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	ACC	OUNTING 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			
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.	030047
		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 un is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		SENECAVILLE, OH	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
<u>.</u>			

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	CEQUEL COMMUNICATIONS LLC	0300
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated o	
U	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 kno
	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 mobile	e home parks should be reported in parentheses below the
Area Served	identified city.	Fr
Served		
		STATE
First	SENECAVILLE	ОН
Community	BYESVILLE	ОН
	JACKSON TWP	ОН
d Rows as Necessary	PLEASANT CITY	ОН
u nows as necessary	QUAKER CITY	ОН
	SALESVILLE	ОН
	VALLEY TWP	OH

	LEGAL NAME OF OWNER OF CABLE SYSTEM:							FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							03004
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu- separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include discc Block 1: In the left-hand block systems most commonly provide	SERVICE: SUE pace E should c on of television a ay cable) in spa (June 30 or Den blocks in space y transmission sumber of billings ice at the rate in harged for each (Example: "\$20 ounts allowed for in space E, the	over all c and radio ce F, not cember 3 e E call fc ervice. In t in that c dicated— category 0/mth"). S or advance form lists	ategories of broadcasts here. All the 1, as the ca r the numbe general, yo ategory (the not the num of service. I ummarize a e payment. the categor	secondary by your sy a facts you se may be or of subsc u can com number o hber of set include bo ny standar	stem to subscri state must be point to the ca pute the number f persons or or s receiving servent th the amount or rd rate variation ondary transmis	bers. Give those existi- ble system er of subscr ganizations rice). of the charg s within a p ssion servic	information ing on the , broken ribers in charged Je and the particular rate se that cable	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	Where an indi should be count ble service to ac ince again under has rate categor iers of services t ind rates, in the	vidual or ed as a s dditional s r "Service ies for se hat inclue	organizatior ubscriber in sets would b to additiona condary trai de one or mo	n is receivi each appl e included al set(s)." nsmission ore second	ng service that licable category I in the count ur service that are dary transmission	falls under . Example: ader "Servic e different fr ons), list the ion of the s	different a residential ce to the rom those em, together ervice is	
	BLO	DCK 1					BLOC		<u>г                                    </u>
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEI	RS	RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		960	34.99					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	1	,337	0					
	Motel, hotel								
	Commercial		11	34.99					
	Converter								
	<ul> <li>Residential</li> <li>Non-residential</li> </ul>								
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.								
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			RY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	19.00	• Motel		acina				
	• Pay cable—add'l channel		• Comn	nercial					
	Fire protection		• Pay c						
	•Burglar protection			able-add'l ch	nannel				
			•	rotection					
	Installation: Residential	00.00							
	First set	99.00	Ŭ	ar protection					
	<ul><li>First set</li><li>Additional set(s)</li></ul>		Other ser	vices:		40.00			
	First set		Ŭ	vices: inect		40.00			

ting Period:	-			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF			SYSTEM II			
	CEQUEL COMMUNIC			03004			
	PRIMARY TRANSMITTERS:						
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, except (1) stations carried only on a part-time basis under						
U	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in effect on June 24, 1981, permitting	()				
rimary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.					
smitters: evision		s explained in the next paragraph. : With respect to any distant stations of	carried by your cable system on a su	ibstitute program			
evision		iles, regulations, or authorizations:	carried by your cable system on a su				
	• Do not list the station here	e in space G—but do list it in space I (	the Special Statement and Program	Log)—if the			
	station was carried only on		ad bath an a substitute basis and als	a an asma athar			
		also in space I, if the station was carrie on concerning substitute basis stations					
		n's call sign. Do not report origination					
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-th	ne-air designation. For example, rep	ort multistream			
		el number the FCC assigned to the tel	evision station for broadcasting over	the air in its community			
		RC is channel 4 in Washington, D.C.	-	-			
		case whether the station is a network					
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),					
	For the meaning of these te	erms, see page (iv) of the general instr	ructions in the paper SA1-2 form.				
		n of each station. For U.S. stations, lis					
	FCC. For Mexican or Canad	dian stations, if any, give the name of	the community with which the station	n is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WBNS-1	10	N	COLUMBUS, OH			
	WHIZ-1	18	N	ZANESVILLE, OH			
ecessary	WHIZ-HD1	18	N-M	ZANESVILLE, OH			
	WOUC-1	44	E	CAMBRIDGE, OH			
	WSYX-1	6	Ν	COLUMBUS, OH			
	WTOV-1	9	N	STEUBENVILLE, OH			
	WTTE-1	28	1	COLUMBUS, OH			
	VV 1 1 C- 1	20	•				

