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

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2019/1
		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.
		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:
	-	
		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 suffciency of the fing, a determination that would be made by a court of law.

CEOUEL COMMUNICATIONS LLC 0373 D "sparse lagratic community or multical actively (including unincroported community with unincroported areas and including single descent with units areas and including single descent with unit	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas). "A 72 CF.R. 76.5 (dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings. Area Served OTY OR TOWN First Community OTY OR TOWN MARTY/ILLE MO MARTY/ILLE MO NODAWAY COUNTY MO NORTHWEST MO STATE MO Marty of the served Image: Community of all future filings. do lows as Necessary Image: Community of all future filings. Image: Community of all future filings. MO Image: Community of all future filings. Image: Community of all future filings. Image: Community of all future filings. MO Image: Community of all future filings. Image: Community of all future filings. Image: Community of all future filings. Image: Communi		CEQUEL COMMUNICATIONS LLC	037307
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:								-2E. PAGE	
Name	CEQUEL COMMUNICATIONS LLC							03730		
E	SECONDARY TRANSMISSION 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									
Transmission	last day of the accounting period							-		
Service: Sub-	Number of Subscribers: Both									
scribers and Rates	down by categories of secondary each category by counting the nu									
Rales	separately for the particular servi							chargeu		
	Rate: Give the standard rate c	harged for each	catego	ry of service. I	nclude bo	th the amount o	f the charg			
	unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate									
	category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable									
	Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category									
	that applies to your system. Note									
	categories, that person or entity	should be count	ted as a	subscriber in	each appl	icable category.	Example:	a residential		
	subscriber who pays extra for ca					l in the count un	der "Servic	e to the		
	first set" and would be counted once again under "Service to additional set(s)."									
	Block 2: If your cable system has rate categories for secondary transmission service that are differ printed in block 1 (for example, tiers of services that include one or more secondary transmissions), li									
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description									
	sufficient.									
	BLOCK 1						BLOCK	C2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 	1	,752	34.99						
	 Service to additional set(s) 	2	,220	0						
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		47	34.99						
	Converter									
	Residential									
	 Non-residential 									
	SERVICES OTHER THAN SEC				2				•	
_	In General: Space F calls for rat	-				l vour cable svs	tem's servi	ces that were		
F	not covered in space E, that is, th	hose services th	nat are r	not offered in c	ombinatio	on with any seco	ndary trans	smission		
. .	service for a single fee. There ar									
Services Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the									
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.									
Fransmissions:	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.									
	bhei (two- of three-word) descrip			e ior each.			1			
		BLOC			#0 5		0.175.0	BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	1 1		ORY OF SER' tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE	
	Pay cable	19.00		el, hotel	uentiai					
	• Pay cable—add'l channel	19.00		mercial						
	Fire protection	13.00		cable					+	
	•Burglar protection			cable-add'l ch	annol					
	Installation: Residential			protection						
	First set	99.00		lar protection						
	Additional set(s)			ervices:						
	• FM radio (if separate rate)	23.00		onnect		40.00				
	• Converter			onnect		40.00				
	Converter			et relocation		25.00				
				e to new addr	200	99.00				

