This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
8/28/2019	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
2.	A	STATEMENT (TTTAL CHOO)					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		20191 Barcode Data Filing Period (optional - see instructions)					
Period							
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner		List any other name or names under which the owner conducts the business of the cable system.					
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.					
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		CEQUEL COMMUNICATIONS LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		SUDDENLINK COMMUNICATIONS					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)					
		TYLER, TX 75701 (City, town, state, zip)					
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	ı	CUSHING, OK					
		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 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.

accounting Period:	Z012/1	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	008649
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to as the "first community." Please use it as the first community on all future to the community of the community of the community.	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter knowr filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	r mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CUSHING	OK
Community		
Add Rows as Necessary		

Accounting Period: 2019/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 008649

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		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	COBCONIBLINO	TOTTE	OATEGORY OF GERVIOL	COBCOTTIBLITO	10112
 Service to first set 	1,132	34.99			
 Service to additional set(s) 	2,165	0			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	52	34.99			
Converter					
 Residential 					
 Non-residential 					
		T		T	l

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	GORY OF SERVICE RATE CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
 Pay cable 	19.00	Motel, hotel			
 Pay cable—add'l channel 	19.00	Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 008649

CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

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Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

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Column 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAUT-1	43	<u> </u>	OKLAHOMA CITY, OK
KAUT-2	43.2	I-M	OKLAHOMA CITY, OK
KAUT-HD1	43	I-M	OKLAHOMA CITY, OK
KETA-1	13	E	OKLAHOMA CITY, OK
KETA-2	13.2	E-M	OKLAHOMA CITY, OK
KETA-HD1	13	E-M	OKLAHOMA CITY, OK
KFOR-1	4	N	OKLAHOMA CITY, OK
KFOR-2	4.2	I-M	OKLAHOMA CITY, OK
KFOR-HD1	4	N-M	OKLAHOMA CITY, OK
KOCB-1	34	l	OKLAHOMA CITY, OK
KOCB-2	34.2	I-M	OKLAHOMA CITY, OK
KOCB-3	34.3	I-M	OKLAHOMA CITY, OK
KOCB-HD1	34	I-M	OKLAHOMA CITY, OK
KOCM-1	46	<u> </u>	NORMAN, OK
KOCO-1	5	N	OKLAHOMA CITY, OK
KOCO-2	5.2	I-M	OKLAHOMA CITY, OK
KOCO-HD1	5	N-M	OKLAHOMA CITY, OK
KOKH-1	25	<u> </u>	OKLAHOMA CITY, OK
KOKH-2	25.2	I-M	OKLAHOMA CITY, OK
KOKH-3	25.3	I-M	OKLAHOMA CITY, OK
KOKH-HD1	25	I-M	OKLAHOMA CITY, OK
KOPX-1	62	<u>l</u>	OKLAHOMA CITY, OK
KOPX-HD1	62	I-M	OKLAHOMA CITY, OK
KSBI-1	52	l	OKLAHOMA CITY, OK
KSBI-HD1	52	I-M	OKLAHOMA CITY, OK
KTBO-1	14	<u> </u>	OKLAHOMA CITY, OK
KTBO-HD1	14	<u>l</u>	OKLAHOMA CITY, OK
KTUL-1	8	N	TULSA, OK
KTUZ-1	30	I	SHAWNEE, OK
KTUZ-HD1	30	I-M	SHAWNEE, OK
KWTV-1	9	N	OKLAHOMA CITY, OK
KWTV-2	9.2	I-M	OKLAHOMA CITY, OK

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 008649

CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

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WTV-HD1	9	N-M	OKLAHOMA CITY, OK

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Name

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CEQUEL COMMUNICATIONS LLC

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 008649

CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

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Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

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CEQUEL COMMUNICATIONS LLC

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 008649

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 008649

CEQUEL COMMUNICATIONS LLC

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Name

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CEQUEL COMMUNICATIONS LLC

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Name

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CEQUEL COMMUNICATIONS LLC

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CEQUEL COMMUNICATIONS LLC

G

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 008649

CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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PRIMARY TRANSMITTERS: TELEVISION

