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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
8/27/2019	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		20191 Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner		List any other name or names under which the owner conducts the business of the cable system.					
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.					
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.					
		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					
	names	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: WINN CORRECTIONAL FACILITY					
		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.

Accounting Period:	2019/1					
		FORM SA1-2E. PAGE 1b.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
	CEQUEL COMMUNICATIONS LLC	037992				
Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First	WINNFIELD	LA				
Community	(WINN CORR)					
Add Rows as Necessary						

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

037992

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the 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 systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service 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 different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK 1			BLOCK 2		
04750000/ 05 0500//05	NO. OF	DATE	04750000/ 05 0500//05	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	0	-			
 Service to additional set(s) 	0	0			
• FM radio (if separate rate)					
Motel, hotel					
Commercial	8	42.53			
Converter					
Residential					
Non-residential					
	I'''''	T		T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	GORY OF SERVICE RATE CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	-	Motel, hotel			
 Pay cable—add'l channel 	-	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	-	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 037992

4. LOCATION OF STATION

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under 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.

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:

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Column 1: List each station's call sign. *Do not* 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.

2. B'CAST CHANNEL NUMBER

KAQY-1 11 COLUMBIA, LA Ν WEST MONORE, LA KARD-1 KLTM-1 13 MONROE, LA KNOE-1 8 Ν MONROE, LA KTVE-1 EL DORADO. AR 10 Ν

3. TYPE OF STATION

Add Rows as Necessary

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 037992

CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
L	L		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 037992

CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

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Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
CEQUEL COMMUNICATIONS LLC
PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#
037992

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

037992

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

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Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
							
		 					
	 						
							
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							037992
SUBSTITUTE CARRIAGE In General: In space I, identification in space I, spac	iy every nor counting peng that must CONCER od, did you ion? I, leave the Example: a was broad adian station days the static adian station than day e "5/7."	AL STATEMENT INNER INNER SUBSTITUTE TO THE INNER	sion program, broadcast be edific present and former Forthis log, see page (v) of the Interest of this log, see page (v) of the Interest of th	y a distant star CC rules, regu ne general instr sis, any nonne s "Yes," you m s wherever pos e program") the ed for the prog- neral instructio m titles, for ex No." am. e station is lice e station is lice e program. Use r cable system :15 p.m. to 6:2	lations, or au ructions in the	sion progratives the progratic results of the program of the progratic results of the progratic results of the program of	em carried on a . For a further 1-2 form. M X NO am s g attion on.
was substituted for program effect on October 19, 1976.	ming that y UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	s permitted to delete und	WHE CARR 5. MONTH	EN SUBST	TUTE URRED	7. REASON FOR DELETION
	CEQUEL COMMUNICA SUBSTITUTE CARRIAGE In General: In space I, identification of the programming the acceptant of the programming the acceptant of the programming the accounting periphroadcast by a distant state that the properties of the program	CEQUEL COMMUNICATIONS LI SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." 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STATION'S	CEQUEL COMMUNICATIONS LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LC In General: In space I, identify every nonnetwork television program, broadcast b substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of the special state of the programming that must be system carry, on a substitute base broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the get Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: Sive the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prograte to delete under FCC rules and regulations in effect during the accounting periowas substituted for programming that your system was permitted to delete underfect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stal substitute basis during the accounting period, under specific present and former FCC rules, requexplanation of the programming that must be included in this log, see page (v) of the general inst 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnel broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you make in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever post clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prograder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction to not use general categories like "movies" or "basketball." List specific program titles, for ex "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:2 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your elected uring the accounting period; enter the letter was substituted for programming that your system was permitted to delete under	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or at explanation of the programming that must be included in this log, see page (v) of the general instructions in the SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televibroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furthe Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Lo "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the the case of Mexican or Canadian stations, if any, the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the tin to the nearest five minutes. Example: a program carried by a system from 6:01	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syst substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning it clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another staunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is loentified). Column 5: Give the month and day when your system carried by a sys

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	Sì	O37992
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 transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ission service amount, see	,998.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	·
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.	263,800	
	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 accounting period is \$52.00		
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	-	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	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)	
	Enter the amount of gross receipts from space K		
	Base amount under statutory formula		
	3. Subtract line 2 from line 1	•	
	4. Multiply line 3 by .01	•	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	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 n		

Accounting Period:	2019/1																				FO	RM SA	1-2E.	. PAC	3E 7
Name	CEQUEL COMMUNICA																					,	YST O		ID# 992
M Channels	CHANNELS Instructions: You must to its subscribers, and (2. 1. Enter the total number system carried television. 2. Enter the total number on which the cable system and nonbroadcast service.	of channels on which n broadcast stations. of activated channels em carried television b	otal numb the cable s broadcas	mber ble 	er of a	ns	ed c	hanne	ls dur	ring th	ne acc	count	ting p	period.		ions					5				
N Individual to Be Contacted	INDIVIDUAL TO BE CO			ORM	RMAT	ON IS	S NE	EDEI	O (Ider	ntify a	an indi	lividu	ıal to	whom	1										
for Further Information	Name SAR	AH BOGUE													Telep	hone	(90	3) 57	79-3	3121	<u> </u>				
	(Number	S SE LOOP 323 r, street, rural route, apartm		suite r	e numb	er)																			
	(City, too	sarah.Bogue	E@ALTI	TICE	CEUS	A.CO	M					Fax	x (op	tional)											
O Certification	(Agent of owner in line 1 of s	y certify that (Check on- han corporation or pa er other than corporat space B and that the ow tner) I am an officer (if space B. ement of account and he rrect to the best of my ke	artnership tion or pa where is no f a corpora hereby dec knowledge	partrinot a	rone,) I am rtners a a corp tion) o	hip) I : a pai der penation	wner am ti on or rtner enalt	of the dult partner (if a p	cable y authorship; artner w that f, and	syste orized ; or sship) o t all sta are m	d ager of the tateme	ident of t elega ents c in goo	the over the	wner o	1 of sp	ace B able sy	/stem				n				
		Typed or printed	Enter an Enter sign name:	, PR	AL	N D	an "/: DAN	s/ sign	ature"	' (e.g.,		ohn S	Smith)												

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 telephon 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 lax

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	037992
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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	

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