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

Т

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook	DATE RECEIVED 8/28/2019	AMOUNT \$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	

A	ACCO	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			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	035534
		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 u s 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:	
		CLARKSVILLE, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	CEQUEL COMMUNICATIONS LLC	0355
	Instructions: List each separate community served by the cable system. A "community'	
D	"a separate and distinct community or municipal entity (including unincorporated comr	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v	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.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	me narks should be reported in parentheses below the
Area	identified city.	ne parks should be reported in parentneses below the
Served	identified city:	
	CITY OR TOWN	STATE
First	CLARKSVILLE	ТХ
Community	ANNONA	ТХ
	AVERY	ТХ
dd Rows as Necessary	BLOSSOM	TX
	BOGATA	ТХ
	DEPORT	ТХ
	DETROIT	ТХ
	LAMAR COUNTY (PORTIONS)	
		TX
	TALCO	ТХ

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT	IONS LLC							03553
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of t	he cable	
	system, that is, the retransmissio								
Secondary	about other services (including p	ay cable) in spa	ace F, n	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period							harden a	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate ir	ndicated	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	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 of					i in the count un	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fi	rom those	
	printed in block 1 (for example, the	-		•					
	with the number of subscribers a	ind rates, in the	right-ha	nd block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient. BLOCK 1						BLOC	< 2	
		NO. OF		DATE	CAT			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set	-	.161	34.99					
	Service to additional set(s)		1,842	0 0 0					
	• FM radio (if separate rate)		,042	.					
	Motel, hotel								
	Commercial		28	34.99					
	Converter			54.55					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES	6				
F	In General: Space F calls for rat	•	,		•	• •			
	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	rate column.	-	-		-			
ransmissions:	Block 1: Give the standard rat							wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip								
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ion: Non-res	idential				
	Pay cable	19.00	• Mote	el, hotel					
	Pay cable—add'l channel	19.00	• Corr	mercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set	99.00	• Burg	lar protection					
	 Additional set(s) 	25.00	Other s	ervices:					[
			• Rec	nnect		40.00			
	 FM radio (if separate rate) 			Jincol					
	FM radio (if separate rate) Converter			onnect					
	· · · /		• Disc			25.00			

News	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		035
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(¢ substitute program basis, as Substitute Basis Stations	ntify every television station (including n during the accounting period, <i>excepi</i> n effect on June 24, 1981, permitting ti explained in the next paragraph. With respect to any distant stations cr les, requilations, or authorizations:	(1) stations carried only on a part ne carriage of certain network prog (1(e)(2) and (4))]; and (2) certain s	-time basis under grams [sections tations carried on a
	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 station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel	a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p I with a station according to its over-the	d both on a substitute basis and al see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, re	so on some other ctions. SPN, etc. Identify each port multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	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 instru of each station. For U.S. stations, list dian stations, if any, give the name of t	(for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAZD-1	55	I	LAKE DALLAS, TX
	KDAF-1	33	I	DALLAS, TX
dd Rows as Necessary	KDAF-2	33.2	I-M	DALLAS, TX
	KDAF-3	33.3	I-M	DALLAS, TX
	KDAF-HD1	33	I-M	DALLAS, TX
	KDFI-1	27	l	DALLAS, TX
	KDFI-2	27.2	I-M	DALLAS, TX
	KDFI-3	27.3	I-M	DALLAS, TX
	KDFI-HD1	27	I-M	DALLAS, TX
	KDFW-1	4	 I	DALLAS, TX
	KDFW-HD1	4	I-M	DALLAS, TX
	KDTN-1	2	E	DENTON, TX
	KDTX-1	58	L	DALLAS. TX
	KERA-1	13	E	DALLAS, TX DALLAS, TX
	KERA-3	13.3	<u>E-M</u>	DALLAS, TX
	KERA-4	13.4	E-M	DALLAS, TX
	KERA-HD1	13	E-M	DALLAS, TX
	KFWD-1	52		FORT WORTH, TX
	KFWD-HD1	52	I-M	FORT WORTH, TX
	KMPX-1	29	I	DECATUR, TX
	KPXD-1	68	<u> </u>	ARLINGTON, TX
	KPXD-HD1	68	I-M	ARLINGTON, TX
	KSTR-1	49	l	IRVING, TX
	KSTR-HD1	49	I-M	IRVING, TX
	KTBS-1	3	N	SHREVEPORT, LA
	KTVT-1	11	N	FORT WORTH, TX
	KTVT-2	11.2	I-M	FORT WORTH, TX
	KTVT-HD1	11	N-M	FORT WORTH, TX
	KTXA-1	21	I	FORT WORTH, TX
	KTXA-HD1	21	I-M	FORT WORTH, TX
	KTXD-1	1	<u> </u>	GREENVILLE, TX

