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	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						
	Laboration .					
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)					
	In the second se					
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 IDENTIFICATION OF CABLE SYSTEM:						
	FLORENCE MCCLURE					
	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 fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	CEQUEL COMMUNICATIONS LLC	0632
	Instructions: List each separate community served by the cable system. A "	community" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorpoliscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that it is the "first community." Please use it as the first community on all future.	hat you list will serve as a form of system identification hereafter kno filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	r mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	NORTH LAS VEGAS	NV
ommunity	(FLORENCE MCCLURE)	
ows as Necessary		
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	(0.00.00.00.00.00.00.00.00.00.00.00.00.0	
	(0.00.00.00.00.00.00.00.00.00.00.00.00.0	

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

O63269

Ε

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		
	NO. OF			NO. OF	
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	26	42.53			
Converter					
Residential					
Non-residential					

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		
 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	-	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

963269

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 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 KINC-1 15 LAS VEGAS, NV KLAS-1 Ν 8 LAS VEGAS, NV KLVX-1 10 Ε LAS VEGAS, NV KSNV-1 3 Ν LAS VEGAS, NV KTNV-1 13 Ν LAS VEGAS, NV KVCW-1 33 LAS VEGAS, NV KVVU-1 HENDERSON, NV

Add Rows as Necessary

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
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		•	

	L		

Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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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: 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

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name LEGAL NAME OF OWNER OF CABLE SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name LEGAL NAME OF OWNER OF CABLE SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name LEGAL NAME OF OWNER OF CABLE SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
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	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
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	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
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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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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name LEGAL NAME OF OWNER OF CABLE SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

PRIMARY TRANSMITTERS: TELEVISION

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name LEGAL NAME OF OWNER OF CABLE SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Primary Transmitters: Television

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name LEGAL NAME OF OWNER OF CABLE SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
Name LEGAL NAME OF OWNER OF CABLE SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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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	063269

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#
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PRIMARY TRANSMITTERS: TELEVISION

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
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	CEQUEL COMMUNICATIONS LLC	063269

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

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

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	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.

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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.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	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

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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.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	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

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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.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	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

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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.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	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

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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.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

PRIMARY TRANSMITTERS: TELEVISION

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

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	PRIMARY TRANSMITTERS: TELEVISION	

Primary Transmitters: Television

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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.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

PRIMARY TRANSMITTERS: TELEVISION

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

Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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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	063269

PRIMARY TRANSMITTERS: TELEVISION

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
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	CEQUEL COMMUNICATIONS LLC	063269

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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	063269

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

Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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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	063269

PRIMARY TRANSMITTERS: TELEVISION

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
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	CEQUEL COMMUNICATIONS LLC	063269

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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	063269

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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: 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: 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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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

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	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.

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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.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	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

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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.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	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

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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.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

PRIMARY TRANSMITTERS: TELEVISION

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

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	PRIMARY TRANSMITTERS: TELEVISION	

Primary Transmitters: Television

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

Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	PRIMARY TRANSMITTERS: TELEVISION	

Primary Transmitters: Television

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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.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

PRIMARY TRANSMITTERS: TELEVISION

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

Accounting Period: 2019/1		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269
	PRIMARY TRANSMITTERS: TELEVISION	

Primary Transmitters: Television

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

Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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

Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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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	063269

PRIMARY TRANSMITTERS: TELEVISION

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Accounting Period: 2	2019/1	FORM SA1-2E. PAGE 3.
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	CEQUEL COMMUNICATIONS LLC	063269

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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	063269

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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: 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: 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: 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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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

Accounting Period: 2019/1 FORM SA		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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.

 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *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.

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

Accounting Period: 2019/1 FORM SA		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269

PRIMARY TRANSMITTERS: TELEVISION

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

Accounting Period: 2019/1 FORM SA		FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063269

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

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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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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

Accounting Period: 2019/1 FORM SA		FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063269

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

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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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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

