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

STATEME	=NT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:		
		ansmissions by	DATE RECEIVED AMOUNT				
Cable Syste	ems (S	Short Form)		\$	For additional information,		
General instru	ctions	are located		Ŷ	contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this	workbook	02/28/2020	ALLOCATION NUMBER	Tel: (202) 707-8150		
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	/YY/(Period))			
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		20192	Barcode Data Filing Period (optiona	I - see instructions)			
Accounting Period							
		Instructions:					
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent co		idiary of another corporation, give the full co	rporate title		
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.			
				the last day of the accounting period should s	submit a		
		single statement of account and royalty fee			010579		
		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 nu	(mber)				
		TYLER, TX 75701 (City, town, state, zip)	anizer)				
•	INSTR		ess or trade names used to ider	ntify the business and operation of the	e system unless these		
C	names		2, give the mailing address of th	e system, if different from the address	s given in space B.		
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		TRENTON, MO MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite nu	mber)				
		(City, town, state, zip code)	-				
	4	(ory, rown, state, zip code)					
Privacy Act Notice	e: Sectior	111 of title 17 of the United States Code aut	horizes the Copyright Offce to collect th	e personally identifying information (PII) reque	ested 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	CEQUEL COMMUNICATIONS LLC	010579
_	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporate	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area Served	identified city.	
	CITY OR TOWN	STATE
First		MO
Community	GRUNDY COUNTY(PORTION)	МО
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C/	ABLE SYSTEM:							
	CEQUEL COMMUNICAT	IONS LLC							01057
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	TES				
E	In General: The information in s			-		•			
<b>.</b> .	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						those exis	ting on the	
Service: Sub-	Number of Subscribers: Both						ble systen	n, broken	
scribers and	down by categories of secondar	, y transmission	service.	In general, you	can com	pute the number	er of subso	cribers in	
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate of							ac and the	
	unit in which it is generally billed								
	category, but do not include disc				ly standa		is within a		
	Block 1: In the left-hand block				es of sec	ondary transmis	ssion servi	ice that cable	
	systems most commonly provide							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	•		,					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-n	and block. A two	o- or thre	e-wora descript	ion of the	service is	
		DCK 1					BLOC	٢2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	<b>VICE</b>	SUBSCRIBERS	RATE
	Service to first set		658	34.99					
	Service to additional set(s)		000	07.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		19	34.99					
	Converter			01.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	;				
F	In General: Space F calls for ra	te (not subscril	ber) info	rmation with res	pect to a	Il your cable sys	stem's ser	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There an furnished at cost or (2) services		,		0		0 (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			2		C C		0	
ransmissions:	Block 1: Give the standard rat							+	
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip		-		neu. List	these other ser		e lonn or a	
		BLO			BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resid					
	• Pay cable	19.00	• Mot	el, hotel					
	• Pay cable—add'l channel	19.00	• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		-	cable-add'l cha	annel				
	Installation: Residential		• Fire	protection					
	First set	99.00	• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>	25.00		ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	• Converter		• Disc	connect					
				let relocation		25.00			
			• Mov	ve to new addre	SS	99.00			

