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	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	8/28/2019	\$ ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	UNTING PERIOD COVERED BY THIS	S STATEMENT: (YY	'YY/(Period))	
		2019/1 Period 1 =	= January 1 - June 30	Period 2 = July 1 - December 31	
		20191 Barcode D	Data Filing Period (optional	- see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the cable syst of the subsidiary, not that of the parent corporation.	tem. If the owner is a subsidi	iary of another corporation, give the full corporate title	
Owner		List any other name or names under which the owner	r conducts the business of the	e cable system.	
		If there were different owners during the accounting p single statement of account and royalty fee payment of			
		Check here if this is the system's first filing. If not, ente	er the system's ID number as	ssigned by the Licensing Division.	037025
		LEGAL NAME OF OWNER/MAILING ADDRES	SS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF CABLE S	SYSTEM (IF DIFFERENT)		
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF CABLE SY	YSTEM		
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)			
		TYLER, TX 75701			
		(City, town, state, zip)			
C				tify the business and operation of the system e system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM: ROCKDALE, 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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	037025
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
First	CITY OR TOWN ROCKDALE	TX
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							03702
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular serv	ice at the rate in	dicated-	-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	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o								
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	right-hai	nd block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient. BLOCK 1						BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	DS	RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIVIDE	NO		U/III		WICE	ODBOOKIBEIKO	
	Service to first set		388	34.99					
	Service to additional set(s)		273	00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		14	34.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	ONS: RATES	6				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rales	-	• •			-	• •			
	listed in block 1 and for which a separate charge was made or established. List these other sen brief (two- or three-word) description and include the rate for each.								
		BLOC	К1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	I	nstallat	ion: Non-res	idential				
	Pay cable	19.00	 Mote 	l, hotel					
	 Pay cable—add'l channel 	19.00	• Com	mercial					
	Fire protection		• Pay o	cable					
	 Burglar protection 		• Pay o	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	First set	99.00	• Burg	ar protection					
	 Additional set(s) 	25.00	Other se	ervices:					
			 Reco 	nnaat		40.00			
	• FM radio (if separate rate)		T C C C	nnect		.0.00			
	FM radio (if separate rate)Converter			onnect					
	, , , , , , , , , , , , , , , , , , ,		• Disco			25.00			

nting Period:	1			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF			SYSTEM I 0370			
	CEQUEL COMMUNIC			0370			
	PRIMARY TRANSMITTERS:						
G		entify every television station (including m during the accounting period, excep					
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.					
rimary			61(e)(2) and (4))]; and (2) certain sta	ations carried on a			
smitters: levision		s explained in the next paragraph. : With respect to any distant stations c	arried by your cable system on a su	ibstitute program			
	basis under specific FCC ru	lles, regulations, or authorizations:					
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (t a substitute basis	he Special Statement and Program	Log)—if the			
		also in space I, if the station was carrie	d both on a substitute basis and als	so on some other			
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p					
		d with a station according to its over-the					
	"WETA-2" as the same on t	the form.					
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over	r the air in its community			
		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), e erms, see page (iv) of the general instru		tional multicast).			
		n of each station. For U.S. stations, list		n is licensed by the			
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station	n is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KCEN-1	6	Ν	TEMPLE, TX			
	KEYE-1	42	Ν	AUSTIN, TX			
vs as Necessary	KLRU-1	18	E	AUSTIN, TX			
75 ds Necessal y							
	KNCT-1	46	I	BELTON, TX			
	KTBC-1	7	<u> </u>	AUSTIN, TX			
	KWKT-1	44	I	WACO, TX			
	KWTX-1	10	Ν	WACO, TX			
	KWTX-2	10	I-M	WACO, TX			
	KXXV-1	25	<u>N</u>	WACO, TX			
	KYLE-1	28	I	BRYAN, TX			
	I						

Name	LEGAL NAME OF OWNER O	- CABLE SYSTEM		SYSTE		
				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	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	s explained in the next paragraph.				
Television			carried by your cable system on a subs	stitute program		
		ules, regulations, or authorizations:	the Special Statement and Program L	ag) if the		
	station was carried only on					
	-		ed both on a substitute basis and also	on some other		
			s, see page (v) of the general instruction			
			program services such as HBO, ESPN ne-air designation. For example, repor			
	"WETA-2" as the same on			industean		
			levision station for broadcasting over the	ne air in its community		
		RC is channel 4 in Washington, D.C.				
			k station, an independent station, or a			
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)			
		erms, see page (iv) of the general inst		narmuticast).		
			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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			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on			industean
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a	
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			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

