This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT 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	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20191 Barcode Data Filing Period (optional - see instructions)
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.
		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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: IBERIA PARISH, LA
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "communi	031251
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	nome parks should be reported in parentheses below the
		CTATE
First	LITY OR TOWN IBERIA PARISH (PORTIONS OF)	STATE LA
Community	ST. MARTIN PARISH	LA
	VERMILION PARISH (PORTIONS OF)	LA
Add Rows as Necessary		
	าการและการแก่งการแก่งการแก่งการแก่งการแก่งการแก่งการแก่งการแก่งการแก่งการแก่งการแก่งการแก่งการการแก่งการการแก่งการการแก่งการการ	

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							03125
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E		In General: The information in space E should cover all categories of secondary transmission service system, that is, the retransmission of television and radio broadcasts by your system to subscribers. C							
Casandami									
Secondary Transmission	about other services (including p last day of the accounting period						nose existir	ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary	, transmission s	service.	In general, yo	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).								
	Rate: Give the standard rate c							a and the	
	unit in which it is generally billed								
	category, but do not include disc						, manie a p		
	Block 1: In the left-hand block	in space E, the	form li	sts the catego					
	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 of								
	Block 2: If your cable system I	has rate catego	ries for	secondary tra	nsmission				
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	ind rates, in the	right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	BLOCK 1					BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		795	34.99					
	<ul> <li>Service to additional set(s)</li> </ul>	1	I,309	0					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		8	34.99					
	Converter								
	Residential								I
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				•
Е	In General: Space F calls for rat	-			-	l your cable sys	tem's servio	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		louding				and bei bie	giain saoio,	
Transmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.								
							1		
		BLOC				DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable	19.00		el, hotel	luentiai				
	• Pay cable—add'l channel	19.00		nmercial					
	• Fire protection	19.00		r cable					
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential			protection					
	First set	99.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)	23.00		connect		40.00			
	Converter			connect		40.00			
				let relocation		25.00			
				ICT I CIUCALIUIT		23.00			
			• \/~	/e to new addr	000	99.00			

ounting Period: 2	-			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	CEQUEL COMMUNIC	ATIONS LLC		0312
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including		
0		n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t		
Primary	76.59(d)(2) and (4), 76.61(e	)(2) and (4), or 76.63 (referring to 76.6		
Transmitters: Television		s explained in the next paragraph. With respect to any distant stations of	arriad by your cable system on a si	ubstituto program
Television		les, regulations, or authorizations:	arried by your cable system on a si	
	• Do not list the station here	e in space G—but do list it in space I (i	he Special Statement and Program	n Log)—if the
	station was carried only on	a substitute basis. Ilso in space I, if the station was carrie	d both on a substitute basis and al	so on some other
	basis. For further informatio	n concerning substitute basis stations	, see page (v) of the general instruc	ctions.
		I's call sign. Do not report origination		
	"WETA-2" as the same on t			
		I number the FCC assigned to the tele	evision station for broadcasting ove	r the air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or	a noncommercial
		ring the letter "N" (for network), "N-M"		
		"E" (for noncommercial educational),		tional multicast).
		rms, see page (iv) of the general instr n of each station. For U.S. stations, lis		n is licensed by the
		lian stations, if any, give the name of t	-	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KADN(KLAF)-2	15.2	N	LAFAYETTE, LA
	KADN(KLAF)-HD2	15.2	N-M	LAFAYETTE, LA
d Rows as Necessary	KADN-1	15		
	KADN-3	15.3	I-M	LAFAYETTE, LA
	KADN-HD1	15	I-M	LAFAYETTE, LA
	KATC-1	3	Ν	LAFAYETTE, LA
	KATC-2	3.2	I-M	LAFAYETTE, LA
			I-M	
	KATC-3	3.3		
	KATC-HD1	3	N-M	LAFAYETTE, LA
	KLFY-1	10	N	LAFAYETTE, LA
	KLFY-HD1	10	N-M	LAFAYETTE, LA
	KLPB-1	24	Е	LAFAYETTE, LA
	KLWB-1	50	I	NEW IBERIA, LA
			•	

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM		
Name				03		
				03		
	PRIMARY TRANSMITTERS:					
G			g translator stations and low power tele			
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					
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 stations carried on a					
ransmitters:	substitute program basis, a	is explained in the next paragraph.				
Television		1 2	carried by your cable system on a subs	stitute program		
		ules, regulations, or authorizations: e in space G—but do list it in space L	the Special Statement and Program L	pa)—if the		
	station was carried only or					
			ed both on a substitute basis and also			
			s, see page (v) of the general instruction program services such as HBO, ESPN			
			ne-air designation. For example, repor			
	"WETA-2" as the same on	the form.				
			levision station for broadcasting over the	ne air in its community		
		/RC is channel 4 in Washington, D.C.	votation on independent station or a	annonmaraial		
			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				
			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.		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		