	LEGAL NAME OF OWNER C	E CABLE SYSTEM		SYSTEM
Name				030
				030
	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 station	
ansmitters:		as explained in the next paragraph.		- 4°4 - 4
Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program
			(the Special Statement and Program L	og)—if the
	station was carried only or		· · ·	
			ed both on a substitute basis and also s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
	multicast stream associate	d with a station according to its over-th	ne-air designation. For example, repor	
	"WETA-2" as the same on			
		iel number the FCC assigned to the te VRC is channel 4 in Washington, D.C.	levision station for broadcasting over the	ne air in its community
			k station, an independent station, or a i	noncommercial
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			st the community to which the station is the community with which the station i	,
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	<b>Column 4:</b> 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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	FCC. FOI MEXICAL OF CALL	adian stations, if any, give the name of	the community with which the station i	s identified.		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		

	LEGAL NAME OF OWNER C	E CABLE SYSTEM		SYSTEM		
Name				030		
				030		
	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 ransmitters:			.61(e)(2) and (4))]; and (2) certain station			
		as explained in the next paragraph.		- 4°4 - 4		
Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program		
			(the Special Statement and Program L	og)—if the		
	station was carried only or		· · ·			
			ed both on a substitute basis and also s, see page (v) of the general instructio			
			program services such as HBO, ESPN			
	multicast stream associate	d with a station according to its over-th	ne-air designation. For example, repor			
	"WETA-2" as the same on					
		iel number the FCC assigned to the te VRC is channel 4 in Washington, D.C.	levision station for broadcasting over the	ne air in its community		
			k station, an independent station, or a i	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).					
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		

Name		F CABLE SYSTEM:		SYSTEM
				030
				030
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)			
G				
Ŭ	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			
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:			
	<ul> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the</li> </ul>			
	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. <b>Column 1:</b> 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.			
	<b>Column 4:</b> 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
				1

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				030		
	PRIMARY TRANSMITTERS:					
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	multicast stream associate	d with a station according to its over-th	ne-air designation. For example, repor			
	"WETA-2" as the same on					
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			k station, an independent station, or a i	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).					
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	FCC. FOI MEXICAL OF CALL	adian stations, if any, give the hame of	the community with which the station i	s identified.		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		

