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 COPYRIG | 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 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| | - | | _ |

| A | ACCO | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|----------------------|------|---|--------|
| | | 2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| | | 20191 Barcode Data Filing Period (optional - see instructions) | |
| Accounting Period | | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. | |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. | |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. | |
| | | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. | 029600 |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | CEQUEL COMMUNICATIONS LLC | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | |
| | | SUDDENLINK COMMUNICATIONS | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM | |
| | | 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) | |
| | | TYLER, TX 75701 (City, town, state, zip) | |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | | LONDON, AR | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | (Number, street, rural route, apartment, or suite number) | |
| | | (City, town, state, zip code) | |
| L | | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fing, a determination that would be made by a court of law.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|-----------------------|---|--|
| Name | CEQUEL COMMUNICATIONS LLC | 029600 |
| D | Instructions: List each separate community served by the cable system. A "come "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing | d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known |
| | Note: Entities and properties such as hotels, apartments, condominiums, or mol | |
| Area Served | identified city. | nie nome parks should be reported in parentneses below the |
| | CITY OR TOWN | STATE |
| First | LONDON | AR |
| Community | POPE COUNTY (PORTIONS) | AR |
| | | |
| Add Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | | 1-2E. PAGE | | |
|-------------------------------|---|--|------------|-----------------|-------------|--------------------|--------------|---------------------------|------------|--|--|
| Name | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 02960 | | |
| | SECONDARY TRANSMISSION | | BECDIE | | TES | | | | | | |
| E | In General: The information in s | | | - | - | v transmission s | ervice of th | ne cable | | | |
| | system, that is, the retransmission | | | | | | | | | | |
| Secondary | about other services (including p | | | | | | nose existi | ng on the | | | |
| Transmission | last day of the accounting period | | | | | | la avatam | brokon | | | |
| Service: Sub- scribers and | Number of Subscribers: Both | | | | | | | | | | |
| Rates | | 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 serv | ice at the rate i | ndicated | -not the num | ber of set | s receiving servi | ce). | - | | | |
| | Rate: Give the standard rate c | | | | | | | | | | |
| | unit in which it is generally billed. category, but do not include disc | | | | iy standar | rd rate variations | s within a p | articular rate | | | |
| | Block 1: In the left-hand block | | | | es of seco | ondary transmis | sion servic | e that cable | | | |
| | systems most commonly provide | | | | | | | | | | |
| | that applies to your system. Note | | | | | | | | | | |
| | categories, that person or entity | | | | | | | | | | |
| | subscriber who pays extra for ca first set" and would be counted o | | | | | I in the count un | der "Servic | e to the | | | |
| | Block 2: If your cable system I | | | | | service that are | different fr | om those | | | |
| | printed in block 1 (for example, ti | | | | | | | | | | |
| | with the number of subscribers a | nd rates, in the | right-ha | nd block. A tw | o- or three | e-word descripti | on of the s | ervice is | | | |
| | Sufficient. BLOCK 1 | | | | | | BLOCK | () | | | |
| | BLC | NO. OF | | | | | BLUUR | NO. OF | | | |
| | CATEGORY OF SERVICE | SUBSCRIBE | RS | RATE | CAT | EGORY OF SEF | RVICE | SUBSCRIBERS | RATI | | |
| | Residential: | | - | | | | | | | | |
| | Service to first set | | 93 | 34.99 | | | | | | | |
| | Service to additional set(s) | | 192 | 0 | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | |
| | Commercial | | 0 | 34.99 | | | | | | | |
| | Converter | | | | | | | | | | |
| | Residential | | | | | | | | | | |
| | Non-residential | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMISS | IONS: RATES | 5 | | | | | | |
| Б | In General: Space F calls for rat | e (not subscrib | er) inforr | nation with res | pect to al | I your cable syst | em's servi | ces that were | | | |
| F | not covered in space E, that is, the | | | | | | | | | | |
| Services | service for a single fee. There ar furnished at cost or (2) services (| | | | | | | | | | |
| Other Than | amount of the charge and the un | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | actually t | | | | | ogram baolo, | | | |
| ransmissions: | Block 1: Give the standard rat | | | | | | | | | | |
