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 | HT 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 | 8/28/2019 | S ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| | | | 4 |

| A | ACCO | OUNTING PERIOD COVERED BY | THIS STATEMENT: (YYY) | (/(Period)) | |
|----------------------|-------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------|--------------|
| | | 2019/1 Pe | riod 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | | | | | |
| | | 20191 Ba | rcode Data Filing Period (optional - se | e instructions) | |
| Accounting Period | | | | | |
| В | | Instructions: Give the full legal name of the owner of the ca of the subsidiary, not that of the parent corpo | | of another corporation, give the full corporate title | |
| Owner | | List any other name or names under which the | e owner conducts the business of the cal | ble system. | |
| | | If there were different owners during the according statement of account and royalty fee parts | - · · · | st day of the accounting period should submit a eriod. | |
| | | Check here if this is the system's first filing. If | not, enter the system's ID number assigr | ned by the Licensing Division. | 015028 |
| | | LEGAL NAME OF OWNER/MAILING A | DDRESS OF CABLE SYSTEM | | |
| | | CEQUEL COMMUNICATIONS LLC | | | |
| | | BUSINESS NAME(S) OF OWNER OF CA | ABLE SYSTEM (IF DIFFERENT) | | |
| | | SUDDENLINK COMMUNICATIONS | | | |
| | | MAILING ADDRESS OF OWNER OF CA | BLE SYSTEM | | |
| | | 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite numb | er) | | |
| | | TYLER, TX 75701 (City, town, state, zip) | | | |
| | INSTR | UCTIONS: In line 1 give any busines | s or trade names used to identify | the business and operation of the system u | inless these |
| С | | | | stem, if different from the address given in | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | | | |
| | | WINNFIELD, LA | | | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | | | |
| | 2 | (Number, street, rural route, apartment, or suite numb | er) | | |
| | | (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 fing, a determination that would be made by a court of law.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 015028 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D Area Served | Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film Note: Entities and properties such as hotels, apartments, condominiums, or m identified city. | mmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs. |
| | CITY OR TOWN | STATE |
| First | WINNFIELD | LA |
| Community | JOYCE WINN PARISH | |
| | WINN PARIST | LA |
| dd Rows as Necessary | | |
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|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------|-----------------|-------------|-------------------|---------------|---------------------------|-------|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | | TEM ID | | |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 01502 | |
| - | SECONDARY TRANSMISSION | SERVICE: SU | BSCRI | BERS AND R | ATES | | | | | |
| E | In General: The information in s | | | | | | | | | |
| | system, that is, the retransmission | | | | | | | | | |
| Secondary Transmission | about other services (including p | | | | | | hose existii | ng on the | | |
| Service: Sub- | last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken | | | | | | | | | |
| scribers and | down by categories of secondary | • | | | | | | | | |
| Rates | each category by counting the n | | | | | | | | | |
| | separately for the particular serv | | | | | | | | | |
| | Rate: Give the standard rate c | | | | | | | | | |
| | | unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate | | | | | | | | |
| | category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable | | | | | | | | | |
| | systems most commonly provide | to their subscri | bers. G | Bive the number | er of subsc | ribers and rate f | or each list | ed category | | |
| | that applies to your system. Note | | | | | | | | | |
| | categories, that person or entity | | | | | | | | | |
| | subscriber who pays extra for ca first set" and would be counted o | | | | | in the count un | der "Servic | e to the | | |
| | Block 2: If your cable system I | | | | | service that are | different fro | om those | | |
| | printed in block 1 (for example, ti | | | | | | | | | |
| | with the number of subscribers and rates, in the right-hand block. A two- or three-word description | | | | | | on of the se | ervice is | | |
| | sufficient. BLOCK 1 | | | | 1 | | BLOCK | 2 | | |
| | | NO. OF | | | | | | NO. OF | | |
| | CATEGORY OF SERVICE | SUBSCRIBE | RS | RATE | CAT | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE | |
| | Residential: | | 070 | | | | | | | |
| | Service to first set | | ,076 | 34.99 | | | | | | |
| | Service to additional set(s) | ۷ | .,120 | 0 | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | |
| | Motel, hotel | | 50 | | | | | | | |
| | Commercial | | 50 | 34.99 | | | | | | |
| | Converter | | | | | | | | | |
| | Residential | | | | | | | | | |
| | Non-residential | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRAN | SMIS | SIONS: RATE | s | | | | | |
| F | In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were | | | | | | | | | |
| Г | not covered in space E, that is, those services that are not offered in combination with any secondary transmission | | | | | | | | | |
| Services | service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services | | | | | | | | | |
| Other Than | furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, | | | | | | | | | |
| Secondary | enter only the letters "PP" in the rate column. | | | | | | | | | |
| Fransmissions: | 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) descrip | | | | SHEU. LISU | | | IOTTI OF A | | |
| | | | | | | | | | | |
