 337.98
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less th	han \$527,6	600)	
		,800.00		
	3. Subtract line 2 from line 1			
	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)		337.98	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	[\$	357.98
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instruction			

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 010579
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	22
	on which the cable system carried television broadcast stations and nonbroadcast services	224
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) 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 own 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)] Mathematical enter on the line above to certify this statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	vstem as identified
	Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 08/18/2019	

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 telephol 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 fling, a determination that would be made by a court of lav

unting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0105
 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 Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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.	0
	X
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
	Interest Assessme
	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
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