| Rates | Block 2: List any services that | • • | | | - | • • | | | | | |
| | listed in block 1 and for which a separate charge was made or established. List these other services in brief (two- or three-word) description and include the rate for each. | | | | | | | form of a | | | |
| | | | | | | | | | | | |
| | CATEGORY OF SERVICE | BLOC RATE | | ORY OF SER | /ICE | RATE | CATEG | BLOCK 2 DRY OF SERVICE | RATE | | |
| | Continuing Services: | | | tion: Non-resi | | TUTE | ONTEO | | | | |
| | • Pay cable | 19.00 | • Mote | el, hotel | | | | | | | |
| | Pay cable—add'l channel | 19.00 | | mercial | | | | | | | |
| | Fire protection | | • Pay | | | | | | 1 | | |
| | •Burglar protection | | | cable-add'l ch | annel | | | | | | |
| | Installation: Residential | | | protection | - | | | | | | |
| | First set | 99.00 | | lar protection | | | | | | | |
| | Additional set(s) | | | ervices: | | | | | | | |
| | • FM radio (if separate rate) | | | onnect | | 40.00 | | | | | |
| | Converter | | | onnect | | | | | | | |
| | | | | et relocation | | 25.00 | | | | | |
| | | | Juli | or i ciocation | | 23.00 | | | | | |
| | | | • Mov | e to new addre | 200 | 99.00 | | | | | |

| Name | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTEM | | |
|-----------------------------|--|--|--|--|--|--|
| Name | CEQUEL COMMUNIC | ATIONS LLC | | 029 | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | |
| G Primary | carried by your cable syste FCC rules and regulations | entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting to 26 63 (referring to 26 63) | (1) stations carried only on a part ne carriage of certain network prog | t-time basis under grams [sections | | |
| Transmitters: Television | 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, 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 a basis. For further information Column 1: List each station | also in space I, if the station was carrie n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | see page (v) of the general instru program services such as HBO, ES | ctions. SPN, etc. Identify each | | |
| | of license. For example, W Column 3: Indicate in each | the form. el number the FCC assigned to the tele IRC is channel 4 in Washington, D.C. i case whether the station is a network ring the letter "N" (for network), "N-M" | station, an independent station, or | r a noncommercial | | |
| | (for independent multicast), For the meaning of these te Column 4: Give the location | "E" (for noncommercial educational), o rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educa actions in the paper SA1-2 form. the community to which the static | ational multicast). In is licensed by the | | |
| | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | |
| | KAFT-1 | 9 | <u> </u> | FAYETTEVILLE, AR | | |
| | KAFT-2 | 9.2 | E-M | FAYETTEVILLE, AR | | |
| Add Rows as Necessary | KAFT-3 | 9.3 | E-M | FAYETTEVILLE, AR | | |
| | KAFT-4 | 9.4 | E-M | FAYETTEVILLE, AR | | |
| | KAFT-HD1 | 9 | E-M | FAYETTEVILLE, AR | | |
| | KARK-1 | 4 | N | LITTLE ROCK, AR | | |
| | KARK-2 | 4.2 | I-M | LITTLE ROCK, AR | | |
| | KARK-3 | 4.3 | I-M | LITTLE ROCK, AR | | |
| | KARK-HD1 | 4 | N-M | LITTLE ROCK, AR | | |
| | KARZ-1 | 42 | <u> </u> | LITTLE ROCK, AR | | |
| | KARZ-2 | 42.2 | I-M | LITTLE ROCK, AR | | |
| | KARZ-HD1 | 42 | I-M | LITTLE ROCK, AR | | |
| | KASN-1 | 38 | l | PINE BLUFF, AR | | |
| | KASN-HD1 | 38 | I-M | PINE BLUFF, AR | | |
| | KATV-1 | 7 | Ν | LITTLE ROCK, AR | | |
| | KATV-2 | 7.2 | I-M | LITTLE ROCK, AR | | |
| | KATV-3 | 7.3 | I-M | LITTLE ROCK, AR | | |
| | KATV-4 | 7.4 | I-M | LITTLE ROCK, AR | | |
| | KATV-HD1 | 7 | N-M | LITTLE ROCK, AR | | |
| | KKAP-1 | 36 | Е | LITTLE ROCK, AR | | |
| | KLRA-1 | 30 | I | LITTLE ROCK, AR | | |
| | KLRA-HD1 | 30 | I-M | LITTLE ROCK, AR | | |
| | KLRT-1 | 16 | l | LITTLE ROCK, AR | | |
| | KLRT-HD1 | 16 | I-M | LITTLE ROCK, AR | | |
| | KMYA-1 | 49 | I | CAMDEN, AR | | |
| | KTHV-1 | 11 | N | LITTLE ROCK, AR | | |
| | KTHV-3 | 11.3 | I-M | LITTLE ROCK, AR | | |
| | KTHV-4 | 11.4 | I-M | LITTLE ROCK, AR | | |
| | KTHV-HD1 | 11 | N-M | LITTLE ROCK, AR | | |
| | | | - | PINE BLUFF, AR | | |
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| | KVTN-1 KVTN-HD1 | 25 25 | I | PINE BLUFF, AR | | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | |
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| | CEQUEL COMMUNIC | | | SYSTE 02 | |
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| | PRIMARY TRANSMITTERS: | | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | | |
| U | | | the carriage of certain network program | | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | | |
| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | | |
| Television | | | carried by your cable system on a subs | stitute program | |
| | | ules, regulations, or authorizations: | the Special Statement and Program L | ag) if the | |
| | station was carried only on | | | | |
| | | | ed both on a substitute basis and also | on some other | |
| | | | s, see page (v) of the general instruction | | |
| | | | program services such as HBO, ESPN ne-air designation. For example, repor | | |
