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

_						
A	ACCOUNTIN	NG PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))				
	2019/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31				
		Barcode Data Filing Period (optional - see instructions)				
Accounting Period						
	Instructio					
В	Give the	ons: full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title ibsidiary, not that of the parent corporation.				
Owner	List any o	other name or names under which the owner conducts the business of the cable system.				
		were different owners during the accounting period, only the owner on the last day of the accounting period should submit a atement 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					
	BUSINE	ESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)				
	SUDDE	NLINK COMMUNICATIONS				
	MAILING	G ADDRESS OF OWNER OF CABLE SYSTEM				
		S SE LOOP 323 street, rural route, apartment, or suite number)				
		R, TX 75701 1, state, zip)				
		**				
С		<b>NS:</b> In line 1, give any business or trade names used to identify the business and operation of the system ur of appear in space B. In line 2, give the mailing address of the system, if different from the address given in s				
System	ICATION OF CABLE SYSTEM:					
	FLAM	IBEAU CORRECTIONAL FACILITY				
	MAILING	ADDRESS OF CABLE SYSTEM:				
	2 (Number, s	street, rural route, apartment, or suite number)				
	(City, town	n, 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 fling, a determination that would be made by a court of law.

Accounting Period:	2019/1		
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#	
Name			
	CEQUEL COMMUNICATIONS LLC	063139	
Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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.		
Served			
	CITY OR TOWN	STATE	
First	HAWKINS		
Community	(FLAMBEAU CORR)		
Add Rows as Necessary			

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

063139

## 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		BLOCK	₹2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	0	-			
<ul> <li>Service to additional set(s)</li> </ul>	0	0			
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	3	42.53			
Converter					
Residential					
Non-residential					
		1			

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

9063139

G

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television 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

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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.

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1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WEAU-1 13 Ν EAU CLAIRE, WI WHLA-1 Ε 31 LACROSSE, WI WKBT-1 8 LACROSSE, WI WLAX-1 25 LACROSSE, WI ı WXOW-1 19 Ν LACROSSE,WI

Add Rows as Necessary

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063139

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
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Name	CEQUEL COMMUNICATIONS LLC	063139

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name LEG	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

PRIMARY TRANSMITTERS: TELEVISION

#### Primary Transmitters: Television

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

PRIMARY TRANSMITTERS: TELEVISION

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	CEQUEL COMMUNICATIONS LLC	063139

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name LEG	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

PRIMARY TRANSMITTERS: TELEVISION

#### Primary Transmitters: Television

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

PRIMARY TRANSMITTERS: TELEVISION

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

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PRIMARY TRANSMITTERS: TELEVISION

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063139

PRIMARY TRANSMITTERS: TELEVISION

#### Primary Transmitters: Television

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:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
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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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063139

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063139

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063139

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063139

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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	2019/1			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
	In General: In space G, ide	ntify every television station (including	translator stations and low power tele	vision stations)					
G		, ,	t (1) stations carried only on a part-time	,					
			the carriage of certain network program						
Primary Transmitters:	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	titute program					
		les, regulations, or authorizations:							
	<ul> <li>Do not list the station here station was carried only on</li> </ul>		the Special Statement and Program Lo	og)—if the					
			ed both on a substitute basis and also	on some other					
			s, see page (v) of the general instructio						
			program services such as HBO, ESPN e-air designation. For example, report	·					
	"WETA-2" as the same on the		ic-all designation. To example, report	Thurst carr					
			evision station for broadcasting over th	e air in its community					
		RC is channel 4 in Washington, D.C.	station, an independent station, or a r	oncommercial					
			(for network multicast), "I" (for indepen						
			or "E-M" (for noncommercial education	nal multicast).					
		rms, see page (iv) of the general instr	uctions in the paper SA1-2 form. It the community to which the station is	licensed by the					
			the community with which the station is	· · · · · · · · · · · · · · · · · · ·					
		, ,,,,	•						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063139

### **CEQUEL COMMUNICATIONS LLC**

## 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
3.3.1	21 1 111			5 5. 5. 5. 1		_,_	
· <b></b>							

Accounting Perio	nd: 2019/1					EOD	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF					PON	SYSTEM ID# 063139	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta	tify every no accounting phing that mu  T CONCE! riod, did yoution?	nnetwork televi period, under sist be included RNING SUBS ur cable syster	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute bases	y a distant sta FCC rules, reg the general in asis, any noni	ulations, or authorizations in the paper structions in the paper structions in the paper struction programmer television programmer YES	ons. For a further SA1-2 form.  gram  X NO	
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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 is 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 station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  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 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 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 identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program							
	was substituted for programming that your system was permitted to delete und effect on October 19, 1976.  SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7-		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S'	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063139
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 transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service	750.00
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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.	:263,80(	
	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 the accounting period is \$52.00	nis six-month	
	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 \$137,10	00)	
	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		
	2. Base amount under statutory formula \$ 263,800.00		
	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 #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period: 2019/1 FORM SA1-2E.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  06313					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.					
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services					
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, but only one, 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 identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (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 cable system 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 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 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.

counting Period: 2019/1					FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID#
EQUEL COMMUNICATIONS LLC					063139
SPECIAL STATEMENT CONCERN The Satellite Home Viewer Act of 1988 amolowing sentence:  "In determining the total number of service of providing secondary transcribers and amounts collected from	P Special Statement Concerning Gross Receipts Exclusion				
For more information on when to exclude the located in the paper SA1-2 form.	nese amounts, see tl	he note on page (vii) o	of the general instructions		Redelpts Excidence
During the accounting period, did the cable made by satellite carriers to satellite dish or		/ amounts of gross red	ceipts for secondary transmiss	ions	
X NO YES. Enter the total here and list the sa	atellite carrier(s) belo	ow	. \$		
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSMENT					
You must complete this worksheet for those For an explanation of interest assessment,					Q
Line 1 Enter the amount of late payment of	or underpayment				Interest Assessment
			x		
Line 2 Multiply line 1 by the interest rate*	and enter the sum he	ere	,	-	
			x	days	
Line 3 Multiply line 2 by the number of day	s late and enter the	sum here	x 0.00274		
Line 4 Multiply line 3 by 0.00274** and en in space L, (page 6) block 1, line 2,		block 3 line 6	\$ (interest charge	<u>-</u> =)	
* To view the interest rate chart click on contact the Licensing Division at (202		-	e.pdf. For further assistance p	lease	
** This is the decimal equivalent of 1/36	5, which is the interes	est assessment for on	e day late.		
NOTE: If you are filing this worksheet cove list below the owner, address, first commur	•	•	., .		
Owner					
Address					
ID number					
First community served					
Accounting period					

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