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		OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:				
-		ansmissions by	DATE RECEIVED	AMOUNT	-				
Cable Syste					<u>coplicsoa@copyright.gov</u>				
General instru	ctions	are located		\$	For additional information, 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				
	1				J				
Α	ACCO	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	(YY/(Period))					
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		/_							
			Percedo Dete Filing Devied (entioned	· · · · · · · · · · · · · · · · · · ·					
		20192	Barcode Data Filing Period (optiona	- see instructions)					
Accounting Period									
		Instructions:							
В				diary of another corporation, give the full cor	porate title				
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.					
		If there were different owners during the a	accounting period, only the owner on t	he last day of the accounting period should s	ubmit a				
		single statement of account and royalty fee	e payment covering the entire account	ting period.					
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	003124				
		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	imber)						
		TYLER, TX 75701 (City, town, state, zip)							
С				tify the business and operation of the					
	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	1	IDENTIFICATION OF CABLE SYSTEM: WALDRON, AR							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2								
	2	(Number, street, rural route, apartment, or suite nu	imber)						
		(City, town, state, zip code)							
	0			11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1					
Privacy Act Notice	e: Section	1111 of title 17 of the United States Code aut	norizes the Copyright Office to collect th	e personally identifying information (PII) reques	stea 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 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						
Name	CEQUEL COMMUNICATIONS LLC	00312						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area		nobile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	WALDRON	AR						
Community								
Id Rows as Necessary								

Name	LEON NAME OF COMPLETE OF T											
	LEGAL NAME OF OWNER OF CA	SYSTEM ID# 003124										
	CEQUEL COMMUNICATIONS LLC											
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES							
E	In General: The information in s					y transmission	service of	the cable				
	system, that is, the retransmission											
Secondary	about other services (including p						those exis	ting on the				
Transmission Service: Sub-	last day of the accounting period	`				,	hle system	hroken				
scribers and	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											
Rates	each 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											
	3	· ·	,			rd rate variation	is 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 subsc	ribers. C	Give the numb	er of subso	cribers and rate	for each li	sted category				
	that applies to your system. Not			-		-						
		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(c)."											
	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 a	ind rates, in th	e right-h	and block. A t	wo- or thre	e-word descript	tion of the	service is				
	sufficient.	DCK 1			1		BL OCK	()				
			BLOC	NO. OF								
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	Service to first set		195	34.99								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		10	34.99								
	Converter											
	Residential											
	Non-residential											
_	SERVICES OTHER THAN SEC In General: Space F calls for rat					Il vour cable sv	stem's ser	vices that were				
F	not covered in space E, that is, th		,		-	• •						
	service for a single fee. There ar	•			•		• •	,				
Services	furnished at cost or (2) services											
Other Than Secondary	amount of the charge and the un		usually	billed. If any ra	ates are ch	harged on a vari	lable per-p	rogram basis,				
ransmissions:	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.											
Rates	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.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Installa	tion: Non-res	idential							
	• Pay cable	19.00	• Mot	el, hotel								
	 Pay cable—add'l channel 	19.00	• Con	nmercial								
	Fire protection		• Pay	cable								
	 Burglar protection 		• Pay	cable-add'l ch	nannel							
	Installation: Residential		• Fire	protection								
	• First set	99.00	• Bur	glar protection	I							
	 Additional set(s) 	25.00	Other s	ervices:								
		I				40.00			Т			
	• FM radio (if separate rate)		• Rec	onnect		40.00						
	 FM radio (if separate rate) Converter 			connect connect		40.00						
	· · · /		• Disc			25.00						

Inting Period:	2019/2			FORM SA1-2E. PAGE 3							
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID# 003124							
Name	CEQUEL COMMUNICATIONS LLC										
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary ansmitters: Felevision	 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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 r • Do <i>not</i> list the station her station was carried <i>only</i> or	ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis.	ne Special Statement and Program	n Log)—if the							
	basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W	 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. <i>Do not</i> 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							
	KAFT-1	9	E	FAYETTEVILLE, AR							
	KFSM-1	5	Ν	FORT SMITH, AR							
as Necessary	KFTA-1	24	I	FORT SMITH, AR							
	KHBS-1	40	N	FORT SMITH, AR							
	KHBS-2	40.2	I-M	FORT SMITH, AR							
	INIDO-Z										
	KNWA-1	51	Ν	ROGERS, AR							
		51 34	N								
	KNWA-1		N	ROGERS, AR EUREKA SPRINGS, AR							
	KNWA-1		N I								
	KNWA-1		N I								
	KNWA-1		N 1								
	KNWA-1		N								
	KNWA-1		N 1								
	KNWA-1		N 1								
	KNWA-1		N 1								
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	KNWA-1										

EGAL NAME OF								SYSTEM 1 0031
	every radio s	tation ca	arried on a separate and discre					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically processes 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 par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D		
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
·								

Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	ATIONS L	LC					003124	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G				
	In General: In space I, ident	tify every no	nnetwork telev	<i>ision program</i> , broadcast by	, a distant sta	tion, that y	our cable sys	tem carried on a	
	substitute basis during the a	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, or	r authorization	ns. For a further	
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of t	he general ins	structions in	n the paper S	A1-2 form.	
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant sta	tion?					YES	× NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must comp	lete the prog	jram	
	log in block 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 spa				s wherever p	ossidie, ii i	neir meaning	y is	
				vision program ("substitute	e program") tl	hat, during	the account	ing	
	period, was broadcast by a								
	under certain FCC rules, re								
	Do not use general catego "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	am titles, for e	example,	Love Lucy	or	
	Column 2: If the program	m was broa		er "Yes." Otherwise enter					
				asting the substitute prog					
	the case of Mexican or Car			the community to which the			the FCC or,	in	
				stem carried the substitute			ls, with the n	nonth	
	first. Example: for May 7 gi	ve "5/7."							
				ogram was carried by you				ately	
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0"	1:15 p.m. to 6	:28:30 p.n	n. should be		
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	iired	
	to delete under FCC rules							ogram	
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	ter FCC rules	and regul	ations in		
		•						1	
	S		E PROGRAM	1		N SUBST AGE OCC	URRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
							_		
							_		
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Accounting Period:	2019/2 FORM SA1-2E. I	PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE CEQUEL COMMUNICATIONS LLC 00	M ID#)3124
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.	
L Copyright Royalty Fee	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	. <u>00</u> .00
	2. Enter amount of gross receipts from space K 3. Subtract line 2 from line 1 4. Enter the amount of gross receipts from space K 5. Enter the amount from line 3 6. Subtract line 5 from line 4 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	.00
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.	.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the 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# 003124
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 on which the cable system carried television broadcast stations and nonbroadcast services .	55
N Individual to Be Contacted for Further	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	(903) 579-3121
Information	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (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 (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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei 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)] 	system as identified vner of the cable system
	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: 02/18/2020	

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	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	00312
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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.	
** 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	
** 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	

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