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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED AMOUNT				
8/28/2019	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		20191 Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
		Instructions:					
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner		List any other name or names under which the owner conducts the business of the cable system.					
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.					
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	CEQUEL COMMUNICATIONS LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		SUDDENLINK COMMUNICATIONS					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)					
		TYLER, TX 75701 (City, town, state, zip)					
_	INICTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		SEMINOLE, OK					
		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 sufficiency of the fling, a determination that would be made by a court of law.

ccounting Period:	2013/1	FORM SA1-2E. PAGE 1			
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID			
Name	CEQUEL COMMUNICATIONS LLC	02327			
	Instructions: List each separate community served by the cable system. A "				
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that 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 filings.				
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	r mobile home parks should be reported in parentheses below the			
Served	identified city.				
	CITY OR TOWN	STATE			
First	SEMINOLE	OK			
Community					
ld Rows as Necessary					

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

023270

# E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**CEQUEL COMMUNICATIONS LLC** 

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the 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 subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	987	34.99			
<ul> <li>Service to additional set(s)</li> </ul>	1,677	0			
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	51	34.99			
Converter					
<ul> <li>Residential</li> </ul>					
<ul> <li>Non-residential</li> </ul>					
		T		T	l

# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services 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, enter only the letters "PP" in the rate column.

**Block 1**: Give the standard rate charged by the cable system for each of the applicable services listed.

**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.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	19.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

#### CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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**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:

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basis. For further information concerning substitute basis stations, see page (v) of the general instructions. **Column 1:** List each station's call sign. *Do not* 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAUT-1	43	l	OKLAHOMA CITY, OK
KAUT-2	43.2	I-M	OKLAHOMA CITY, OK
KAUT-HD1	43	I-M	OKLAHOMA CITY, OK
KETA-1	13	E	OKLAHOMA CITY, OK
KETA-2	13.2	E-M	OKLAHOMA CITY, OK
KETA-HD1	13	E-M	OKLAHOMA CITY, OK
KFOR-1	4	N	OKLAHOMA CITY, OK
KFOR-2	4.2	I-M	OKLAHOMA CITY, OK
KFOR-HD1	4	N-M	OKLAHOMA CITY, OK
KOCB-1	34	I	OKLAHOMA CITY, OK
KOCB-2	34.2	I-M	OKLAHOMA CITY, OK
KOCB-3	34.3	I-M	OKLAHOMA CITY, OK
KOCB-HD1	34	I-M	OKLAHOMA CITY, OK
KOCM-1	46	I	NORMAN, OK
KOCO-1	5	N	OKLAHOMA CITY, OK
KOCO-2	5.2	I-M	OKLAHOMA CITY, OK
KOCO-HD1	5	N-M	OKLAHOMA CITY, OK
КОКН-1	25	l	OKLAHOMA CITY, OK
KOKH-2	25.2	I-M	OKLAHOMA CITY, OK
кокн-з	25.3	I-M	OKLAHOMA CITY, OK
KOKH-HD1	25	I-M	OKLAHOMA CITY, OK
KOPX-1	62	l	OKLAHOMA CITY, OK
KOPX-HD1	62	I-M	OKLAHOMA CITY, OK
KSBI-1	52	l	OKLAHOMA CITY, OK
KSBI-HD1	52	I-M	OKLAHOMA CITY, OK
KTBO-1	14	l	OKLAHOMA CITY, OK
KTBO-HD1	14	l	OKLAHOMA CITY, OK
KTEN-1	10	N	ADA, OK
KTUZ-1	30	l	SHAWNEE, OK
KTUZ-HD1	30	I-M	SHAWNEE, OK
KWTV-1	9	N	OKLAHOMA CITY, OK
KWTV-2	9.2	I-M	OKLAHOMA CITY, OK

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

# CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

G

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KWTV-HD1 9 N-M OKLAHOMA CITY, OK	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	(WTV-HD1	9	N-M	OKLAHOMA CITY, OK

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

#### **CEQUEL COMMUNICATIONS LLC**

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I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

#### **CEQUEL COMMUNICATIONS LLC**

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

#### **CEQUEL COMMUNICATIONS LLC**

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

#### CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

# **CEQUEL COMMUNICATIONS LLC**

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

# **CEQUEL COMMUNICATIONS LLC**

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

# **CEQUEL COMMUNICATIONS LLC**

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

### **CEQUEL COMMUNICATIONS LLC**

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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**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
I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

### **CEQUEL COMMUNICATIONS LLC**

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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, 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 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.

**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. *Do not* 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.

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

### **CEQUEL COMMUNICATIONS LLC**

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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, 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 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.

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**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
I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 023270

# CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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, 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 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.

