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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) actions are located of this workbook	02/28/2020	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: 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	
Accounting Period	2019:	Barcode Data Filing Period (optiona	II - see instructions)	
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full co	rporate title
Owner	List any other name or names under which			
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should s iting period.	063585
	Check here if this is the system's first filin	ng. If not, enter the system's ID number	assigned by the Licensing Division.	00000
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	Γ)	
	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	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	1 ILLINOIS YOUTH CENTER			
	MAILING ADDRESS OF CABLE SYSTE	И:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect t	he personally identifying information (PII) reque	ested on this

Privacy Act Notice: Section 111 of title 1/ of the United States Code aution/zes 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.

Norse	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	063585
	Instructions: List each separate community served by the cable system. A "commu	
-	"a separate and distinct community or municipal entity (including unincorporated of	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	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	identified city.	nome parks should be reported in parentheses below the
Served	identifica city.	
		STATE
First	KEWANEE	IL
Community	(IL YOUTH CENTER)	
Rows as Necessary		

	r									E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					S	-	EM ID
	CEQUEL COMMUNICAT	TIONS LLC							0	6358
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES					
E	In General: The information in s									
Secondary	system, that is, the retransmission about other services (including particular services)									
Transmission	last day of the accounting period	, , ,	,					ing on the		
Service: Sub-	Number of Subscribers: Both						ble system	, broken		
scribers and	down by categories of secondar	•				•				
Rates	each category by counting the n separately for the particular serv			0,0				charged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed									
	category, but do not include disc									
	Block 1: In the left-hand block systems most commonly provide			-		•				
	that applies to your system. Not									
	categories, that person or entity									
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					convice that are	different f	rom these		
	printed in block 1 (for example, t	•								
	with the number of subscribers a									
	sufficient.		0			•				
	BLC	OCK 1 NO. OF					BLOCK	C2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBE	RS	RATE
	Residential:									
	Service to first set		0	-						
	<ul> <li>Service to additional set(s)</li> </ul>		0	0						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		84	42.53						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S					
F	In General: Space F calls for ra	te (not subscrib	per) info	rmation with re	espect to a	all your cable sys	stem's serv	vices that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the					-		-		
· · · · · · · · · · · · · · · · · · ·		te charged by t						wara nat		
ransmissions:	Block 1: Give the standard rat			niched or offer	eu uunng					
-	Block 2: List any services that	t your cable sys			ished List	-	vices in the			
ransmissions:		t your cable sys separate charg	ge was r	nade or establ	ished. List	-	vices in the			
ransmissions:	<b>Block 2:</b> List any services that listed in block 1 and for which a	t your cable sys separate charg ption and includ	ge was r de the ra	nade or establ	ished. List	-	vices in the	e form of a	2	
ransmissions:	<b>Block 2:</b> List any services that listed in block 1 and for which a	t your cable sys separate charg	ge was r de the ra CK 1	nade or establ		-				RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	t your cable system separate charg ption and includ BLO(	ge was r de the ra CK 1 CATEG	nade or establ ate for each.	VICE	these other ser		e form of a BLOCK 2		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable system separate charg ption and includ BLO(	ge was r de the ra CK 1 CATEG Installa	nade or establ ate for each. GORY OF SER	VICE	these other ser		e form of a BLOCK 2		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable system separate charg ption and includ BLO(	ge was r de the ra CK 1 CATEG Installa • Mot	nade or establ ate for each. GORY OF SER ttion: Non-res	VICE	these other ser		e form of a BLOCK 2		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable system separate charg ption and includ BLO(	ge was r de the ra CK 1 CATEG Installa • Mot • Cor	nade or establ ate for each. GORY OF SER <b>tion: Non-res</b> el, hotel	VICE	these other ser		e form of a BLOCK 2		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable system separate charg ption and includ BLO(	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay	nade or establ ate for each. GORY OF SER tion: Non-res el, hotel nmercial	VICE idential	these other ser		e form of a BLOCK 2		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	t your cable system separate charg ption and includ BLO(	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	nade or establ ate for each. GORY OF SER ation: Non-res el, hotel nmercial r cable	VICE idential	these other ser		e form of a BLOCK 2		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	t your cable system separate charg ption and includ BLO(	de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	nade or establ ate for each. GORY OF SER titon: Non-res el, hotel nmercial r cable r cable-add'l ch	VICE idential	these other ser		e form of a BLOCK 2		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	t your cable system separate charg ption and includ BLO(	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ade or establ ate for each. GORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection	VICE idential	these other ser		e form of a BLOCK 2		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	t your cable system separate charg ption and includ BLO(	e was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ade or establ ate for each. GORY OF SER ition: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	VICE idential	these other ser		e form of a BLOCK 2		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	t your cable system separate charg ption and includ BLO(	e was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Rec	ade or establ ate for each. GORY OF SER tion: Non-res el, hotel nmercial cable cable cable-add'l ch protection glar protection services:	VICE idential	these other ser		e form of a BLOCK 2		RATE
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable system separate charg ption and includ BLO(	ge was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Diss	ande or estables ate for each. CORY OF SER ation: Non-res el, hotel nomercial r cable r cable-add'l ch protection glar protection services: connect	VICE idential	these other ser		e form of a BLOCK 2		RATE