ounting Period:	: 2019/1			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNIC	ATIONS LLC		063269
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable systel FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC rules on the station was carried only on List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location 4. Give the location for the meaning of these to Column 4: Give the location for substitution in the substitution of the set to Column 4: Give the location for the meaning of these to Column 4: Give the location for the meaning of these to Column 4: Give the location for substitution in the formal formal for the meaning of these to Column 4: Give the location for the meaning of these to Column 4: Give the location for the meaning of the formal	m during the accounting period, except neffect on June 24, 1981, permitting (a)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. With respect to any distant stations or alles, regulations, or authorizations: I in space G—but do list it in space I (a substitute basis. I also in space I, if the station was carried on concerning substitute basis stations or concerning substitute basis stations of with a station according to its over-the form. I number the FCC assigned to the tell 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), perms, see page (iv) of the general instruction of each station. For U.S. stations, list	g translator stations and low power tele of (1) stations carried only on a part-time the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a substitute basis and also of the special Statement and Program Located both on a substitute basis and also of the special statement and Program Located both on a substitute basis and also of the special statement and Program Located both on a substitute basis and also of the special statement and Program Located both on a substitute basis and also of the special services such as HBO, ESPN the cair designation. For example, report evision station for broadcasting over the station, an independent station, or a material station, an independent station, if (for network multicast), "I" (for independent "E-M" (for noncommercial education ructions in the paper SA1-2 form. It the community to which the station is the community with which the station is	e basis under ns [sections ons carried on a dititute program og)—if the on some other ns. l, etc. Identify each a multistream lee air in its community noncommercial ident), "I-M" nal multicast). licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	I. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063269

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
						ļ 	
						 	
		 					
						ļ 	
	L			L		L	1

Accounting Perio	od: 2019/1						FORM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#		
Name	CEQUEL COMMUNICA	ATIONS L	LC				063269		
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G				
ı	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								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special	1. SPECIAL STATEMEN								
Statement and	During the accounting pe	•	ur cable syster	n carry, on a substitute ba	sis, any noni	network televisio	· · ·		
Program Log	broadcast by a distant sta		reet of this na	age blank. If your answer is	s "Ves " vou i	 -	ES X NO		
	log in block 2.	, icave tile	rost of this pe	ige blank. If your answer is	s ics, your	nust complete th	ic program		
	2. LOG OF SUBSTITUT	E PROGR	AMS						
	In General: List each subs	titute progr	am on a separ		s wherever p	ossible, if their m	eaning is		
	clear. If you need more spa				II) 1	Later back and a			
	period, was broadcast by a			vision program ("substitute our cable system substitut					
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for further ir	nformation.		
	Do not use general catego		ovies" or "bask	etball." List specific progra	m titles, for e	example, "I Love	Lucy" or		
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter "	'No "				
				easting the substitute progr					
				the community to which the			CC or, in		
	the case of Mexican or Cal			e community with which the stem carried the substitute			n the month		
	first. Example: for May 7 gi	,	which your sy	stem carried the substitute	, program. O	oc numerais, with	Tule monut		
				ogram was carried by you					
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	::28:30 p.m. shou	ıld be		
		ter "R" if the	e listed prograr	n was substituted for progr	ramming tha	t your system wa	s required		
	to delete under FCC rules								
	was substituted for program	•	your system w	as permitted to delete und	ler FCC rules	and regulations	in		
	effect on October 19, 1976	•							
	_			_	WHEN SUBSTITUTE				
	S	SUBSTITUTE PROGRAM		1	CARRIAGE OCCURRED		7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	то		
						_			
						_			
									
						_			

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S,	O63269
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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.	mission service amount, se	5,576.00
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 \$527,600 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 t	his six-month	
	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	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		
	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. PAGE 7				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC SYS	STEM ID# 063269		
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				
	(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			
	(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)]			
	X /s/ Alan Dannenbaum			
	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.

ccounting Period: 2019/1		FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
EQUEL COMMUNICATIONS LLC		063269
lowing sentence: "In determining the total number of subscrib service of providing secondary transmission	ROSS RECEIPTS EXCLUSIONS itle 17, section 111(d)(1)(A), of the Copyright Act by adding the followers and the gross amounts paid to the cable system for the basic s of primary broadcast transmitters, the system shall not include subtraction in the system shall not include subtractions are considered in the system shall not include subtractions.	Special Statement
For more information on when to exclude these am located in the paper SA1-2 form.	ounts, see the note on page (vii) of the general instructions	
made by satellite carriers to satellite dish owners?	exclude any amounts of gross receipts for secondary transmission	ns
X NO YES. Enter the total here and list the satellite of	arrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
	payments submitted as a result of a late payment or underpayme e (viii) of the general instructions located in the paper SA1-2 form.	
Line 1 Enter the amount of late payment or under	payment	Interest Assessment
	x	
Line 2 Multiply line 1 by the interest rate* and enter	er the sum here	-
	x	days
Line 3 Multiply line 2 by the number of days late a	nd 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 (interest charge)	
* To view the interest rate chart click on www.c contact the Licensing Division at (202) 707-8	opyright.gov/licensing/interest-rate.pdf. For further assistance pleases or licensing@copyright.gov.	ase
** This is the decimal equivalent of 1/365, which	is the interest assessment for one day late.	
, ,	atement of account already submitted to the Copyright Office, plead, ID number, and accounting period as given in the original filing	
Owner		
Address		
ID number		
First community served		
Accounting period		

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