-	LEGAL NAME OF OWNER OF	CADIE SVOTEM		SYSTEM
Name				037
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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 basis. For further informatic Column 1: List each station	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- les, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, s's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a particle carriage of certain network properties of certain network properties of the carriage of certain network properties of the carried by your cable system on a second by your cable system on a second by the carried basis and a second page (v) of the general instrurogram services such as HBO, E	t-time basis under grams [sections stations carried on a substitute program m Log)—if the llso on some other ictions. SPN, etc. Identify each
	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	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network rring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c "rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of the	station, an independent station, o for network multicast), "I" (for inde or "E-M" (for noncommercial educ: ictions in the paper SA1-2 form. the community to which the static	r a noncommercial ependent), "I-M" ational multicast). on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCPT-1	19	Е	KANSAS CITY, MO
	KCPT-HD1	19	E-M	KANSAS CITY, MO
Rows as Necessary	KCTV-1	5	Ν	KANSAS CITY, MO
	KCTV-HD1	5	N-M	KANSAS CITY, MO
	KCWE-1	29	I	KANSAS CITY, MO
	KCWE-HD1	29	I-M	KANSAS CITY, MO
	KMBC-1	9	N	KANSAS CITY, MO
	KMBC-HD1	9	N-M	KANSAS CITY, MO
	KMCI-1	38	I	LAWRENCE, KS
	KMCI-2	38.2	I-M	LAWRENCE, KS
	KMCI-HD1	38	I-M	LAWRENCE, KS
	KNPN-3	26.3	I	ST. JOSEPH, MO
	KNPN-HD3	26.3	i-M	ST. JOSEPH, MO
	KQTV-1			ST. JOSEPH, MO
	KSHB-1	2	<u>N</u>	
		41	<u>N</u>	
	KSHB-HD1	41	<u>N-M</u>	KANSAS CITY, MO
	KSMO-1	62		KANSAS CITY, MO
	WDAF-1	4		KANSAS CITY, MO
	WDAF-2	4.2	I-M	KANSAS CITY, MO
	WDAF-HD1	4	I-M	KANSAS CITY, MO
	1	1		

	LEGAL NAME OF OWNER C	E CABLE SYSTEM		SYSTEM				
Name				037				
				03				
	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							
0								
Primary	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a							
ransmitters:		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	og)—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			manstream				
			evision station for broadcasting over the	ne air in its community				
		VRC is channel 4 in Washington, D.C.	C C	2				
	Column 3: Indicate in eac	h case whether the station is a networ	station, an independent station, or a	noncommercial				
			(for network multicast), "I" (for indepen					
	(for independent multicast	, "E" (for noncommercial educational),	or "E-M" (for noncommercial education	nal multicast).				
		erms, see page (iv) of the general inst						
			st the community to which the station is	,				
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	s identified.				
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Name				037
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	PRIMARY TRANSMITTERS:	TELEVISION		
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0			ot (1) stations carried only on a part-tin	
Primary			the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain station	
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				03
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			the Special Statement and Program Lo	og)—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			manstream
			evision station for broadcasting over the	ne air in its community
		VRC is channel 4 in Washington, D.C.	C C	2
	Column 3: Indicate in eac	h case whether the station is a networ	station, an independent station, or a	noncommercial
			(for network multicast), "I" (for indepen	
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		erms, see page (iv) of the general inst		
			st the community to which the station is	,
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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	LEGAL NAME OF OWNER C	E CABLE SYSTEM		SYSTEM
Name				037
				03
	PRIMARY TRANSMITTERS:	TELEVISION		
G			g translator stations and low power tele	
0			ot (1) stations carried only on a part-tin	
Primary			the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain station	
ransmitters:		as explained in the next paragraph.		
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	PRIMARY TRANSMITTERS:	TELEVISION		
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	PRIMARY TRANSMITTERS:	TELEVISION		
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	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				03
	CEQUEL COMMUNIC			03
	PRIMARY TRANSMITTERS: TELEVISION			
G	In General: In space G, identify every television station (including translator stations and low power television stations)			
0	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:	(2) and (4), 76.61(6)(2) and (4), or 76.63 (referring to 76.61(6)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.			
Television			carried by your cable system on a subs	stitute 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 <i>only</i> 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.			
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		1		
		-		