| | "WETA-2" as the same on | | ie-air designation. Tor example, repor | industican | |
| | | | levision station for broadcasting over the | ne air in its community | |
| | | /RC is channel 4 in Washington, D.C. | | | |
| | | | k station, an independent station, or a (for network multicast), "I" (for indepen | | |
| | | | or "E-M" (for noncommercial educatio | | |
| | | erms, see page (iv) of the general inst | | na maticast). | |
| | | | 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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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | |
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| | CEQUEL COMMUNIC | | | SYSTE 02 | |
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| | PRIMARY TRANSMITTERS: | | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | | |
| U | | | the carriage of certain network program | | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | | |
| ransmitters: | substitute program basis, a | is 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 | aa) if the | |
| | station was carried only on | | | | |
| | | | ed both on a substitute basis and also | on some other | |
| | | | s, see page (v) of the general instruction | | |
| | | | program services such as HBO, ESPN ne-air designation. For example, repor | | |
| | "WETA-2" as the same on | | ie-air designation. Tor example, repor | industican | |
| | | | levision station for broadcasting over the | ne air in its community | |
| | | /RC is channel 4 in Washington, D.C. | | | |
| | | | k station, an independent station, or a (for network multicast), "I" (for indepen | | |
| | | | or "E-M" (for noncommercial educatio | | |
| | | erms, see page (iv) of the general inst | | na maticast). | |
| | | | 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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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | |
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| | CEQUEL COMMUNIC | | | SYSTE 02 | |
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| | PRIMARY TRANSMITTERS: | | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | | |
| U | | | the carriage of certain network program | | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | | |
| ransmitters: | substitute program basis, a | is 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 | aa) if the | |
| | station was carried only on | | | | |
| | | | 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 | | | industican | |
| | | | levision station for broadcasting over the | ne air in its community | |
| | | /RC is channel 4 in Washington, D.C. | | | |
| | | | k station, an independent station, or a (for network multicast), "I" (for indepen | | |
| | | | or "E-M" (for noncommercial educatio | | |
| | | erms, see page (iv) of the general inst | | na maticast). | |
| | | | 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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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | |
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| | CEQUEL COMMUNIC | | | SYSTE 02 | |
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| | PRIMARY TRANSMITTERS: | | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | | |
| U | | | the carriage of certain network program | | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | | |
| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | | |
| Television | | | carried by your cable system on a subs | stitute program | |
| | | ules, regulations, or authorizations: | the Special Statement and Program L | ag) if the | |
| | station was carried only on | | | | |
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| | | | s, see page (v) of the general instruction | | |
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| | | | levision station for broadcasting over the | ne air in its community | |
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| | | erms, see page (iv) of the general inst | | na maticast). | |
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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 | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | |
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| | CEQUEL COMMUNIC | | | SYSTE 02 | |
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| | PRIMARY TRANSMITTERS: | | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | | |
| U | | | the carriage of certain network program | | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | | |
| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | | |
| Television | | | carried by your cable system on a subs | stitute program | |
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| | | | 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 | | | industican | |
| | | | levision station for broadcasting over the | ne 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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| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | |
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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | |
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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| | 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 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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| | CEQUEL COMMUNIC | | | 02 |
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| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | |
| U | | | the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | |
| Television | | | carried by your cable system on a subs | stitute program |
| | | ules, regulations, or authorizations: | the Special Statement and Program L | ag) if the |
| | station was carried only on | | | |
| | | | 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 | | | industean |
| | | | levision station for broadcasting over the | ne air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na maticast). |
| | | | 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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| Television | | | carried by your cable system on a subs | stitute program |
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| | CEQUEL COMMUNIC | | | 02 |
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| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | |
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| | CEQUEL COMMUNIC | | | 02 |
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| Television | | | carried by your cable system on a subs | stitute program |
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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| | PRIMARY TRANSMITTERS: | | | |
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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| | PRIMARY TRANSMITTERS: | | | |
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| | PRIMARY TRANSMITTERS: | | | |
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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | |
| U | | | the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | |
| Television | | | carried by your cable system on a subs | stitute program |
| | | ules, regulations, or authorizations: | the Special Statement and Program L | ag) if the |
| | station was carried only on | | | |
| | | | ed both on a substitute basis and also | on some other |
| | | | s, see page (v) of the general instruction | |
| | | | program services such as HBO, ESPN ne-air designation. For example, repor | |
| | "WETA-2" as the same on | | ie-air designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | ne air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na maticast). |
| | | | 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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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | |
| U | | | the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | |
| Television | | | carried by your cable system on a subs | stitute program |
| | | ules, regulations, or authorizations: | the Special Statement and Program L | ag) if the |
| | station was carried only on | | | |
| | | | 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 | | | industican |
| | | | levision station for broadcasting over the | ne air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na maticast). |
| | | | 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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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | |
| U | | | the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | |
| Television | | | carried by your cable system on a subs | stitute program |
| | | ules, regulations, or authorizations: | the Special Statement and Program L | ag) if the |
| | station was carried only on | | | |
| | | | 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 | | | industican |
| | | | levision station for broadcasting over the | ne air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na maticast). |
| | | | 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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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | |
| U | | | the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | |
| Television | | | carried by your cable system on a subs | stitute program |
| | | ules, regulations, or authorizations: | the Special Statement and Program L | ag) if the |
| | station was carried only on | | | |
| | | | 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 | | | industican |
| | | | levision station for broadcasting over the | ne air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na maticast). |
| | | | 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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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | |
| U | | | the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | |
| Television | | | carried by your cable system on a subs | stitute program |
| | | ules, regulations, or authorizations: | the Special Statement and Program L | ag) if the |
| | station was carried only on | | | |
| | | | 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 | | | industican |