Name	LEGAL NAME OF OWNER O	- 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	s 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		the Special Statement and Frogram E	
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on			industean
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			k station, an independent station, or a	
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			st the community to which the station is	s licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of	the community with which the station i	s identified.
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	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				03
	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 FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a			
U				
Primary				
ransmitters:	substitute program basis, as explained in the next paragraph.			
Television	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program			
	basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the			
	station was carried only on a substitute basis.			
	• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other			
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions.			
	Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream			
	"WETA-2" as the same on the form.			
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community			
	of license. For example, WRC is channel 4 in Washington, D.C.			
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"			
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).			
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.			
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the			
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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			program services such as HBO, ESPN ne-air designation. For example, repor	
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			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			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

Name	LEGAL NAME OF OWNER O	- 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	s explained in the next paragraph.		
Television			carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations:	the Special Statement and Program L	ag) if the
	station was carried only on			
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on			industean
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a	
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			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

Name	LEGAL NAME OF OWNER O	- 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	s 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		the Special Statement and Frogram E	
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on			industean
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a	
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			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

Name	LEGAL NAME OF OWNER O	- 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	s 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		the Special Statement and Frogram E	
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on			industean
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a	
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			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

Name	LEGAL NAME OF OWNER O	- 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	s 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		the Special Statement and Frogram E	
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on			industean
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a	
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			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

Name	LEGAL NAME OF OWNER O	- 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	s 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		the Special Statement and Frogram E	
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on			industean
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a	
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			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

Name	LEGAL NAME OF OWNER O	- 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	s explained in the next paragraph.		
Television			carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations:	the Special Statement and Program L	ag) if the
	station was carried only on			
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on			industean
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a	
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			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

Name	LEGAL NAME OF OWNER O	- 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	s explained in the next paragraph.		
Television			carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations:	the Special Statement and Program L	ag) if the
	station was carried only on			
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on			industean
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a	
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			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

Name	LEGAL NAME OF OWNER O	- 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	s explained in the next paragraph.		
Television			carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations:	the Special Statement and Program L	ag) if the
	station was carried only on			
	-		ed both on a substitute basis and also	on some other
			s, see page (v) of the general instruction	
			program services such as HBO, ESPN ne-air designation. For example, repor	
	"WETA-2" as the same on			industean
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a	
			' (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	
		erms, see page (iv) of the general inst		narmuticast).
			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	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			.61(e)(2) and (4))]; and (2) certain stati					
ransmitters:	substitute program basis, a	s 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	an) if the				
	• 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.							
	-		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			i manou cam				
			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 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				
				6				
				ļ				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
Name				03702
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	carried by your cable system 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 <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station 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 locatio	n during the accounting period, except n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of 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 carrie in concerning substitute basis stations of 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 tel 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) n of each station. For U.S. stations, list	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain statio carried by your cable system on a subs (the Special Statement and Program Lo ed both on a substitute basis and also s, see page (v) of the general instructio program services such as HBO, ESPN he-air designation. For example, repor levision station for broadcasting over th < station, an independent station, or a r ' (for network multicast), "I" (for indepen or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with 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
		nan stations, il any, give the name of		s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	

EGAL NAME OF								SYSTEM I 0370
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of o the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				0,0		
		+						
		+						
	·							

Accounting Perio	od: 2019/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					037025
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, identi				•	ion that your cal	hle syster	n 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 pa	per SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	program	
Program Log	broadcast by a distant sta	tion?					YES	X NO
r rogram Log	Note: If your answer is "No	' loovo tho	rest of this nac	e blank. If your answer is '	'Yee " vou mi		-	
		, leave life	rest of this pag	je blatik. Il your allswel is	res, you mu	ist complete the	; piografi	1
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their me	aning is	
	clear. If you need more spa						5	
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Love L	ucv" or	
	"NBA Basketball: 76ers vs.	Bulls."					, , , , , , , , , , , , , , , , , , ,	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the FC	C or in	
	the case of Mexican or Can						0 01, 111	
	Column 5: Give the mor	th and day	when your sys	tem carried the substitute	orogram. Use	numerals, with	the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				y
	stated as "6:00–6:30 p.m."		a program cam		15 p.m. to 0.2	0.50 p.m. shour	u be	
	Column 7: Enter the lette			was substituted for progra				
	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 regulations I	n	
						N SUBSTITUT		
	S		TE PROGRAM	1		AGE OCCURE		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	S TO	5222.000
						_		
			1			_		
						_		
						_		
]			_		
						_		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 037025
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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.	ssion service mount, see	,083.56 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K		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		
	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	<u>1,319.00</u> 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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037025
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 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	10 149
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	
Certification	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	; or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	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 telephol 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 fling, a determination that would be made by a court of lav

inting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0370
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statemen Concerning Gros Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
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.	Q
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