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

| STATEM | ENT OF ACCOUNT | FOR COPYRIG | HT OFFICE USE ONLY | Return completed workbook by email to: |
|-----------------------------------|---|---|--|---|
| | ary Transmissions by | DATE RECEIVED | AMOUNT | _ |
| Cable Systems (Short Form) | | | \$ | For additional information, |
| General instru | ctions are located | 02/28/2020 | | contact the U.S. Copyright Office Licensing Division at: |
| in the first tab of this workbook | | 02/20/2020 | ALLOCATION NUMBER | Tel: (202) 707-8150 |
| | | | | |
| | | | | |
| Α | ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (Y | YYY/(Period)) | |
| | 2019/2 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | 2010/2 | 1 | | |
| | 20192 | Barcode Data Filing Period (optiona | I - see instructions) | |
| Accounting Period | | - | | |
| | Instructions: | | | |
| В | Give the full legal name of the owner of th 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 whic | h the owner conducts the business of t | he cable system. | |
| | If there were different owners during the single statement of account and royalty fe | | the last day of the accounting period should s ting period. | submit a |
| | Check here if this is the system's first filing | g. If not, enter the system's ID number | assigned by the Licensing Division. | 035532 |
| | LEGAL NAME OF OWNER/MAILING | G ADDRESS OF CABLE SYSTEM | | |
| | CEQUEL COMMUNICATIONS LLC | | | |
| | BUSINESS NAME(S) OF OWNER OF | CABLE SYSTEM (IF DIFFERENT |] | |
| | | | 1 | |
| | SUDDENLINK COMMUNICATIONS | | | |
| | 3015 S SE LOOP 323 | | | |
| | (Number, street, rural route, apartment, or suite r | umber) | | |
| | (City, town, state, zip) | | | |
| С | INSTRUCTIONS: In line 1, give any busin | | | |
| | names already appear in space B. In line | 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: TRINITY, TX | | | |
| | MAILING ADDRESS OF CABLE SYSTEM | : | | |
| | | | | |
| | 2 (Number, street, rural route, apartment, or suite r | umber) | | |
| | (City, town, state, zip code) | | | |
| | | | | and a standard |
| Privacy Act Notic | e: Section 111 of title 17 of the United States Code au | unonzes the Copyright Offce to collect th | ie 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 | | | | | | | |
|--------------------|---|--|--|--|--|--|--|--|--|
| Name | CEQUEL COMMUNICATIONS LLC | 035532 | | | | | | | |
| D | Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat 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 filing | munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known | | | | | | | |
| | Note: Entities and properties such as hotels, apartments, condominiums, or mo | | | | | | | | |
| Area Served | identified city. | | | | | | | | |
| | | | | | | | | | |
| - | CITY OR TOWN | STATE | | | | | | | |
| First Community | TRINITY | TX | | | | | | | |
| Community | | | | | | | | | |
| D | | | | | | | | | |
| Rows as Necessary | | | | | | | | | |
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| | 1 | | | | | | | - | I-2E. PAGE | | | |
|---------------------------|--|------------------|------------|--------------------|------------|-------------------|-------------|-----------------|------------|--|--|--|
| Name | LEGAL NAME OF OWNER OF C/ | | SYSTEM ID | | | | | | | | | |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 03553 | | | |
| _ | SECONDARY TRANSMISSION | SERVICE: SI | JBSCRI | BERS AND RA | TES | | | | | | | |
| E | 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 | | | | | | | | | | | |
| Secondary Transmission | 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). | | | | | | | | | | | |
| Service: Sub- | Number of Subscribers: Both | ` | | | | , | ble systen | n, broken | | | | |
| scribers and | | | | | | | | | | | | |
| Rates | each category by counting the number of billings in that category (the number of persons or organizations 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 | | | | iy standa | | is within a | | | | | |
| | Block 1: In the left-hand block | | | | ies of sec | ondary transmis | ssion servi | ce 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 | | | | | service that are | different | from those | | | | |
| | printed in block 1 (for example, t | | | | | , | | , 0 | | | | |
| | with the number of subscribers a | and rates, in th | e right-h | and block. A tw | o- or thre | e-word descript | ion of the | service is | | | | |
| | sufficient. | DCK 1 | | | | | BLOC | (2 | | | | |
| | | NO. OF | | | | | | NO. OF | | | | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | ERS | RATE | CATE | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE | | | |
| | Service to first set | | 177 | 24.00 | | | | | | | | |
| | | | | 34.99 | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | |
| | • FM radio (if separate rate) Motel, hotel | | | | | | | | | | | |
| | Commercial | | 6 | 24.00 | | | | | | | | |
| | Converter | | • | 34.99 | | | | | | | | |
| | Residential | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | | SIONS: RATES | 5 | | | | | | | |
| - | In General: Space F calls for ra | | | | | Il your cable sys | stem's ser | vices that were | | | | |
| F | not covered in space E, that is, t | | | | | | | | | | | |
| 0 | service for a single fee. There are | | , | | 0 | | 0 (| , | | | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the ur | | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | usually | billed. If ally fa | | arged on a van | abic pei-p | logram basis, | | | | |
| ransmissions: | 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 | - | | | | | BLOCK 2 | | | | |
| | CATEGORY OF SERVICE | RATE | | ORY OF SERV | | RATE | CATEG | ORY OF SERVICE | RATE | | | |
| | Continuing Services: | | | tion: Non-resid | dential | | | | | | | |
| | • Pay cable | | | el, hotel | | | | | | | | |
| | • Pay cable—add'l channel | | | nmercial | | | | | | | | |
| | Fire protection | | , | cable | | | | | | | | |
| | •Burglar protection | | , | cable-add'l cha | annel | | | | | | | |
| | Installation: Residential | 00.00 | | protection | | | | | | | | |
| | • First set | 99.00 | | glar protection | | | | | | | | |
| | Additional set(s) | 25.00 | | ervices: onnect | | 40.00 | | | | | | |
| | - TM media (if | | • Kec | NUMACI | | 40.00 | | | | | | |
| | • FM radio (if separate rate) | | D . | | | | | | | | | |
| | FM radio (if separate rate) Converter | | | connect | | | | | | | | |
| | , , , | | • Outl | | | 25.00 99.00 | | | | | | |