				OVOTEM
Name	LEGAL NAME OF OWNER O			SYSTEM 035
	CEQUEL COMMUNIC			033
	PRIMARY TRANSMITTERS:			
G		entify every television station (including m during the accounting period, except		
_	FCC rules and regulations	in effect on June 24, 1981, permitting th	ne carriage of certain network prog	grams [sections
'imary smitters:		e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain s	tations carried on a
evision	Substitute Basis Stations	: With respect to any distant stations ca	arried by your cable system on a s	ubstitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (th	ne Special Statement and Program	n Loa)—if the
	station was carried only or	a substitute basis.		
		also in space I, if the station was carried on concerning substitute basis stations,		
	Column 1: List each statio	n's call sign. Do not report origination p	rogram services such as HBO, ES	SPN, etc. Identify each
	multicast stream associate "WETA-2" as the same on	d with a station according to its over-the	e-air designation. For example, re	port multistream
		el number the FCC assigned to the tele	vision station for broadcasting over	er the air in its community
		/RC is channel 4 in Washington, D.C.	atation on independent station of	
		ering the letter "N" (for network), "N-M" (•	
	(for independent multicast)	, "E" (for noncommercial educational), o	or "E-M" (for noncommercial educa	
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		on is licensed by the
		dian stations, if any, give the name of th		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KUVN-1	23	I	GARLAND, TX
	KUVN-HD1	23	I-M	GARLAND, TX
	KXAS-1	5	N	
				FORT WORTH, TX
	KXAS-2	5.2	I-M	FORT WORTH, TX
	KXAS-HD1	5	N-M	FORT WORTH, TX
	КХТХ-1	39	<u>I</u>	DALLAS, TX
	КХТХ-2	39.2	I-M	DALLAS, TX
	KXTX-HD1	39	I-M	DALLAS, TX
	WFAA-1	8	Ν	DALLAS, TX
	WFAA-3	8.3	I-M	DALLAS, TX
	WFAA-4	8.4	I-M	DALLAS, TX
	WFAA-HD1	8	N-M	DALLAS, TX

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				03
	CEQUEL COMMUNIC			
	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele pt (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	
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television			carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations:	(the Special Statement and Program Lo	aa) if the
	station was carried only or			
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instructio	
			program services such as HBO, ESPN he-air designation. For example, repor	
	"WETA-2" as the same on		ie all designation. Tor example, repor	manoucam
			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 r " (for network multicast), "I" (for indeper	
			or "E-M" (for noncommercial education	
		erms, see page (iv) of the general insti		na malicast).
			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.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

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	"WETA-2" as the same on		ie all designation. Tor example, repor	manoucam
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			program services such as HBO, ESPN he-air designation. For example, repor	
	"WETA-2" as the same on		ie all designation. Tor example, repor	manoucam
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			st the community to which the station is	s licensed by the
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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		SYSTE
Name				03
	CEQUEL COMMUNIC			
	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele pt (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	
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television			carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations:	(the Special Statement and Program Lo	aa) if the
	station was carried only or			
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	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
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	CEQUEL COMMUNIC			
	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			
U	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: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the			
	station was carried only on a substitute basis.			
	List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other			
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions.			
	Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream			
	"WETA-2" as the same on the form.			
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community			
	of license. For example, WRC is channel 4 in Washington, D.C.			
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"			
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).			
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.			
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the			
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.			
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			k station, an independent station, or a r " (for network multicast), "I" (for indeper	
			or "E-M" (for noncommercial education	
		erms, see page (iv) of the general insti		na mancast).
			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.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				03
	CEQUEL COMMUNIC			
	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele pt (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:	substitute program basis, a	as explained in the next paragraph.		
Television			carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations:	(the Special Statement and Program Lo	aa) if the
	station was carried only or			
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instructio	
			program services such as HBO, ESPN he-air designation. For example, repor	
	"WETA-2" as the same on		ie all designation. Tor example, repor	manoucam
			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 r " (for network multicast), "I" (for indeper	
			or "E-M" (for noncommercial education	
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ransmitters:	substitute program basis, a	as explained in the next paragraph.		
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	station was carried only or			
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			s, see page (v) of the general instructio	
			program services such as HBO, ESPN he-air designation. For example, repor	
	"WETA-2" as the same on		ie all designation. Tor example, repor	manoucam
			levision station for broadcasting over the	ne air in its community
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	CEQUEL COMMUNIC			
	PRIMARY TRANSMITTERS:			
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U			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television			carried by your cable system on a subs	stitute program
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			program services such as HBO, ESPN he-air designation. For example, repor	
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			levision station for broadcasting over the	ne air in its community
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	CEQUEL COMMUNIC			
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			st the community to which the station is	s licensed by the
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	station was carried only or			
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instructio	
			program services such as HBO, ESPN he-air designation. For example, repor	
	"WETA-2" as the same on		ie all designation. Tor example, repor	manoucam
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	station was carried only or			
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			s, see page (v) of the general instructio	
			program services such as HBO, ESPN he-air designation. For example, repor	
	"WETA-2" as the same on		ie all designation. Tor example, repor	manoucam
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	station was carried only or			
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	station was carried only or			
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			program services such as HBO, ESPN he-air designation. For example, repor	
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	station was carried only or			
	-		ed both on a substitute basis and also	on some other
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			program services such as HBO, ESPN he-air designation. For example, repor	
	"WETA-2" as the same on		ie all designation. Tor example, repor	manoucam
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			program services such as HBO, ESPN he-air designation. For example, repor	
	"WETA-2" as the same on		ie all designation. Tor example, repor	manoucam
			levision station for broadcasting over the	ne air in its community
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		erms, see page (iv) of the general insti		na mancast).
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	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele of (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.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				4
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	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				03
	CEQUEL COMMUNIC			
	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele of (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
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			k station, an independent station, or a (for network multicast), "I" (for indepen	
			or "E-M" (for noncommercial educatio	
		erms, see page (iv) of the general inst		na matteast).
			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.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				4
				ļ

