This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook	8/27/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20191 Barcode Data Filing Period (optional - see instructions)
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)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	-	ST. CROIX 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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063121
D Area	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	NEW RICHMOND	
Community	(ST. CROIX CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06312
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s		-	-	-	/ transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose exist	ing on the	
Transmission	last day of the accounting period							hasten	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicate	d—not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	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				es of seco	ondary transmiss	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					In the count und	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fi	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A tw	o- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1			BLOCK 2				
	CATEGORY OF SERVICE	NO. OF		RATE	CAT	EGORY OF SEF		NO. OF	
	Residential:	SUBSCRIB	- 10	RATE	CAT	LGORT OF SEP	(VICE	SUBSCRIBERS	RATE
	Service to first set		0	-					
	Service to additional set(s)		Ŏ	0					
	• FM radio (if separate rate)		Ŭ	Ŭ.					
	Motel, hotel								
	Commercial		3	42.53					
	Converter		Ĭ						
	Residential								
	Non-residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•	,		0				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro pot	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
							CATEG	ORY OF SERVICE	RATE
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER\	/ICE	RATE	OAILO		
	CATEGORY OF SERVICE Continuing Services:	RATE		BORY OF SER		RATE	UNILO		
		RATE -	Installa			RATE	UNILO		
	Continuing Services:	RATE -	Installa • Mot	ation: Non-resi		RATE			
	Continuing Services: • Pay cable	RATE - -	Installa • Mot • Cor	ation: Non-resi tel, hotel		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE -	Installa • Mot • Cor • Pay	ation: Non-resi tel, hotel mmercial	dential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa • Mot • Cor • Pay • Pay	ation: Non-resi tel, hotel mmercial γ cable	dential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-resi tel, hotel mmercial / cable / cable-add'l cha	dential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-resi tel, hotel mmercial / cable / cable-add'l cha e protection	dential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-resi tel, hotel mmercial / cable / cable-add'l cha e protection glar protection	dential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Red	ation: Non-resi tel, hotel mmercial / cable / cable-add'l cha e protection rglar protection services:	dential	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installa • Moi • Cor • Pay • Pay • Fire • Bur Other • Rec • Dis	ation: Non-resi tel, hotel mmercial / cable / cable-add'l cha e protection glar protection services: connect	dential	RATE			

				FORM SA1-2E. PA
ne	LEGAL NAME OF OWNER OF			SYSTEM
	CEQUEL COMMUNIC			063
	PRIMARY TRANSMITTERS:			
ì		ntify every television station (including n during the accounting period, <i>excep</i>		
		n effect on June 24, 1981, permitting		
y	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.		
ers: on		s explained in the next paragraph. With respect to any distant stations of	carried by your cable system on a si	ubstitute program
511	basis under specific FCC ru	lles, regulations, or authorizations:		
		e in space G—but do list it in space I (the Special Statement and Program	Log)—if the
	station was carried only on • List the station here and a	a substitute basis. also in space I, if the station was carrie	ed both on a substitute basis and al	so on some other
	basis. For further information	n concerning substitute basis stations	s, see page (v) of the general instruc	ctions.
		n's call sign. <i>Do not</i> report origination I with a station according to its over-th		
	"WETA-2" as the same on t			
		el number the FCC assigned to the tel	levision station for broadcasting ove	r the air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network	station an independent station or	a noncommercial
		ring the letter "N" (for network), "N-M"		
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial educa	
		rms, see page (iv) of the general instr n of each station. For U.S. stations, lis		a is licensed by the
		dian stations, if any, give the name of		
			2	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARE-1	11	N	MINNEAPOLIS, MN
	KMSP-1	9	1	MINNEAPOLIS, MN
sary	KSTP-1	5	N	ST PAUL, MN
	KTCA-1	2	E	ST PAUL, MN
	WCCO-1	4	N	MINNEAPOLIS, MN

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC			06
	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele pt (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	
ransmitters:		s explained in the next paragraph.		
Television		: With respect to any distant stations iles, regulations, or authorizations:	carried by your cable system on a subs	stitute program
			(the Special Statement and Program L	oa)—if the
	station was carried only on			
			ed both on a substitute basis and also	
			s, see page (v) of the general instruction program services such as HBO, ESPN	
			he-air designation. For example, repor	
	"WETA-2" as the same on t		5	
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a ı " (for network multicast), "I" (for indeper	
			or "E-M" (for noncommercial education	
		rms, see page (iv) of the general inst		na manoasty.
			st the community to which the station is	s licensed by the
	FCC. For Mexican or Cana	lian 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
		1		