| ounting Period: 2 | 2019/2 | | | FORM SA1-2E. PAGE 3. | | | | | | |
|---------------------|--|---|--|---------------------------------|--|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# | | | | | | |
| | CEQUEL COMMUNICA | ATIONS LLC | | 035532 | | | | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | | | | |
| G Primary | 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 | | | | | | | | | |
| nsmitters: | substitute program basis, as | explained in the next paragraph. | | | | | | | | |
| evision | | With respect to any distant stations c | arried by your cable system on a sub | ostitute program | | | | | | |
| | • Do <i>not</i> list the station here station was carried <i>only</i> on a | les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrie | | | | | | | | |
| | basis. For further information Column 1: List each station | n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the | , see page (v) of the general instructi program services such as HBO, ESP | ions. PN, etc. Identify each | | | | | | |
| | "WETA-2" as the same on th Column 2: Give the channe | he form. I number the FCC assigned to the tele | c | | | | | | | |
| | | RC is channel 4 in Washington, D.C. case whether the station is a network | station, an independent station, or a | noncommercial | | | | | | |
| | educational station, by enter | ring the letter "N" (for network), "N-M" | (for network multicast), "I" (for independent | endent), "I-M" | | | | | | |
| | | "E" (for noncommercial educational), or rms, see page (iv) of the general instru | | onal multicast). | | | | | | |
| | | rms, see page (IV) of the general instru- n of each station. For U.S. stations, list | | is licensed by the | | | | | | |
| | | lian stations, if any, give the name of t | | | | | | | | |
| | | | | | | | | | | |
| | 1. CALL SIGN | 4. LOCATION OF STATION | | | | | | | | |
| | КВТХ-1 | 3 | N | BRYAN, TX | | | | | | |
| | KIAH-1 | 39 | | HOUSTON, TX | | | | | | |
| Necessary | KIVY-1 | | | CROCKETT, TX | | | | | | |
| Cessal y | KPRC-1 | 2 | N | HOUSTON, TX | | | | | | |
| | KRIV-1 | 26 | I | HOUSTON, TX | | | | | | |
| | KTRE-1 | 9 | N | LUFKIN, TX | | | | | | |
| | KTRK-1 | 13 | N | HOUSTON, TX | | | | | | |
| | KTXH-1 | 20 | | HOUSTON, TX | | | | | | |
| | KUHT-1 | 8 | E | HOUSTON, TX | | | | | | |
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| EGAL NAME OF | | | | | | | | SYSTEM 0355 |
|--|--|---|--|--|--|---|---|----------------------------------|
| | every radio s | tation ca | arried on a separate and discre nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t Column 4: G | it is carried by monitoring, to prmation abour m. entify the call tate whether t the radio stati this by placing ive the station | 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 t each station carried. on is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which the the community with which the | the system's he system's FM anten his point, see par ed by the cable s e station is licens | adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC |) it can l ertain st eneral ir eparate a | be expected, ated intervals. Instructions 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 | |
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| Accounting Perio | od: 2019/2 | | | | | | FORM | I SA1-2E. PAGE 5. | |
|------------------------------|---|----------------|-------------------|--|-------------------|---------------|--------------------|---------------------------|--|
| | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | | SYSTEM ID# | |
| Name | CEQUEL COMMUNICA | ATIONS L | LC | | | | | 035532 | |
| | SUBSTITUTE CARRIAG | E: SPECI | AL STATEME | NT AND PROGRAM LO |)G | | | | |
| I I | 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 | xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. | | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | RNING SUBS | TITUTE CARRIAGE | | | | | |
| Special | • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program | | | | | | | | |
| Statement and Program Log | broadcast by a distant sta | | - | | - | | YES | × NO | |
| Trogram Log | - | | | | - "/" | ۰ | - | | |