ing Period:				
lame	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			063585
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b>	entify every television station (including to m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca	(1) stations carried only on a part-ti e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat	ime basis under ams [sections tions carried on a
	Do not list the station here station was carried only on List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	d both on a substitute basis and also see page (v) of the general instructi orogram services such as HBO, ESP e-air designation. For example, repo	o on some other ions. PN, etc. Identify each ort multistream
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	a case whether the station is a network s ering the letter "N" (for network), "N-M" (i "E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	for network multicast), "I" (for indepe or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN KLJB-1	2. B'CAST CHANNEL NUMBER 18	3. TYPE OF STATION	4. LOCATION OF STATION DAVENPORT, IA
			3. TYPE OF STATION	
Vecessary	KLJB-1	18	<b>I</b>	DAVENPORT, IA
as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
s Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
s Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
s Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
s Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
; as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
s as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
s as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
rs as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
rs as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
rs as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
s as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
s as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
s as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
is as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL
s as Necessary	KLJB-1	18	I	DAVENPORT, IA
	KWQC-1	6	N	DAVENPORT, IA
	WHBF-1	4	N	ROCK ISLAND, IL

EGAL NAME OF								SYSTEM 063
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be receint the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 mna, during co ge (v) of the g	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
/lexican or Can			the community with which the	station is identifi		- ,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063585
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	-	-			tion that vo	ur cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this no	ae blank. If your answer i	e "Vee " vouu	must compl	-	
		, leave life	rescortins pa	age blatik. Il your allower i	s res, your	must compi	ete trie proj	yrann
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if tl	neir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					, -	,	
				er "Yes." Otherwise enter				
				casting the substitute prog				·
	the case of Mexican or Car			the community to which the community with which the				111
				stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi							
	<b>Column 6:</b> State the tim to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car	ned by a system norm 0.0	1. 15 p.m. to t	0.20.30 p.m	. Should be	
		er "R" if the	listed program	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	lired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regula	ations in	
								1
						N SUBSTI		
	S	1				AGE OCC		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		тиез — то	
							_	
								"
							<u> </u>	
							<u> </u>	
							_	
								"
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1								

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name		SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC		063585
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transic (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service amount, se	,559.36
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 1</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. <b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	4. For the amount of successing from an and 1/		
	1. Enter the amount of gross receipts from space K     2. Base amount under statutory formula     5     263,800.00		
	2. Base amount under statutory formula         \$         263,800.00           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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the second seco		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063585
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carri to its subscribers, and (2) the cable system's total number of activated channels during t 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify we can contact about this statement of account.)	
for Further Information	Name     SARAH BOGUE       Address     3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	Telephone (903) 579-3121
	Email SARAH.BOGUE@ALTICEUSA.COM	Fax (optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance <ul> <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 sy</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorize 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 in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all are true, complete, and correct to the best of my knowledge, information, and belief, and ar [18 U.S.C., Section 1001(1986)]</li> </ul> X /s/ Alan Dannenbaum Enter an electronic signature on the line abore the signature using an "/s/ signature" (e.g.)	estem as identified in line 1 of space B; or zed agent of the owner of the cable system as identified ip) of the legal entity identified as owner of the cable system Il statements of fact contained herein re made in good faith.
	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
QUEL COMMUNICATIONS LLC	0635
<ul> <li>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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     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
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 Assessme
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