	LEGAL NAME OF OWNER C	E CABLE SYSTEM		SYSTEM		
Name				030		
				030		
	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 ransmitters:			.61(e)(2) and (4))]; and (2) certain station			
		as explained in the next paragraph.		- 4°4 - 4		
Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program		
			(the Special Statement and Program L	og)—if the		
	station was carried only or		· · ·			
			ed both on a substitute basis and also s, see page (v) of the general instructio			
			program services such as HBO, ESPN			
	multicast stream associate	d with a station according to its over-th	ne-air designation. For example, repor			
	"WETA-2" as the same on					
		iel number the FCC assigned to the te VRC is channel 4 in Washington, D.C.	levision station for broadcasting over the	ne air in its community		
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				030		
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Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program		
			(the Special Statement and Program L	og)—if the		
	station was carried only or		· · ·			
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			program services such as HBO, ESPN			
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	"WETA-2" as the same on					
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		erms, see page (iv) of the general inst		. н. <i>и</i>		
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				030		
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Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program		
			(the Special Statement and Program L	og)—if the		
	station was carried only or		· · ·			
			ed both on a substitute basis and also s, see page (v) of the general instructio			
			program services such as HBO, ESPN			
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				030		
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Primary ransmitters:			.61(e)(2) and (4))]; and (2) certain station			
		as explained in the next paragraph.		- 4°4 - 4		
Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program		
			(the Special Statement and Program L	og)—if the		
	station was carried only or		· · ·			
			ed both on a substitute basis and also s, see page (v) of the general instructio			
			program services such as HBO, ESPN			
	multicast stream associate	d with a station according to its over-th	ne-air designation. For example, repor			
	"WETA-2" as the same on					
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				030		
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Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program		
			(the Special Statement and Program L	og)—if the		
	station was carried only or		· · ·			
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			program services such as HBO, ESPN			
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				030		
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Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program		
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			program services such as HBO, ESPN			
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			ed both on a substitute basis and also s, see page (v) of the general instructio			
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Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program		
			(the Special Statement and Program L	og)—if the		
	station was carried only or		· · ·			
			ed both on a substitute basis and also s, see page (v) of the general instructio			
			program services such as HBO, ESPN			
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	"WETA-2" as the same on					
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Name				030		
				030		
	PRIMARY TRANSMITTERS:					
G			g translator stations and low power tele ot (1) stations carried only on a part-tin			
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			(the Special Statement and Program L	og)—if the		
	station was carried only or		· · ·			
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			program services such as HBO, ESPN			
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	"WETA-2" as the same on					
		iel number the FCC assigned to the te VRC is channel 4 in Washington, D.C.	levision station for broadcasting over the	ne air in its community		
			k station, an independent station, or a i	noncommercial		
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		

	LEGAL NAME OF OWNER C	E CABLE SYSTEM		SYSTEM		
Name				030		
				030		
	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 ransmitters:			.61(e)(2) and (4))]; and (2) certain station			
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Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program		
			(the Special Statement and Program L	og)—if the		
	station was carried only or		· · ·			
			ed both on a substitute basis and also s, see page (v) of the general instructio			
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	"WETA-2" as the same on					
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	LEGAL NAME OF OWNER C	E CABLE SYSTEM		SYSTEM		
Name				030		
				030		
	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 ransmitters:			.61(e)(2) and (4))]; and (2) certain station			
		as explained in the next paragraph.		- 4°4 - 4		
Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program		
			(the Special Statement and Program L	og)—if the		
	station was carried only or		· · ·			
			ed both on a substitute basis and also s, see page (v) of the general instructio			
			program services such as HBO, ESPN			
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	"WETA-2" as the same on					
		iel number the FCC assigned to the te VRC is channel 4 in Washington, D.C.	levision station for broadcasting over the	ne air in its community		
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	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).					
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		

Name		F CABLE SYSTEM:		SYSTEM
				030
				030
	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele ot (1) stations carried only on a part-tin	
Ŭ			the carriage of certain network program	
Primary			61(e)(2) and (4))]; and (2) certain station	
ransmitters:		as explained in the next paragraph.		
Television		s: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program
			the Special Statement and Program Lo	oa)—if the
	station was carried only or	a substitute basis.		
			ed both on a substitute basis and also	
			s, see page (v) of the general instructio program services such as HBO, ESPN	
			ne-air designation. For example, repor	
	"WETA-2" as the same on			
			levision station for broadcasting over the	ne air in its community
		VRC is channel 4 in Washington, D.C.	k station, an independent station, or a r	noncommercial
			' (for network multicast), "I" (for independent	
			or "E-M" (for noncommercial education	
		erms, see page (iv) of the general inst		
			st the community to which the station is	,
	FCC. For Mexican or Cana	idian stations, il any, give the hame of	the community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				1

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	CEQUEL COMMUNIC			03004
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, ar Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "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 (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, excep in effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. is explained in the next paragraph. : With respect to any distant stations iles, regulations, or authorizations: a in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carrii in concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the he form. al number the FCC assigned to the te RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general linst n of each station. For U.S. stations, lis	st the community to which the station is	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	FCC. For Mexican or Canad	dian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	the community with which the station i 3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OI								SYSTEM II 0300
	NOWITTERS							
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo	it is carried by monitoring, to prmation abou rm.	y the sys be recein at the Co	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on t	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If ignal, indicate	tate whether to the radio stat this by placing	the static tion's sig g a checl	each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column.					
			on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0.0				2.2		
	L							