| | CATEGORY OF SERVICE | BLOC RATE | | ORY OF SER | VICE | RATE | CATEGO | BLOCK 2 DRY OF SERVICE | RATE | |
| | Continuing Services: | | | tion: Non-res | | TUTE | ONTEOC | | TUTE | |
| | • Pay cable | 19.00 | | el, hotel | | | | | | |
| | • Pay cable—add'l channel | 19.00 | | nmercial | | | | | | |
| | • Fire protection | | | cable | | | | | | |
| | •Burglar protection | | | cable-add'l cl | nannel | | | | | |
| | Installation: Residential | | | protection | | | | | | |
| | First set | 99.00 | | glar protection | | | | | | |
| | Additional set(s) | | | services: | | | | | | |
| | • FM radio (if separate rate) | 23.00 | | connect | | 40.00 | | | | |
| | • Converter | | | connect | | | | | | |
| | Converter | | | | | 25.00 | | | | |
| | | | Jut | let relocation | | 25.00 | | | | |
| | | | | e to new addr | | 99.00 | | | | |

| nting Period: | - | | | FORM SA1-2E. PA | | | |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|--|--|--|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM 015 | | | |
| | CEQUEL COMMUNIC | | | 015 | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | |
| 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 | | | | | | |
| Primary | | n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 | | | | | |
| nsmitters: | substitute program basis, as | s explained in the next paragraph. | | | | | |
| elevision | | : With respect to any distant stations c iles, regulations, or authorizations: | arried by your cable system on a s | ubstitute program | | | |
| | • Do not list the station here | e in space G—but do list it in space I (i | he Special Statement and Program | n Log)—if the | | | |
| | station was carried <i>only</i> 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. Do not report origination I with a station according to its over-th | | | | | |
| | "WETA-2" as the same on t | he form. I number the FCC assigned to the tele | vision station for broadcasting out | or the air in its community | | | |
| | | RC is channel 4 in Washington, D.C. | | | | | |
| | | case whether the station is a network ring the letter "N" (for network), "N-M" | | | | | |
| | (for independent multicast), | "E" (for noncommercial educational), | or "E-M" (for noncommercial educa | | | | |
| | | rms, see page (iv) of the general instruction of each station. For U.S. stations, lis | | n is licensed by the | | | |
| | | dian stations, if any, give the name of t | 5 | 5 | | | |
| | | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | |
| | KNOE(KAQY)-2 | 8.2 | N | COLUMBIA, LA | | | |
| | KNOE(KAQY)-HD2 | 8.2 | N-M | COLUMBIA, LA | | | |
| ows as Necessary | KARD-1 | 14 | I | WEST MONROE, LA | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | KARD-2 | 14.2 | I-M | WEST MONROE, LA | | | |
| | KARD-3 | 14.3 | I-M | WEST MONROE, LA | | | |
| | | | | | | | |
| | KARD-HD1 | 14 | I-M | WEST MONROE, LA | | | |
| | KLAX-1 | 31 | N | | | | |
| | KLAX-2 | 31.2 | I-M | ALEXANDRIA, LA | | | |
| | KLAX-HD1 | 31 | N-M | ALEXANDRIA, LA | | | |
| | KLTM-1 | 13 | E | MONROE, LA | | | |
| | KLTM-2 | 13.2 | E-M | MONROE, LA | | | |
| | KLTM-3 | 13.3 | E-M | MONROE, LA | | | |
| | KLTM-HD1 | 13 | E-M | MONROE, LA | | | |
| | KMLU-1 | 11 | I | COLUMBIA, LA | | | |
| | KNOE-1 | 8 | N | MONROE, LA | | | |
| | KNOE-3 | 8.3 | I-M | MONROE, LA | | | |
| | KNOE-HD1 | 8 | N-M | MONROE, LA | | | |
| | KTVE-1 | 10 | N | EL DORADO. AR | | | |
| | | 10 | | LE DORADO, AR | | | |
| | | 10 | N_M | | | | |
| | KTVE-HD1 | 10 | N-M | EL DORADO, AR | | | |
| | KTVE-HD1 | 10 | N-M | EL DORADO, AR | | | |
| | KTVE-HD1 | 10 | N-M | EL DORADO, AR | | | |
| | KTVE-HD1 | 10 | N-M | EL DORADO, AR | | | |
| | KTVE-HD1 | 10 | N-M | EL DORADO, AR | | | |
| | KTVE-HD1 | 10 | N-M | EL DORADO, AR | | | |
| | KTVE-HD1 | 10 | N-M | EL DORADO, AR | | | |
| | | 10 | N-M | EL DORADO, AR | | | |
| | | 10 | N-M | EL DORADO, AR | | | |
| | | 10 | N-M | EL DORADO, AR | | | |
| | | 10 | N-M | EL DORADO, AR | | | |
| | | | N-M | EL DORADO, AR | | | |
| | | | N-M | EL DORADO, AR | | | |

| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
| | FCC. For Mexican or Cana | idian stations, if any, give the name of | the community with which the station i | is identified. |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
| | FCC. For Mexican or Cana | idian stations, if any, give the name of | the community with which the station i | is identified. |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
| | FCC. For Mexican or Cana | idian stations, if any, give the name of | the community with which the station i | is identified. |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
| | FCC. For Mexican or Cana | idian stations, if any, give the name of | the community with which the station i | is identified. |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 01 |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 01 |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 01 |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: TELEVISION | | | |
| 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 FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 | | | |
| U | | | | |
| Primary | | | | |
| ransmitters: | 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. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each | | | |
| | multicast stream associated with a station according to its over-the-air designation. For example, report multistream | | | |
| | "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community | | | |
| | of license. For example, WRC is channel 4 in Washington, D.C. | | | |
| | Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial | | | |
| | educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" | | | |
| | (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. | | | |
| | Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the | | | |
| | FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. | | | |
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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 | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
| | FCC. For Mexican or Cana | idian stations, if any, give the name of | the community with which the station i | is identified. |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 01 |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 01 |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 01 |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 01 |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 01 |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
| | FCC. For Mexican or Cana | idian stations, if any, give the name of | the community with which the station i | is identified. |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
| | FCC. For Mexican or Cana | idian stations, if any, give the name of | the community with which the station i | is identified. |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
| | FCC. For Mexican or Cana | idian stations, if any, give the name of | the community with which the station i | is identified. |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
| | FCC. For Mexican or Cana | idian stations, if any, give the name of | the community with which the station i | is identified. |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
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| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
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| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
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| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
|--------------|-----------------------------|------------------------------------------|----------------------------------------------------------------------------------------|-------------------------|
| Name | | | | 01 |
| | CEQUEL COMMUNIC | | | 01 |
| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele | |
| U | | | bt (1) stations carried only on a part-tin the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | as 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 | og) if the |
| | station was carried only on | | | og)—ir the |
| | - | | 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 all designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | he air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a ' (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na manoasy. |
| | | | st the community to which the station is | s licensed by the |
| | FCC. For Mexican or Cana | idian stations, if any, give the name of | the community with which the station i | is identified. |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE | | | | | |
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| Name | | | | 01 | | | | | |
| | CEQUEL COMMUNIC | | | 01 | | | | | |
| | PRIMARY TRANSMITTERS: | | | | | | | | |
| G | In General: In space G, identify every television station (including translator stations and low power television stations) | | | | | | | | |
| U | carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections | | | | | | | | |
| Primary | FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections [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 | | | | | | | | |
| ransmitters: | 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: | | | | | | | | |
| | | | (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 instruction | | | | | | |
| | | | program services such as HBO, ESPN | | | | | | |
| | | | ne-air designation. For example, repor | tmultistream | | | | | |
| | "WETA-2" as the same on | | levision station for broadcasting over tl | a air in its community | | | | | |
| | | RC is channel 4 in Washington, D.C. | | | | | | | |
| | Column 3: Indicate in each | a case whether the station is a networ | k station, an independent station, or a | | | | | | |
| | | | ' (for network multicast), "I" (for indepe | | | | | | |
| | | , "E" (for noncommercial educational), erms, see page (iv) of the general inst | or "E-M" (for noncommercial educatio ructions in the paper SA1-2 form | nal multicast). | | | | | |
| | | | 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. | | | | | |
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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | | |
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| New - | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM II | | | |
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| Name | CEQUEL COMMUNIC | ATIONS LLC | | 01502 | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | |
| G Primary ansmitters: Television | carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(¢ substitute program basis, as Substitute Basis Stations | n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. | 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 station carried by your cable system on a subs | ne basis under ns [sections ons carried on a | | | |
| | station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associatec "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente | a substitute basis. also in space I, if the station was carri- n concerning substitute basis stations 's call sign. <i>Do not</i> report origination I with a station according to its over-th he form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" | (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 he-air designation. For example, repor levision station for broadcasting over the k station, an independent station, or a li (for network multicast), "I" (for independent | on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" | | | |
| | (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | |
| | | | | 4. LOOATION OF OTATION | | | |
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| EGAL NAME O | | | | | | | | SYSTEM II 0150 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------|
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | Н |
| Special Instruc- eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: 10 Column 2: 5 Column 3: 10 ignal, indicate Column 4: 0 | ctions Conce) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio state this by placing Give the station | rning Al y the sys be recein at the Co l sign of of the static cion's sig g a chech n's locati | I-Band FM Carriage: Under (tem whenever it is received a wed at the headend, with the pyright 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 | Copyright Office r it the system's he system's FM ante this point, see pa sed by the cable s ne station is licen | regulations, ar eadend, and (2 enna, during o ge (v) of the g system as a so sed by the FC | n FM sig 2) it can certain st general i eparate | nal is generally be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| 0.000 | | | | 0.000 | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | od: 2019/1 | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------------------|-----------------------------------------------------------|------------------------------|-------------------------------------|--------------------------------------------------------------|---------------------|-----------------|-------------|-------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS LI | LC | | | | | 015028 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | NT AND PROGRAM LO | G | | | |
| I I | In General: In space I, identi | | | | - | ion that your | cable syste | m carried on a |
| • | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | ing that mus | t be included in | this log, see page (v) of the | e general instr | uctions in the | paper SA1 | -2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBST | TITUTE CARRIAGE | | | | |
| Special | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | s, any nonnet | twork televisi | ion program | 1 |
| Statement and Program Log | broadcast by a distant stat | tion? | | | | | YES | × NO |
| Frogram Log | Note: If your answer is "No' | ' loovo tho | root of this pag | o blonk. If your onowor in ' | | | - | |
| | - | , leave the | rest of this pag | e blank. Il your answer is | res, you mu | ist complete | the program | 11 |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever pos | sible if their | meaning is | |
| | clear. If you need more spa | | | | interer pee | | | |
| | | | | sion program ("substitute | | | | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re Do not use general categor | gulations, o ies like "mo | r authorizations vies" or "baske | s. See page (v) of the gene thall " List specific program | titles for ex | ample "I I ov | information | 1. |
| | "NBA Basketball: 76ers vs. | | | | | | 0 2009 01 | |
| | | | | "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra e community to which the | | need by the l | ECC or in | |
| | the case of Mexican or Can | | | | | | | |
| | Column 5: Give the mon | th and day | when your sys | tem carried the substitute | program. Use | numerals, w | ith the mor | nth |
| | first. Example: for May 7 give | | | | - | | | |
| | | | | gram was carried by your o | | | | ly |
| | 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. sn | ouid be | |
| | | er "R" if the | listed program | was substituted for progra | mming that y | our system v | vas require | 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 regulatior | ns in | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | WHE | N SUBSTIT | UTE | |
| | S | UBSTITUT | E PROGRAM | | CARR | AGE OCCU | IRRED | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TI FROM – | MES - TO | DELETION |
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| Accounting Period: | 2019/1 | FORM SA1-2E. PAGE 6. |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 015028 |
| 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 |
| 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 | 163,800 |
| | 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 Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | |
| | 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 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 |
| | 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 \$ 372,080.74 | |
| | 2. Base amount under statutory formula \$ 263,800.00 | |
| | 3. Subtract line 2 from line 1 | |
| | 4. Multiply line 3 by .01 | 1,082.81 |
| | 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 | \$ 2,401.81 |
| | 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) | 2,401.81 |
| 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 | \$ 2,421.81 |
| | 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: | 2019/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 015028 |
| 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 | 19 |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | 321 |
| 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 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) | istem 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: 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

| inting Period: 2019/1 | FORM SA1-2E. PAGE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| UEL COMMUNICATIONS LLC | 01502 |
| 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 |
| 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 |
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| 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 |
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| 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 |

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