lame	LEGAL NAME OF OWNER O	)F CABLE SYSTEM:		SYST					
ame	CEQUEL COMMUNIC	CATIONS LLC							
	PRIMARY TRANSMITTERS:	TELEVISION							
G	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under								
-	FCC rules and regulations	s in effect on June 24, 1981, permitting th	he carriage of certain network prog	rams [sections					
imary smitters:		(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain st	ations carried on a					
evision	ision Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
		rules, regulations, or authorizations: ere in space G—but do list it in space I (tl	he Special Statement and Program	n Log)—if the					
	station was carried <i>only</i> o	n a substitute basis. I also in space I, if the station was carrie	d both on a substitute basis and al	como othor					
	basis. For further informat	ion concerning substitute basis stations,	, see page (v) of the general instruc	ctions.					
		on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	÷ .	-					
	"WETA-2" as the same on	n the form.	<b>C</b> 1 1 1						
		nel number the FCC assigned to the tele NRC is channel 4 in Washington, D.C.	evision station for broadcasting ove	r the air in its community					
	Column 3: Indicate in eac	ch case whether the station is a network							
		tering the letter "N" (for network), "N-M" ( t), "E" (for noncommercial educational), c							
	For the meaning of these	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list	uctions in the paper SA1-2 form.						
		adian stations, if any, give the name of t	•						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	КСРТ-1	19	E	KANSAS CITY, MO					
	KCPT-2	18	E-M	KANSAS CITY, MO					
s as Necessary	КСРТ-3	19.3	E-M	KANSAS CITY, MO					
	KCPT-HD1	19	E-M	KANSAS CITY, MO					
	КСТУ-1	5	N	KANSAS CITY, MO					
	KCTV-HD1	5	N-M	KANSAS CITY, MO					
		5 29	N-M I						
	KCTV-HD1			KANSAS CITY, MO					
	KCTV-HD1 KCWE-1	29		KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2	29 29.2	I I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1	29 29.2 29	I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1	29 29.2 29 9 9	I I-M I-M N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1 KMBC-2	29 29.2 29 9 9.2	i I-M I-M N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1	29 29.2 29 9 9.2 9 50	I I-M I-M N I-M N-M I	KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1	29 29.2 29 9 9.2 9 50 50	I I-M I-M N I-M I I I I-M	KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1 KSHB-1	29 29.2 29 9 9.2 9 9 50 50 41	I I-M I-M N I-M I-M I I I I-M N	KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-1 KSHB-1 KSHB-2	29 29.2 29 9 9.2 9 50 50 41 41.2	I I-M I-M N I-M I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1 KSHB-1 KSHB-2 KSHB-HD1	29 29.2 29 9 9.2 9 50 50 41 41.2 41	I I-M I-M N I-M I I I I-M I I-M N N N N N N N N N N N N N N N N N N N	KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-1 KSHB-1 KSHB-2 KSHB-HD1 KSMO-1	29 29.2 29 9 9.2 9 50 50 41 41 41.2 41 62	I I-M I-M N I-M I I I-M N N I-M I-M I I-M I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1 KSHB-1 KSHB-2 KSHB-HD1 KSMO-1 KSMO-HD1	29 29.2 29 9 9.2 9 50 50 41 41 41.2 41 62 62 62	I I-M I-M N N-M I I I-M N N I-M I-M I I I-M	KANSAS CITY, MO         KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1 KSHB-1 KSHB-2 KSHB-HD1 KSMO-1 KSMO-HD1 WDAF-1	29 29.2 29 9 9.2 9 50 50 50 41 41 41.2 41 62 62 62 4	I I-M I-M N N I-M I I I-M I I-M I I-M I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO					
	KCTV-HD1 KCWE-1 KCWE-2 KCWE-HD1 KMBC-1 KMBC-2 KMBC-HD1 KPXE-1 KPXE-HD1 KSHB-1 KSHB-2 KSHB-HD1 KSMO-1 KSMO-HD1	29 29.2 29 9 9.2 9 50 50 41 41 41.2 41 62 62 62	I I-M I-M N N-M I I I-M N N I-M I-M I I I-M	KANSAS CITY, MO         KANSAS CITY, MO					

CEQUEL CO		CABLE S'						SYSTEM 010
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
ecceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. on is AM or FM. hal was electronically processed (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can   ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL OION		0/0		CALL SIGN		0/0		
				L		+		