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					030047
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	a <i>distant</i> stat	ion, that you	r cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	od, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	sion 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	a blank. If your anowar is '			-	
	-	, leave the	rest of this pag	e Diarik. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	· meaning is	1
	clear. If you need more spa						inouring io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o es like "mo	vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I o	r informatior ve Lucy" or	1.
	"NBA Basketball: 76ers vs.					umpio, 120		
				r "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			FUC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, v	with 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	a program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sr	nould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCI	JRRED	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. T FROM -	IMES — TO	DELETION
							<u> </u>	
						<u>-</u>		
							_	
						-	_	
							_	
						-	-	
						-	-	
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1			1			1		1

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 030047
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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	,059.80
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 accounting period is \$52.00 Line 1. Royalty fee for accounting period		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K \$ 232,059.80	-	
	3. Subtract line 2 from line 1 \$ 31,740.20	•	
		232,059.80	
	5. Enter the amount from line 3		
		31,740.20	
		200,319.60	
	7. Multiply line 6 by .005 (enter figure here)		,001.60
	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	<u>\$ 1</u>	,001.60
	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		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,001.60	
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	,021.60
	EFT Trace # or TRANSACTION ID #	]	
	<b>Important:</b> 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	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 030047
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 .	7
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	215
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (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) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(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</li> <li>(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.</li> <li>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)]</li> </ul> Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	stem as identified
	Typed or printed name:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING         (Title of official position held in corporation or partnership)	
	Date: 08/18/2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and 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

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 fol- towing sentence:       P         "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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."       P         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.       Special Stater Concerning GR         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?       S         Mo	unting Period: 2019/1	FORM SA1-2E. PAG
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statelite home Viewer Act of 1998 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following secondary transmissions of primary broadcast transmitters, the system shall not include sub- sortiese and amounts collected from subcarbines receiving accordary transmissions pursuant base tochon 113. <sup>1</sup> 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 beacouting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satelitic carriers to satellite dish owners? NO VES. Enter the total here and list the satellite carrier(s) below	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
The Satellite Home Viewer Act of 1988 amended Tille 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing service of providing secondary transmissions of primary toracdeast transmitters, the system shall not include sub- scribers and amounts collected from subscribers and the gross amounts paid to the cable system for the basic scribers 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 satelitic carriers to satelitie dish owners? W NO VES. Enter the total here and list the satelitie carrier(s) below. 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. For an explanation of interest rate* and enter the sum here . 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 .	UEL COMMUNICATIONS LLC	0300
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.       Interest Assess         Line 1       Enter the amount of late payment or underpayment	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>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.</li> <li>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?</li> </ul>	D- Special Statemer Concerning Gros Receipts Exclusio
Mailing Address       Mailing Address       Mailing Address       Interest Assessment.         INTEREST ASSESSMENT       You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assess         Line 1       Enter the amount of late payment or underpayment	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted to the Complete this the interest assesses and enter the sum here		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted to the Complete this the interest assesses and enter the sum here		
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assess         Line 1 Enter the amount of late payment or underpayment		
Line 1 Enter the amount of late payment or underpayment		
Line 2 Multiply line 1 by the interest rate* and enter the sum here		<b>X</b>
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       -         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		Interest Assessm
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       -         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		Interest Assessme
Line 3 Multiply line 2 by the number of days late and enter the sum here		Interest Assessme
x 0.00274         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	Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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 <u>\$</u>	Line 1 Enter the amount of late payment or underpayment	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	Line 1 Enter the amount of late payment or underpayment	
(interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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	Line 1 Enter the amount of late payment or underpayment	
<ul> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> <li>Owner</li> <li>Address</li> <li>ID number</li> </ul>	Line 1 Enter the amount of late payment or underpayment	
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Owner       Address       ID number	Line 1 Enter the amount of late payment or underpayment	- lays - -
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	Line 1 Enter the amount of late payment or underpayment	- lays - -
First community served	Line 1 Enter the amount of late payment or underpayment	- lays - e
Accounting period	Line 1 Enter the amount of late payment or underpayment	- lays - e

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