| | | | levision station for broadcasting over the | ne air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na maticast). |
| | | | 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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| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE |
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| | CEQUEL COMMUNIC | | | 02 |
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| | PRIMARY TRANSMITTERS: | | | |
| G | | | g translator stations and low power tele ot (1) stations carried only on a part-tin | |
| U | | | the carriage of certain network program | |
| Primary | | | .61(e)(2) and (4))]; and (2) certain stati | |
| ransmitters: | substitute program basis, a | is explained in the next paragraph. | | |
| Television | | | carried by your cable system on a subs | stitute program |
| | | ules, regulations, or authorizations: | the Special Statement and Program L | ag) if the |
| | station was carried only on | | | |
| | | | ed both on a substitute basis and also | on some other |
| | | | s, see page (v) of the general instruction | |
| | | | program services such as HBO, ESPN ne-air designation. For example, repor | |
| | "WETA-2" as the same on | | ie-air designation. Tor example, repor | industican |
| | | | levision station for broadcasting over the | ne air in its community |
| | | /RC is channel 4 in Washington, D.C. | | |
| | | | k station, an independent station, or a (for network multicast), "I" (for indepen | |
| | | | or "E-M" (for noncommercial educatio | |
| | | erms, see page (iv) of the general inst | | na maticast). |
| | | | 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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| | LEGAL NAME OF OWNER O | F CABLE SYSTEM | | SYSTE | | | | |
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| Name | CEQUEL COMMUNIC | | | 02 | | | | |
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| | PRIMARY TRANSMITTERS: | | | | | | | |
| G | | | g translator stations and low power tele | | | | | |
| 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, a | is explained in the next paragraph. | | | | | | |
| Television | Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | | |
| | | ules, regulations, or authorizations: | the Special Statement and Program L | ag) if the | | | | |
| | station was carried only on | | the Special Statement and Program E | | | | | |
| | | | ed both on a substitute basis and also | on some other | | | | |
| | | | s, see page (v) of the general instruction | | | | | |
| | | | program services such as HBO, ESPN ne-air designation. For example, repor | | | | | |
| | "WETA-2" as the same on | | ie-air designation. Tor example, repor | industican | | | | |
| | | | levision station for broadcasting over the | ne air in its community | | | | |
| | | /RC is channel 4 in Washington, D.C. | | | | | | |
| | | | k station, an independent station, or a i (for network multicast), "I" (for independent) | | | | | |
| | | | or "E-M" (for noncommercial education | | | | | |
| | | erms, see page (iv) of the general inst | | na maticast). | | | | |
| | | | st the community to which the station is | , | | | | |
| | 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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| | LEGAL NAME OF OWNER O | CABLE SYSTEM: | | SYSTEM | | | | |
|--------------------------|--|---|---|------------------------|--|--|--|--|
| Name | CEQUEL COMMUNIC | | | 0296 | | | | |
| | PRIMARY TRANSMITTERS: | | | | | | | |
| G | In General: In space G, ide carried by your cable syste | entify every television station (includin m during the accounting period, <i>exce</i> | g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network prograr | ne basis under | | | | |
| Primary | 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 station | | | | | |
| ansmitters: elevision | Substitute Basis Stations basis under specific FCC re | 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: | | | | | | |
| | station was carried only onList the station here, and | a substitute basis. also in space I, if the station was carri | (the Special Statement and Program Li ed both on a substitute basis and also s, see page (v) of the general instructio | on some other | | | | |
| | Column 1: List each station | n's call sign. <i>Do not</i> report origination d with a station according to its over-the station according to its over-the station according to its over-the statistical statisti | program services such as HBO, ESPN ne-air designation. For example, repor | N, etc. Identify each | | | | |
| | of license. For example, W Column 3: Indicate in each | RC is channel 4 in Washington, D.C. | levision station for broadcasting over the station, an independent station, or a l | noncommercial | | | | |
| | | | ' (for network multicast), "I" (for indepen or "E-M" (for noncommercial education | | | | | |
| | For the meaning of these te | erms, see page (iv) of the general inst | ructions in the paper SA1-2 form. | | | | | |
| | | | st the community to which the station is the community with which the station i | | | | | |