	LEGAL NAME OF OWNER C	E CABLE SYSTEM		SYSTEM
Name				037
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	PRIMARY TRANSMITTERS:	TELEVISION		
G			g translator stations and low power tele	
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Television			carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations:		
			the Special Statement and Program Lo	og)—if the
	station was carried only or			
			ed both on a substitute basis and also	
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			ne-air designation. For example, repor	
	"WETA-2" as the same on			manstream
			evision station for broadcasting over the	ne air in its community
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	Column 3: Indicate in eac	h case whether the station is a networ	station, an independent station, or a	noncommercial
			(for network multicast), "I" (for indepen	
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			st the community to which the station is	,
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Name				037
				03
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				03
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G			g translator stations and low power tele	
0			ot (1) stations carried only on a part-tin	
Primary			the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain station	
ransmitters:		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	og)—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			manstream
			evision station for broadcasting over the	ne air in its community
		VRC is channel 4 in Washington, D.C.	C C	2
	Column 3: Indicate in eac	h case whether the station is a networ	station, an independent station, or a	noncommercial
			(for network multicast), "I" (for indepen	
	(for independent multicast	, "E" (for noncommercial educational),	or "E-M" (for noncommercial education	nal multicast).
		erms, see page (iv) of the general inst		
			st the community to which the station is	,
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				Į
		1		

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE				
Name				03				
	CEQUEL COMMUNIC			03				
	PRIMARY TRANSMITTERS:	TELEVISION						
G			g translator stations and low power tele					
0			ot (1) stations carried only on a part-tim					
Primary			the carriage of certain network program					
ransmitters:	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.							
Television			carried by your cable system on a subs	stitute program				
		1 2						
	 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 or							
			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		······································					
	Column 2: Give the chann	el number the FCC assigned to the tel	evision station for broadcasting over the	ne air in its community				
		/RC is channel 4 in Washington, D.C.						
			station, an independent station, or a r					
			(for network multicast), "I" (for indeper					
			or "E-M" (for noncommercial education	nal multicast).				
		erms, see page (iv) of the general instr	ructions in the paper SA1-2 form. st the community to which the station is	licenced by the				
		,	the community with which the station is	,				
	FCC. FOI MEXICAIL OF CALLS	dian stations, if any, give the name of	the community with which the station is	s identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
		1						
		-						

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
Name	CEQUEL COMMUNIC			03730
G Primary ansmitters: elevision	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. is explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: a in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrii on concerning substitute basis stations of call sign. <i>Do not</i> report origination d with a station according to its over-th 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), rms, see page (iv) of the general insti- n of each station. For U.S. stations, lis	st the community to which the station is	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
			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
	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	Z. D CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
			3. TYPE OF STATION	4. LOCATION OF STATION
			3. TYPE OF STATION	4. LOCATION OF STATION
				4. LOCATION OF STATION
				4. LOCATION OF STATION

CEQUEL CO	F OWNER OF C							SYSTEM II 0373
PRIMARY TRA	NSMITTERS							
n General: Lis	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 fo Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation about rm. dentify the call state whether the radio stat	y the sys be recein at the Co l sign of e the static cion's sign	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: O	Give the station	n's locati	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in	the case of	
		0/5			AN4 514	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							ł	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					037307
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your o	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper 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 televisio	on program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete t	he prograr	n
	log in block 2.					•		
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	orogram") tha	t during the s	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further i	informatior	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can Column 5: Give the mon	th and day	when vour svs	tem carried the substitute	orogram. Use	numerals, wi	th the mon	nth
	first. Example: for May 7 giv	ve "5/7."			_			
				gram was carried by your				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. sno	ould be	
		er "R" if the	listed program	was substituted for progra	imming that y	our system wa	as 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 regulations	s in	
					11			1
						IN SUBSTITU		
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCUI 6. TIN		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
					·			
						_		
						_		
						_		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 037307
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 transmi (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
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	
	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	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	
	1. Base amount under statutory formula \$ 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	
	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 \$ 448,721.35	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,849.21
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 3,168.21
	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)	3,168.21
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	\$ 3,188.21
	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# 037307
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 .	20
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	388
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Alan Dannenbaum 	stem as identified
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 08/18/2019	

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

unting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0373
 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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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