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			s, see page (v) of the general instruction program services such as HBO, ESPN	
			ne-air designation. For example, repor	
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			levision station for broadcasting over the	ne air in its community
		/RC is channel 4 in Washington, D.C.	votation on independent station or a	annonmaraial
			k station, an independent station, or a i ' (for network multicast), "I" (for independent)	
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		erms, see page (iv) of the general inst		
			st the community to which the station is	
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				03
				03
	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	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.		
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		ules, regulations, or authorizations: e in space G—but do list it in space L	the Special Statement and Program L	pa)—if the
	station was carried only or			
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				03
				03
	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			
	<ul> <li>basis under specific FCC rules, regulations, or authorizations:</li> <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.			
	<b>Column 3:</b> 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).			
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the			
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		T		

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				03
				03
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	station was carried only or			
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			s, see page (v) of the general instruction program services such as HBO, ESPN	
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			levision station for broadcasting over the	ne air in its community
		/RC is channel 4 in Washington, D.C.	votation on independent station or a	annonmaraial
			k station, an independent station, or a i ' (for network multicast), "I" (for independent)	
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			st the community to which the station is	
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				03
				03
	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	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			
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ransmitters:	substitute program basis, a			
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	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM I						
Name				0312						
	CEQUEL COMMUNIC			0312						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	In General: In space G, identify every television station (including translator stations and low power television stations)									
U	carried by your cable system during the accounting period, <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									
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 stations carried on a									
ansmitters:	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									
	<ul> <li>basis under specific FCC rules, regulations, or authorizations:</li> <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									
			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 t									
		RC 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 enter	ring the letter "N" (for network), "N-M'	' (for network multicast), "I" (for indepen	ndent), "I-M"						
			or "E-M" (for noncommercial education	nal multicast).						
		erms, see page (iv) of the general inst n of each station. For U.S. stations, list	st the community to which the station is	s licensed by the						
			the community with which the station i							
			-							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
				4. LOCATION OF STATION						
				4. LOCATION OF STATION						
				4. LOCATION OF STATION						
				4. LOCATION OF STATION						
				4. LOCATION OF STATION						

EGAL NAME OI								SYSTEM I 0312
	NOWITTERO							
	t every radio	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 b monitoring, to ormation abou rm.	y the sys be recei it the Cc	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried.	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 3: If ignal, indicate	f the radio stat this by placing	tion's sig g a checl	on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th					
			the community with which the			,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					031251
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
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							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion program	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	,		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incurning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o les like "mo	r authorization: vies" or "baske	<ol> <li>See page (v) of the gene thall " List specific program</li> </ol>	titles for ex	ns for further	r informatior	1.
	"NBA Basketball: 76ers vs.			toali. List speelile program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			<b>FOO</b> and in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	ve "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:	15 p.m. to 6:2	8:30 p.m. sn	ould 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	nd 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 regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCL	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. TI FROM –	MES – TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	11100	10	
							_	
						-	_	
						-	-	
						-	_	
						_	_	

Accounting Period:	2019/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 031251
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 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.	hission service amount, see	<b>4,876.78</b> 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 \$ • 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 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,		
	1. Base amount under statutory formula \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K \$ 184,876.78	-	
	3. Subtract line 2 from line 1	-	
		184,876.78	
	5. Enter the amount from line 3	78,923.22	
		105,953.56	
	7. Multiply line 6 by .005 (enter figure here)		529.77
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	o. meresi charge. Enter the amount nom line 4, space Q, page 6		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$	529.77
	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	_	
	2. Dase another the statute y formula      3. Subtract line 2 from line 1	-	
		-	
	4. Multiply line 3 by .01	4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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)	529.77	
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	\$	549.77
	EFT Trace # or TRANSACTION ID #	]	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 031251
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	13
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	223
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 (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) of the legal entity identified as owner in line 1 of space B.  (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.  1 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)]  Corport A statement is name:  A statement and 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)]  Corpor A statement is a 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)	istem as identified
	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

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0312
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <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:         <ul> <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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </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>	P Special Statemen Concerning Gross Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below.	
Name     Name       Mailing Address     Mailing Address	
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 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
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