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			
8/28/2019	\$ 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	ACCOUNTING 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 salready 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: BIG LAKE, TX				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		(City, town, state, zip code)				

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

ccounting Period:	2019/1	FORM ON OF PLOF
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1 SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	00572
	Instructions: List each separate community served by the cable system. A "c	
D	"a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	orated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter know illings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	OLITY OF TOWN	07475
First.	CITY OR TOWN BIG LAKE	STATE TX
First Community	DIG LARE	18
44 B No		
dd Rows as Necessary		

Accounting Period: 2019/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 005722

#### E

#### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**CEQUEL COMMUNICATIONS LLC** 

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			
NO. OF	DATE		O. OF CRIBERS RATE
SUBSCRIBERS	IVAIL	CATEGORY OF SERVICE SUBSC	DRIBLIG KATE
172	34.99		
62	0		
14	34.99		
	NO. OF SUBSCRIBERS 172 62	NO. OF SUBSCRIBERS RATE  172 34.99 62 0  14 34.99	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 62 0 14 34.99

#### 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	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	19.00	Motel, hotel			
Pay cable—add'l channel	19.00	Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 005722

#### CEQUEL COMMUNICATIONS LLC

G

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**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.

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Add Rows as Necessary

KMID-1         2         N         MIDLAND, TX           KMLM-1         42         I         ODESSA, TX           KOSA-1         7         N         ODESSA, TX           KPBT-1         36         E         ODESSA, TX           KPEJ-1         24         I         ODESSA, TX           KTLE-5         7.5         I-M         ODESSA, TX           KWES-1         9         N         ODESSA, TX	TION
KOSA-1         7         N         ODESSA, TX           KPBT-1         36         E         ODESSA, TX           KPEJ-1         24         I         ODESSA, TX           KTLE-5         7.5         I-M         ODESSA, TX           KUPB-1         18         I         MIDLAND, TX	
KOSA-1         7         N         ODESSA, TX           KPBT-1         36         E         ODESSA, TX           KPEJ-1         24         I         ODESSA, TX           KTLE-5         7.5         I-M         ODESSA, TX           KUPB-1         18         I         MIDLAND, TX	
KPBT-1         36         E         ODESSA, TX           KPEJ-1         24         I         ODESSA, TX           KTLE-5         7.5         I-M         ODESSA, TX           KUPB-1         18         I         MIDLAND, TX	
KTLE-5         7.5         I-M         ODESSA, TX           KUPB-1         18         I         MIDLAND, TX	
KUPB-1 18 I MIDLAND, TX	
KWES-1 9 N ODESSA, TX	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 005722

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **CEQUEL COMMUNICATIONS LLC**

005722

## 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.

Н

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).

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Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.					
-	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#					
Name	CEQUEL COMMUNICA	TIONS LI	LC				005722						
l O Ladia da	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 system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.												
Substitute Carriage:					ne general inst	uctions in th	e paper SAT	-2 101111.					
Special	1. SPECIAL STATEMENT				oio any nonna	tuark talavis	ion program	•					
Statement and	During the accounting per	-	r cable system	carry, orr a substitute ba	sis, arry norme	twork televis							
Program Log	broadcast by a distant sta	uon?					YES	X NO					
	Note: If your answer is "No"	', leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust complete	the prograr	m					
	log in block 2.												
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call: Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast static adian statio th and day we "5/7." es when the Example: a er "R" if the und regulatio ming that y	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broadea on's location (the one, if any, the owhen your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the get tball." List specific program "Yes." Otherwise enter "sting the substitute program community to which the community with which the tem carried the substitute gram was carried by youred by a system from 6:01 was substituted for program the accounting period.	e program") that led for the program titles, for ex "No."  Tam e station is lice e station is idea to program. Use r cable system 1:15 p.m. to 6:2 ramming that yeld; enter the legistration is less than the station is lice to program. Use r cable system 1:15 p.m. to 6:2 ramming that yeld; enter the legistration is the station is lice to program.	ent, during the gramming of one for furthe ample, "I Lo ensed by the ntified). e numerals, voice size the time 28:30 p.m. sleptour system tter "P" if the	e accounting another state information ve Lucy" or e FCC or, in with the more accurate hould be was require elisted progr	tion n. nth ly					
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EN SUBSTI	TUTE							
	S	E PROGRAM	1		IAGE OCC		7. REASON FOR						
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TMES	DELETION					
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM	— то						
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Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	Sì	O05722
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)	ission service amount, see	5,763.91
	during the accounting period	(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	<u>.</u>	
	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		
	2. 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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	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 #		
	<u>Important:</u> 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															FORM SA	I-2E. PAGE
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA															S	YSTEM ID 00572
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number on which the cable system and nonbroadcast services.	the cable system's total of channels on which the broadcast stations of activated channels m carried television bro	al number	ole	of activa	ated cha	nnels du	ring the a	accou	nting pe	eriod.		s		8 59		
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORM	MATION	IS NEE	<b>DED</b> (Ide	ntify an ir	ndivid	lual to w	whom						
for Further Information	Name SARA	H BOGUE										Telephoi	ne <b>(90</b>	3) 579	-3121		
	(Number,	S SE LOOP 323 street, rural route, apartmen R, TX 75701	ent, or suit	uite nu	number)												
	Email (City, town	n, state, zip) SARAH.BOGUE@	@ALTIC	ICEL	USA.C	ОМ			F	ax (opti	ional)						
O	(Agent of owner in line 1 of sp	certify that (Check one, to an corporation or partners) of the than corporation one and that the owner oner) I am an officer (if a chace B.  ment of account and here to the best of my know (1966)]  En En	tnership on or painer is not a corporate the	partne not a contraction sector and sector a	me, of the am the concerning of the am the concerning of the am the corporation of the co	e boxes.  Dam the tion or partner (if penalty on, and be to penalt	the cable duly auth artnership a partner of law tha belief, and	e system a corized ag ; or rship) of th t all stater I are made	Copy as ide as ide the leg mentster in g	ntified in f the ow gal entity s of fact cood faith	n line 1 vner of contai	egulation:  of space the cable ified as or ned herei	s) e B; or e system	n as ident	tified		

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 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

ounting Period: 2019/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	005722
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	Special Statement Concerning Gross Receipts Exclusion
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?	
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
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 \$	
(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	
Aution	
ID number	
First community served	

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 th 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 Office'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.