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**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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **CEQUEL COMMUNICATIONS LLC**

023270

## PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

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	LEGAL NAME OF OWNER OF	CARLE SYST	TEM:				FUR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	CEQUEL COMMUNICA							023270
Substitute Carriage: Special Statement and Program Log	CEQUEL COMMUNICA  SUBSTITUTE CARRIAGE In General: In space I, identification of the programming of the progr	E: SPECIAL fy every nor counting peng that must reconcile to the first series of the series of every nor distant static gulations, ones like "more slike "more sli	AL STATEMEI  Innetwork televis  eriod, under spet  to be included in  RNING SUBST  r cable system  rest of this pag  MS  m on a separa  add additional r  nnetwork televis  ion and that yo  r authorizations  vies" or "baske  dcast live, enter  estation broadca  on's location (the  ons, if any, the of  when your system  e substitute pro-  program carrier	sion program, broadcast be ecific present and former For this log, see page (v) of the program, on a substitute base blank. If your answer is the line. Use abbreviations rows to the tables. Ission program ("substitute ur cable system substitutes. See page (v) of the getball." List specific program of "Yes." Otherwise enter issting the substitute program to which the community with which the community with which the term carried the substitute gram was carried by you and the substitute gram was carried by you are substituted from the substitute gram was carried by you are substituted from the substitute gram was carried from 6:01	by a distant start CC rules, regulate the general instruction of the program") that the distriction of the program of the station is lice to station is lice to program. Use the program. Use the program. Use the cable system of the program. Use the cable system of the program. Use the program of the program of the program. Use the program of the prog	lations, or autructions in the ructions in the ruction in th	thorizations. e paper SA1  tion program  YES  the program  accounting another star information ye Lucy" or  FCC or, in with the more accounted be accounted by	m carried on a For a further -2 form.  NO m
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation ming that y	ons in effect du	ring the accounting perions permitted to delete und	ed; enter the le	tter "P" if the	listed progr ns in	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		IMES — TO	DELETION
						<u>-</u>		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 023270
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)	ission service amount, see
	during the accounting period	\$ 281,767.64 (Amount of gross receipts)
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.	263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00  Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	
	1. Base amount under statutory formula	
	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	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	179.68
	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	\$ 1,498.68
	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)	1,498.68
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	\$ 1,518.68
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n	

Accounting Period:	2019/1																																																																																F	OI	RI	Л:	S	Α1	]-;	2E	Ξ.	P	A	GI	Ε	7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA																																																																					_	_	_	_	_	_	_	_		_		_			_		S	Y			E )2				
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast service.	the cable system's tole of channels on which the broadcast stations. It of activated channels of carried television b	tal numb	mber able	ole 	le 	ble 	be le	bi le	e	t	e t	e	·	2		er	- t	t		о	of	i	ac	cti 	iv 	a.	ıte				t		•			h			n	n	e .	s .	d.	ال		n .		t	:h	e a	ac.		u.	ın	ni	ti	in	ng	) F	Э	eri	od	i.			tio	ns												33														
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORI	ORM	DR	DR	OF	) F	F	F	R	7	?	21		2N	V	1	1.	A	A	.1	ГΙ	0	N	N I	ıs	S	3	3	١	N	ı	IE		E	E	=	D	E	С	(	d	е	n	ti	if	y	aı	n i	nc	liv	ric	dı	u	ıa	al	l t	to	٧	νh	or	n																														
for Further Information	Name SARA	H BOGUE							•••																										•••									•••																					Те	lep	h	one	(	9(	03	3)	5	79	9-	-3	1	2	<u>!1</u>															
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	CERTIFICATION (This state	ement of account mus	st be cer	certifi	ertifi	rtif	erti	ert	rt	rt	t	ti	it	if	f	fi	fie	ie	е	9	•	d		ar	nc	d :	si	ig	g	r	n	e	е	)	e C	t	t	iı	n		ac	cc	0	d	а	n	С	E	٠ ١	wi	th	С	o	ру	/r	ri	ig	gh	nt	: (	Of	fic	ce	re	gı	ılat	ioi	าร		_	_	_	=	_	_	_	_	_	_	=	_			=		=	=	=	=	=	=	=	=	=
O Certification	I, the undersigned, hereby  (Owner other th	certify that (Check one		-		-																																			he	9	ca	b	е	•	S!	y	st	er	n a	as	ic	le	en	nt	ti	fi	e	d	ir	n li	ne	e 1	of	sp	ac	e	3; (	or																								
	in line 1 of sp	other than corporationace B and that the owner) I am an officer (if a	ner is no	not a	not a	ot a	ot	ot	ot	ot	t	t	i		6	6	а	1	•	C	С	c	DI	rp	00	ra	ati	ic	0	r	n		C	0	or	r	۱	p	6	ar	tr	ie	rs	hi	р	,	O	or																															en	n														
	in line 1 of sp  I have examined the stater are true, complete, and corn [18 U.S.C., Section 1001(19)]	pace B.  nent of account and he ect to the best of my ki	ereby dec	decla	ecla	ecla	ecl	ec	·C	С		ı	la	la	а	а	aı	ır	re	e	е	•	u	ın	ıde	er	rp	р	e	e	er	1	ıa	а	al	lt	ty	y		of		a١	v	h	a	t	а	ıll	s	sta	ite	m	er	ıts	s		of	fi	fa	ac	t	cc																																
			X Enter an Enter sig	an ele	n ele	n el	n e					e	el	el.	ŀ	le	le	e	20	С	ct	tı	r	or	nic		się	g	gr	1	na	at	ıt		·u	ı	ır	·e	•	o	n	tl	ıe	li	n	e	ĉ															ta	ter	me	ent				_																									
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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 telephon 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 the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2019/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	023270
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	

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