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		rms, see page (iv) of the general inst		na manoasty.
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	FCC. For Mexican or Cana	lian stations, if any, give the name of	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC			06
	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele pt (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	
ransmitters:		s explained in the next paragraph.		
Television		: With respect to any distant stations iles, regulations, or authorizations:	carried by your cable system on a subs	stitute program
			(the Special Statement and Program L	oa)—if the
	station was carried only on			
			ed both on a substitute basis and also	
			s, see page (v) of the general instruction program services such as HBO, ESPN	
			he-air designation. For example, repor	
	"WETA-2" as the same on t		5	
			levision station for broadcasting over the	ne air in its community
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	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
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	PRIMARY TRANSMITTERS:			
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		1		

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC			06
	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele pt (1) stations carried only on a part-tin	
•			the carriage of certain network program	
Primary			.61(e)(2) and (4))]; and (2) certain station	
ransmitters:		s explained in the next paragraph.		
Television		: With respect to any distant stations iles, regulations, or authorizations:	carried by your cable system on a subs	stitute program
			(the Special Statement and Program L	oa)—if the
	station was carried only on			
			ed both on a substitute basis and also	
			s, see page (v) of the general instruction program services such as HBO, ESPN	
			he-air designation. For example, repor	
	"WETA-2" as the same on t		5	
			levision station for broadcasting over the	ne air in its community
		RC is channel 4 in Washington, D.C.		
			k station, an independent station, or a ı " (for network multicast), "I" (for indeper	
			or "E-M" (for noncommercial education	
		rms, see page (iv) of the general inst		na manoasty.
			st the community to which the station is	s licensed by the
	FCC. For Mexican or Cana	lian stations, if any, give the name of	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE				
Name	CEQUEL COMMUNIC			06				
				· · · · · ·				
G			g translator stations and low power tele					
•	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
Primary			.61(e)(2) and (4))]; and (2) certain stati					
ransmitters:		s explained in the next paragraph.						
Television		: With respect to any distant stations iles, regulations, or authorizations:	carried by your cable system on a subs	stitute program				
			(the Special Statement and Program L	oa)—if the				
	station was carried <i>only</i> on							
			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 t		5					
			levision station for broadcasting over the	ne air in its community				
		RC is channel 4 in Washington, D.C.						
			k station, an independent station, or a ' (for network multicast), "I" (for indepe					
			or "E-M" (for noncommercial educatio					
		rms, see page (iv) of the general inst		nai mulicast).				
			st the community to which the station is	s licensed by the				
			the community with which the station i					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
Name	CEQUEL COMMUNIC	ATIONS LLC		06312
G Primary Insmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each statior 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	ntify every television station (including in during the accounting period, excep in effect on June 24, 1981, permitting (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: in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrien in concerning substitute basis stations i's call sign. <i>Do not</i> report origination with a station according to its over-th he form. el 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), rrms, see page (iv) of the general instu-		ne basis under ms [sections ons carried on a stitute program og)—if the on some other ins. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
			st the community to which the station is the community with which the station i 3. TYPE OF STATION	

EGAL NAME OF								SYSTEM I 0631
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column 4: Colum 4: Column 4:	it is carried b monitoring, to prmation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		ONLE OTON		0,0		
		+						

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					063121
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that you	r 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	e 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 televis	sion 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	the program	n
	log in block 2.					·		
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their	r meaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	orogram") tha	t during the	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 furthe	r informatior	
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	ve 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			FCC or, in	
	the case of Mexican or Can Column 5: Give the mon			tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				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. sr	nould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ins in	
					<u> </u>			1
						IN SUBSTI		
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCI 6. T		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_	
						-		
						<u>_</u>		
						·		
							_	
							_	
						-	_	
						-	_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	/STEM ID# 063121
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	750.00 is receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. PLOCK 1: CPOSS PECEIPTS OF \$137,100 PLESS	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
		Ψ	0.00
	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 \$263,800.00	00)	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	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	
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 m		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063121
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	5
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	11
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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as 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 of the in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 08/18/2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and 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 fing, a determination that would be made by a court of lave

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	06312
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 ac lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall n scribers and amounts collected from subscribers receiving secondary transmissions pursuant to service on page (vii) of the general instruc-	r the basic ot include sub- ection 119." Concerning Gross Receipts Exclusio
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 Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or a For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
x	days
x Line 3 Multiply line 2 by the number of days late and enter the sum here	days 0.00274
Line 3 Multiply line 2 by the number of days late and enter the sum here	·
Line 3 Multiply line 2 by the number of days late and enter the sum here	·
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0.00274
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0.00274
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0.00274 - rest charge) istance please Office, please
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0.00274 - rest charge) istance please Office, please
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