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

008649

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
							
		 				 	
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Accounting Perio	LEGAL NAME OF OWNER OF	CARLE SVS	ΓΕM·				FOR	SYSTEM ID#
Name	CEQUEL COMMUNICA							008649
Substitute Carriage: Special Statement and Program Log	CEQUEL COMMUNICA SUBSTITUTE CARRIAGE In General: In space I, identiful substitute basis during the acceptantion of the programming the acceptant of the programming the accounting periphroadcast by a distant state that the state of the sta	fy every nor counting per norm that must reconcern the concern of	AL STATEMEI Innetwork televis eriod, under spec to be included in ENING SUBST r cable system rest of this pag AMS m on a separa add additional r nnetwork televit ion and that yo r authorizations vies" or "baske dicast live, enter estation broadca on's location (the ones, if any, the of when your system established the system estation program carrier estation program carrier estation program carrier	cific present and former Forthis log, see page (v) of the Ithis log, see page (v) of the gent that log is a substitute sure cable system substitutes. See page (v) of the gent that log is a substitute program of the substitute program was carried by your led by a system from 6:01	y a distant star CC rules, regune general instructions wherever pose program") the ed for the program. Use station is lice a station is lice a program. Use r cable system:15 p.m. to 6:2	lations, or au ructions in the ruction in th	thorizations. e paper SA1 sion program YES the program accounting another star information we Lucy" or FCC or, in with the more accounted be	em carried on a For a further -2 form. NO m S S S tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation ming that y	ons in effect du	ring the accounting perios permitted to delete und	d; enter the le er FCC rules a	tter "P" if the and regulatio EN SUBSTI IAGE OCCI	listed progr ns in TUTE	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			— ТО —	
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Accounting Period:	2019/1		FORM SA1	I-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		SY	STEM ID# 008649
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipt	m's secondary transn how to compute this	nission service amount, see	,091.42 s receipts)
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 le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100	O OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b			
	Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K		- -	
	3. Subtract line 2 from line 1		_	
	4. Enter the amount of gross receipts from space K	· · · · · · <u> </u>		
	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
				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800) (but less than \$527	7,600)	
	Enter the amount of gross receipts from space K	327,091.42	_	
	2. Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1	63,291.42	=	
	4. Multiply line 3 by .01	<u>\$</u>	632.91	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>\$</u>	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · · <u> </u>	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, a	and 6	. \$ 1,	951.91
	FILING FEE AND TOTAL REMITTANCE DUE			
ETT E I				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	1,951.91	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 1,	971.91
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 form and the Excellent			

Accounting Period:	2019/1																								_						_																																														F	0	RI	M	S	A	1-	-2	Ē.	. F	δΑ	١G)E	Ξ 7	,
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT																																																																	_	_	_	_	_	_	_	_	_			_			_	_	S	Ϋ́	'S						D:	
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) to the subscribers, and (2) to the subscribers, and (2) to the subscribers of the	the cable system's total f channels on which the broadcast stations f activated channels m carried television bro	al number the cable	mber ble	ber le 	be le	ole 	b le	b le) 6	t	e	e :	÷ .	er :	r	ta	o	of	f a		tiva 	a .	ıte				t.		•		h		ar			el:		du		ir	n,	g	t	h.	e :				·	ır	nt	ti	ir	nę	g	р	e	rio	d.			ati	or 	s											33															
N Individual to Be Contacted	INDIVIDUAL TO BE CON- we can contact about this s			ORM	RM	DR	OF	וכ)	ì	F	R	7	2	RI	N	Λ.	N.A	A	T	10	N	11	ıs	s	3		N	N	11	E	=1	E	. C	D	E	D	(1	d	Э	n	ti	f	y	а	n i	in	di	V	ic	dı	u	16	al	al	to	0	w	ho	m																															
for Further Information	Name SARAI	H BOGUE																																																											Т	ele	ep	10	ne	(9) 0	13) (57	'9	-3	31	12	21																
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		R, TX 75701 , state, zip)																																																																																									
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	008649
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO YES. Enter the total here and list the satellite carrier(s) below	
TEG. Effet the total fiele and list the satellite carrier(s) below	.
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	

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