ounting Period				
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
	CEQUEL COMMUNIC	CATIONS LLC		0355
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chanr	lentify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. nel number the FCC assigned to the telev	(1) stations carried only on a part-time e carriage of certain network programs (e)(2) and (4))]; and (2) certain station ried by your cable system on a substi- e Special Statement and Program Log both on a substitute basis and also o see page (v) of the general instruction ogram services such as HBO, ESPN, air designation. For example, report	e basis under is [sections ns carried on a iitute program g)—if the on some other is. , etc. Identify each multistream
		NPC is channel 4 in Washington DC		
	Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	VRC is channel 4 in Washington, D.C. h case whether the station is a network si ering the letter "N" (for network), "N-M" (fr), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the 2 B'CAST CHANNEL NUMBER	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is l e community with which the station is	dent), "I-M" al multicast). licensed by the identified.
	Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	h case whether the station is a network si ering the letter "N" (for network), "N-M" (fr), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I	dent), "I-M" al multicast). licensed by the
	Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	h case whether the station is a network si ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is l e community with which the station is	dent), "I-M" al multicast). licensed by the identified.
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	Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana	h case whether the station is a network si ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is l e community with which the station is	dent), "I-M" al multicast). licensed by the identified.
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n General: Lis all-band basis Special Instru receivable if (1	ANSMITTERS							0355
all-band basis Special Instru eceivable if (1	st every radio s		arried on a separate and discr	ete basis and list	those FM sta	tions ca	rried on an	н
eceivable if (1	whose signals	were ge	nerally receivable by your cab	le system during	the accountin	ig period	d.	
For detailed inf paper SA1-2 fc Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b f monitoring, to formation about orm. Identify the cal State whether If the radio state this by placing Give 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 ived at the headend, with the opyright Office regulations on t 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	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+							
	+							
	+							
	. <u>_</u>							
	+							
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	+							
	+							
	+							

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					035534
	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	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	o blonk. If your onowor in '			-	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	
	clear. If you need more spa						incuring ic	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ov	'information	1.
	"NBA Basketball: 76ers vs.					umpio, 1201	0 2009 01	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nead by tha	ECC or in	
	the case of Mexican or Can							
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 give							
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	ouid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM		CARRI	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
						_	-	
						-	_	
						-	_	
							_	
						_	_	
I								

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	035534
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissic (as identified in space E) during the accounting period. For a further explanation of how to compute this amo 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.	on service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263, • 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	800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	six-mon'
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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 \$ 278,266.75	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
		144.67
		319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	1,463.67
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	463.67
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	1,483.67
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035534
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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	. 44
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
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 Telephor	e (903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on 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 herei 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)] 	B; or system as identified vner of the cable system
	X /s/ Alan Dannenbaum 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

unting Period: 2019/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
UEL COMMUNICATIONS LLC		0355
 SPECIAL STATEMENT CONCERNING GROSS RETENT SATELING STATEMENT CONCERNING GROSS RETENT SATELING STATEMENT CONCERNING GROSS RETENT SATELING STATEMENT SATELING STATEMENT SATELING STATEMENT SATELING STATEMENT SATELING STATEMENT SATELING S	tion 111(d)(1)(A), of the Copyright Act by adding the fol- e gross amounts paid to the cable system for the basic y broadcast transmitters, the system shall not include sub- ving secondary transmissions pursuant to section 119." the note on page (vii) of the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
X NO		
YES. Enter the total here and list the satellite carrier(s) bel	low	
Name	Name	
Mailing Address	Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments		0
To an explanation of interest assessment, see page (viii) of th	e general instructions located in the paper SA1-2 form.	<u>a</u>
Line 1 Enter the amount of late payment or underpayment		Interest Assessme
		Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	Linterest Assessme
	x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	x	Linterest Assessm
Line 1 Enter the amount of late payment or underpayment	x nere	Linterest Assessm
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum h Line 3 Multiply line 2 by the number of days late and enter the	x	Linterest Assessm
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum h Line 3 Multiply line 2 by the number of days late and enter the Line 4 Multiply line 3 by 0.00274** and enter here	x nere	Linterest Assessm
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum h Line 3 Multiply line 2 by the number of days late and enter the	x	Linterest Assessm
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum h Line 3 Multiply line 2 by the number of days late and enter the Line 4 Multiply line 3 by 0.00274** and enter here	x	Linterest Assessm
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