Name         EXAM.NARE OF OWER OF CAULE SYSTEM ICS         SYSTEM ICS           I         COURD COMMUNICATIONS LLC         Ot10579           Justice and the space is locally very reproductive transmission or authorizations. For a further regionation of the programming that work the space informed on under space present and former FCC Unles. regulations on authorizations. For a further regionation of the programming that must be included in this tog, see page (v) of the general instructions in the pager SA1.2 form.           Substitution         SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE           Program Lo         Note: If your answer is "No", laws the treat of this page blank. If your answer is "Yes," you must complexe the program to its page, place and additional roots the blacks.           Note: If your answer is "No", laws the next of this page blank. If your answer is "Yes," you must complexe the program tog in block 2.           L Cool OF SUBSTITUTE PROGRAMS           In General: Lust additional roots and additional roots in balance.           Product 2.         Cool of SUBSTITUTE PROGRAMS           In General: Lust additional roots and brack additional roots in the local scale and roots and brack additional roots in the program must complement instructions for three ridormation.           Column 3: Cose the end substitute program is a substitute to program list. (More ther meaning is device the root of the substitute program is a substitute for program list. (More there inform that is a program carried by a system thron for 15.5 pm. to 82.30 pm. should be there th	Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.	
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG         In Generat: 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 nices, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         *During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         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 Generat: 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 "substituted program" 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 tiles, for example, "I Love Lucy" or "NBA Basketball." fores vs. Bulls."         Column 3: Give the call sign of the station broadcast line, enter "No."       Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give '5/7."         Column 4: Give the call sign of the station broadcast		LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  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 substitute for the programming of another station under certain PCC 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. "Column 3: Give the toradcast stations broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast station's location (the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. 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 a "6:00-6:30 p.m." Column 6: State the times when the substitute program was substituted for programming that your system was required to delete under FCC r	Name	CEQUEL COMMUNICA	ATIONS L	LC.					010579	
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         Program Log         1. Origin the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         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 substitute for the programming of another station under certain PCC 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. "Ger was used to be obtain is identified.         Column 3: Give the trib of avery none your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."         Column 4: Give the broadcast stating your				AL STATEME						
Substitute       substitute <th>I I</th> <th></th> <th>-</th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th>	I I		-	-						
Substitute Carriage: Special Statement and Program Log <ul> <li>SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>MEX</li> <li>Mote: 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.</li> </ul> <li>LOG OF SUBSTITUTE PROGRAMS         <ul> <li>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.</li> <li>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 substitute program") that, during the accounting period, was broadcast by a distant station is 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: Toers ws. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station is location the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations is approarm was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substitute program. Use numerals, with the month first. Example: for May 7 give "57."</li> <li>Column 6: State the times when the substitute program was substitued for programming that your system was required to delete under FCC rules and regulations in effect during the accounting</li></ul></li>	•									
Carriage: Special Statement and Program Log       1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       Image: Concent Statement and Program Log         • 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.       Image: Concent Statement and Program Log         • 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 substitute 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: Give the broadcast students 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 to which the station is identified). Column 5: Give the month and day when your system carried by a 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 "P" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; ente	Substitute									
Special Statement and Program Log       • During the accounting period, idi your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       • Vest       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.       Image: Complete the program of the program. Co			-			<u> </u>		· · · · · · · · · · · · ·		
Statement and Program Log       broadcast by a distant station?       YES       XnO         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 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 3: Give the call sign of the station sile community with which the station is identified).       Column 6: 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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the	-					eie anv nonr	ootwork to	levision prog	ram	
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effect on October 19, 1976.           when substitute         when substitute           SUBSTITUTE PROGRAM         CARRIAGE OCCURRED         7. REASON FOR           1. TITLE OF PROGRAM         2. LIVE?         3. STATION'S         5. MONTH         6. TIMES									ogram	
SUBSTITUTE PROGRAM     CARRIAGE OCCURRED     7. REASON FOR DELETION       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES     DELETION		effect on October 19, 1976					Ū			
SUBSTITUTE PROGRAM     CARRIAGE OCCURRED     7. REASON FOR DELETION       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES     DELETION										
1. TITLE OF PROGRAM 2. LIVE? 3. STATIONS 5. MONTH 0. TIMES		s	UBSTITUT	E PROGRAM	1					
Yes or No       CALL SIGN       4. STATION'S LOCATION       AND DAY       FROM       TO         Image: Antice of the state o		1. TITLE OF PROGRAM							DELETION	
Image: second			Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
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Accounting Period:	<b>2019/2</b> FORM SA1-	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS CEQUEL COMMUNICATIONS LLC	6TEM ID# 010579
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	<b>597.07</b> receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80( • 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. 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 this six-month accounting period is \$52.00 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	
	1. Base amount under statutory formula         \$         263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1       \$ 102,202.93	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
		296.97
	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	296.97
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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) \$ 296.97	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$	316.97
	EFT Trace # or TRANSACTION ID #	
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 010579
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	22
	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.)         Name       SARAH BOGUE	(002) 570 2424
for Further Information		(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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B.</li> <li>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)]</li> </ul>	system as identified vner of the cable system
	Image: A state of the stat	-
	Typed or printed name:       ALAN DANNENBAUM         Title:       SVP, PROGRAMMING         (Title of official position held in corporation or partnership)	
	Date: 02/18/2020	

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.

scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."       C         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?       Image: Comparison of the general instructions for secondary transmissions made by satellite carriers to satellite carrier(s) below.       Image: Comparison of the general instructions for secondary transmissions made by satellite carriers to satellite carrier(s) below.       Image: Comparison of the general instructions for secondary transmissions made by satellite carriers to satellite carrier(s) below.       Image: Comparison of the general instructions for secondary transmissions made by satellite carriers to satellite carrier(s) below.       Image: Comparison of the general instructions for secondary transmissions made by satellite carriers (s) below.       Image: Comparison of the general instructions for the general instructions for secondary transmissions made by satellite carriers (s) below.       Image: Comparison of the general instructions for the general	SYSTEM ID 010579 P Special Statement Concerning Gross Receipts Exclusion
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."       So the cable system shall not include subscribers receiving secondary transmissions pursuant to section 119."       So the cable system secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."       So the cable system 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?       So the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below.       So the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite data here and list the satellite carrier(s) below.       So the cable system exclude any amounts of gross receipts for secondary transmissions amounts of gross receipts for secondary transmissions are preserved.         Name         Mailing Address         INTEREST ASSESSMENT         You	P Special Statement Concerning Gross
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	nterest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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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