| | FCC. FOI MEXICALLOI CALLA | dian stations, if any, give the hame 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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| EGAL NAME OI | | | | | | | | SYSTEM II 0296 |
|---|--|---|--|---|--|--|--|----------------------------------|
| | NSMITTERS | : RADIO | | | | | | |
| | | | arried on a separate and disc nerally receivable by your cal | | | | | Н |
| eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C |) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station | y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati | I-Band FM Carriage: Under stem whenever it is received a ved at the headend, with the opyright Office regulations on 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 | at the system's he system's FM anto this point, see pa sed by the cable s ne station is licen | eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain st jeneral i eparate | be expected, rated intervals. Instructions in the. | Primary Transmitters Radio |
| | | 0.0 | | | | 0.15 | | |
| 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 | d: 2019/1 | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------------------|---|------------------------------|-------------------------------------|--|---------------------|-----------------|------------------------------|-------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS L | LC | | | | | 029600 |
| | 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 | e 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 televis | ion program | 1 |
| Statement and Program Log | broadcast by a distant stat | tion? | | | | | YES | XNO |
| 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 | 1 |
| | 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 | r informatior /e Lucy" or | 1. |
| | "NBA Basketball: 76ers vs. | | | | | ampio, 1 201 | | |
| | | | | "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra | | nood by the | FCC or in | |
| | the case of Mexican or Can | | | e community to which the | | | FCC or, in | |
| | Column 5: Give the mon | ith and day | when your sys | tem carried the substitute | program. Use | numerals, w | vith the mor | nth |
| | first. Example: for May 7 giv | /e "5/7." | | | - | | | |
| | | | | gram was carried by your o | | | | ly |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example: a | i program carrie | ed by a system from 6:01:7 | 15 p.m. to 6:2 | 8:30 p.m. sh | iould be | |
| | | er "R" if the | listed program | was substituted for progra | mming that y | our system v | was require | d |
| | to delete under FCC rules a | ind regulation | ons in effect du | ring the accounting period | ; enter the let | ter "P" if the | listed progr | |
| | was substituted for program | | our system wa | s permitted to delete unde | r FCC rules a | nd regulation | ns in | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | WHE | N SUBSTI | TUTE | |
| | S | UBSTITUT | E PROGRAM | | | AGE OCCL | | 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 – | IMES — TO | DELETION |
| | | 100 01 110 | ONEE OIGH | | THE BITT | 1110 | 10 | |
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| Accounting Period: | 2019/1 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|-------------------------------|--------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SI | STEM ID# 029600 |
| 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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | ission service amount, see | ,281.09 ss receipts) |
| 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 | 263,800 | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for f accounting period is \$52.00 Line 1. Royalty fee for accounting period | | 52.00 |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 | | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 | 00) | |
| | 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 | | |
| | 2. Base amount under statutory formula \$ 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Multiply line 3 by .01 | | |
| | 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 | | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | _ |
| | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | EFT Trace # or TRANSACTION ID # | | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m | | |

| Accounting Period: | 2019/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 029600 |
| 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 | 31 |
| | Enter the total number of activated channels on which the cable system carried television broadcast stations | 452 |
| 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)] X /s/ Alan Dannenbaum | rstem 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 telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

| inting Period: 2019/1 | FORM SA1-2E. PAGE |
|--|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| UEL COMMUNICATIONS LLC | 02960 |
| 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 | |
| | |
| 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 |
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