| | Note: If your answer is "No | , leave the | e rest of this pa | age blank. If your answer is | s res, your | nust comp | liete the prog | ram | |
| | log in block 2. 2. LOG OF SUBSTITUT | E PROGR | AMS | | | | | | |
| | In General: List each subs | | | | s wherever p | ossible, if t | heir meaning | g is | |
| | clear. If you need more spa | | | | | | | | |
| | period, was broadcast by a | | | vision program ("substitute | | | | | |
| | under certain FCC rules, re | | | | | | | | |
| | Do not use general catego | | | | | | | | |
| | "NBA Basketball: 76ers vs. | | | | | | | | |
| | | | | er "Yes." Otherwise enter | | | | | |
| | | | | casting the substitute prog the community to which th | | consod by | the ECC or | in | |
| | the case of Mexican or Car | | | | | | | | |
| | Column 5: Give the more | nth and day | | stem carried the substitute | | | ls, with the n | nonth | |
| | first. Example: for May 7 gi | | | | | | | | |
| | | | | ogram was carried by you | | | | ately | |
| | to the nearest five minutes stated as "6:00–6:30 p.m." | . Example. | a program car | ned by a system nom 0.0 | 1. 15 p.m. to d | .20.30 p.11 | | | |
| | | ter "R" if the | e listed prograr | n was substituted for prog | ramming that | t your syste | em was <i>requ</i> | ired | |
| | to delete under FCC rules | and regulat | tions in effect o | luring the accounting perio | od; enter the l | etter "P" if | the listed pro | | |
| | was substituted for program | - | your system w | as permitted to delete und | der FCC rules | and regul | ations in | | |
| | effect on October 19, 1976 | - | | | | | | | |
| | | | | | | N SUBST | | | |
| | | | E PROGRAM | | 5. MONTH 6. TIMES | | | 7. REASON FOR DELETION | |
| | 1. TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | | — то | | |
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| Accounting Period: | 2019/2 FORM SA1-2E. PAGE | | | | | | | |
|------------------------------------|---|--|--|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID CEQUEL COMMUNICATIONS LLC 03553 | | | | | | | |
| 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) 44,745.03 IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross 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 | | | | | | | |
| | 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 \$137,100) | | | | | | | |
| | 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 | | | | | | | |
| | 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 | | | | | | | |
| | 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) \$ 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 # | | | | | | | |
| | 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# 035532 |
| 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 | 9 49 |
| 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) | (000) 010-0121 |
| | TYLER, TX 75701 (City, town, state, zip) Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional) | |
| O Certification | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <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 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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereiare 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 Inter 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 | |

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.

| ounting Period: 2019/2 | FORM SA1-2E. PAGE |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| QUEL COMMUNICATIONS LLC | 03553 |
| 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." | P Special Statement Concerning Gross |
| 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. | Receipts Exclusior |
| 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 | |
| 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 interact rate* and enter the sum here | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| xdays | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| x 0.00274 | |
| 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.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 women and | |
| ID number | |
| ID number First community served Accounting period | |

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