This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20172 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	10487
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
		TYLER, TX 75701 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unles already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	WOODWARD, OK	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	Number, street, rural route, apartment, or suite number)	
	_		
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 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.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	010487
	Instructions: List each separate community served by the cable system. A "con	
_		
D	"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 filin	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bbile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	WOODWARD	OK
Community	MOORELAND	OK
-		
Add Rows as Necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							01048
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary	about other services (including p						hose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la evetam	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular servi	ice at the rate in	ndicated	I-not the num	nber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standai	d rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					sonvice that are	difforant fr	om thoso	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		0			•			
	BLC	DCK 1	r				BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		829	28.45					
	 Service to additional set(s) 	2	2,047	0					
	• FM radio (if separate rate)		ľ						
	Motel, hotel								
	Commercial		245	35.79					
	Converter								
	Residential								
	Non-residential								
			1						
	SERVICES OTHER THAN SEC	-			-				
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		•	• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
Secondary	enter only the letters "PP" in the			avetem for or	ob of the c	anniachla ann <i>ia</i>	on lintod		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not	
nutoo	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and includ	e the ra	te for each.					
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	Pay cable	17.00	• Mot	el, hotel					
	Pay cable—add'l channel	19.00	• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection			cable-add'l ch	nannel				
	Installation: Residential			protection					
	First set	40.00		plar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	Converter			connect					
				let relocation		25.00			
			Jul	ici i ciocation		23.00			
			• 1400	ve to new addr	000	40.00			

				FORM SA1-2E. PAGE
ame				SYSTEM II 0104
	CEQUEL COMMUNIC			
G imary smitters: avision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(4 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo- of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie 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	t (1) stations carried only on a part- he carriage of certain network progr in(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form.	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. .PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KETA-TV	13	Е	OKLAHOMA CITY, OK
	KFOR-HD	27	N-M	OKLAHOMA CITY, OK
s Necessary	KFOR-TV	27	Ν	OKLAHOMA CITY, OK
ws as Necessary				
	КОСВ	33	<u> </u>	OKLAHOMA CITY, OK
	KOCB KOCB-HD	33 33	<u></u> І-М	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
			I I-M N-M	
	KOCB-HD	33		OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD	33 7	N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV	33 7 7	N-M N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD	33 7 7 7 24	N-M N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV	33 7 7 24 24 24	N-M N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD	33 7 7 24 24 24 34	N-M N I-M I I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD KWTV-DT	33 7 7 24 24 24 34 39	N-M N I-M I I N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD KWTV-DT KWTV-HD	33 7 7 24 24 24 34 39 39 39	N-M N I-M I I N N N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD KWTV-DT KWTV-HD	33 7 7 24 24 24 34 39 39 39	N-M N I-M I I N N N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD KWTV-DT KWTV-HD	33 7 7 24 24 24 34 39 39 39	N-M N I-M I I N N N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD KWTV-DT KWTV-HD	33 7 7 24 24 24 34 39 39 39	N-M N I-M I I N N N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD KWTV-DT KWTV-HD	33 7 7 24 24 24 34 39 39 39	N-M N I-M I I N N N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD KWTV-DT KWTV-HD	33 7 7 24 24 24 34 39 39 39	N-M N I-M I I N N N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD KWTV-DT KWTV-HD	33 7 7 24 24 24 34 39 39 39	N-M N I-M I I N N N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD KWTV-DT KWTV-HD	33 7 7 24 24 24 34 39 39 39	N-M N I-M I I N N N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK
	KOCB-HD KOCO-HD KOCO-TV KOKH-HD KOKH-TV KOMI-CD KWTV-DT KWTV-HD	33 7 7 24 24 24 34 39 39 39	N-M N I-M I I N N N-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK WOODWARD, OK OKLAHOMA CITY, OK

EGAL NAME OI								SYSTEM II 0104
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether f the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa the point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ærtain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the			, o or, m		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
						<u> </u>		

Accounting Perio	od: 2017/2						FORM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC				010487
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3		
I I	In General: In space I, identi				-	ion that your cab	le system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the pap	per SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE			
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television p	program
Statement and Program Log	broadcast by a distant sta	tion?					YES XNO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	a blank. If your anowar is "	Voo "vou mi		
		, leave the	rest of this pag	e Diarik. Il your answer is	res, you mu	ist complete the	program
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if their mea	aning is
	clear. If you need more spa						
				sion program ("substitute p			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for example	ample "I I ove I i	ucv" or
	"NBA Basketball: 76ers vs.						
				r "Yes." Otherwise enter "N			
				sting the substitute progra		need by the FCC) or in
	the case of Mexican or Can			e community to which the			or, in
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, with t	the month
	first. Example: for May 7 giv	/e "5/7."			-		
				gram was carried by your o			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. should	lbe
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	required
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	enter the let	ter "P" if the liste	ed program
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulations in	۱
	effect on October 19, 1976.						
					WHE	N SUBSTITUT	E
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	B DELETION
						_	
						_	
						_	
1		1	7			r	

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Name			5	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC			010487
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary trans v to compute this	mission servi s amount, see \$ 23	се
Copyright	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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informati	than \$527,600	\$263,800	
	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 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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m			
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	236,025.22		
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K		36,025.22	
	5. Enter the amount from line 3		27,774.78	
	6. Subtract line 5 from line 4		208,250.44	
	7. Multiply line 6 by .005 (enter figure here)			1,041.25
	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		\$	1,041.25
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K			
	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		0.00	
	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)	. \$	1,041.25	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,061.25
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 010487
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	13 196
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.)	
for Further Information	Name SARAH BOGUE Telephone	(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	 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 E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin 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 own 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 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)] 	ystem as identified
	X /s/ Michael Schreiber 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: MICHAEL SCHREIBER Title: EVP, CHIEF CONTENT OFFICER	-
	(Title of official position held in corporation or partnership) Date: 02/18/2018	

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unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0104
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 su 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 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?	Concerning Gross Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
I	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymen	ıt.
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymen For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	^{t.} Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L L
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
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	Interest Assessme
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