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 COPYRIGHT	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	02/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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 single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite 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 unless these s 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:	
		PAOLA, KS	
		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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
. tallio	CEQUEL COMMUNICATIONS LLC	010962
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t 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.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	PAOLA	KS
Community	JOHNSON COUNTY (PORTION)	KS
	MIAMI COUNTY (PORTION)	KS
ows as Necessary	OSAWATOMIE	KS
	SPRING HILL	KS

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							01096
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of t	ne cable	
_	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in spa	ace F, n	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate in	ndicated	-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				iy standal	ro rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				es of sec	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h	nas rate catego	ries for a	secondary tran	smission				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	right-ha	ind block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set	-	1,913	28.45					
	 Service to additional set(s) 		3,170	0					
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		186	31.96					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	5				
F	In General: Space F calls for rat					l your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There and furnished at cost or (2) services of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions:	Block 1: Give the standard rate Block 2: List any services that							wara pat	
Rates	listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable	17.00		el, hotel					
	 Pay cable—add'l channel 	19.00		mercial					
	Fire protection		• Pay						
	 Burglar protection 			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	40.00		lar protection					
	Additional set(s)	25.00		ervices:					
	FM radio (if separate rate)			onnect		40.00			
	Converter		 Disc 	onnect					
			<u> </u>	1 1 M					
				et relocation e to new addre		25.00 40.00			

Nama	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE				
Name	CEQUEL COMMUNIC	ATIONS LLC		010				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru	n General: In space G, identify every television station (including translator stations and low power television stations) arried 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 (6.59(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 ubstitute 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 hasis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the						
	• Do not list the station here	e in space G—but do list it in space I (t	the Special Statement and Program L	og)—if the				
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	a, see page (v) of the general instruction program services such as HBO, ESP ae-air designation. For example, report evision station for broadcasting over t	ons. N, etc. Identify each rt multistream he air in its community				
	educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana	a case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, lis idian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. In the community to which the station is the community with which the station	ndent), "I-M" nal multicast). s licensed by the is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KCPT	18	E r w	KANSAS CITY, MO				
	KCPT-CREATE	18	E-M	KANSAS CITY, MO				
ows as Necessary	KCPT-HD	18	E-M	KANSAS CITY, MO				
	KCPT-HD2	18	E-M	KANSAS CITY, MO				
	KCTV	24	N	KANSAS CITY, MO				
	KCTV-HD	24	N-M	KANSAS CITY, MO				
	KCWE	<u>31</u> 31		KANSAS CITY, MO				
	KCWE-HD		I-M	KANSAS CITY, MO				
	KCWE-MOVIES	31	I-M	KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD	31 29	I-M N-M	KANSAS CITY, MO KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD KMBC-METV	31 29 29	I-M N-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV	31 29 29 29 29 29	I-M N-M I-M N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI	31 29 29 29 29 41	I-M N-M I-M N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI KMCI-HD	31 29 29 29 29 41 41 41	I-M N-M I-M N I I I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI KMCI-HD KMCI-LIVE	31 29 29 29 29 41 41 41 41	I-M N-M I-M I I I I-M I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI KMCI-HD KMCI-LIVE KPXE	31 29 29 29 29 41 41 41 41 51	I-M N-M I-M I I I-M I-M I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI KMCI-HD KMCI-LIVE KPXE KPXE-HD	31 29 29 29 41 41 41 51 51 51	I-M N-M I-M I I I I-M I I I I I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI KMCI-HD KMCI-LIVE KPXE KPXE-HD KSHB-COZI	31 29 29 29 41 41 41 41 51 51 51 42	I-M N-M I-M I I I I-M I I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI KMCI-HD KMCI-LIVE KPXE KPXE KPXE-HD KSHB-COZI KSHB-HD	31 29 29 29 41 41 41 41 51 51 51 42 42 42	I-M N-M I-M I I I I-M I-M I I I I M N-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI KMCI-HD KMCI-LIVE KPXE KPXE KPXE-HD KSHB-COZI KSHB-HD KSHB-TV	31 29 29 29 29 41 41 51 51 42 42 42 42 42	I-M N-M I-M N I I I-M I-M I I I I M N-M N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI KMCI-HD KMCI-LIVE KPXE KPXE KPXE-HD KSHB-COZI KSHB-HD KSHB-TV KSMO-HD	31 29 29 29 41 41 41 41 51 51 51 42 42 42 42 42 42 42	I-M N-M I-M I I I I-M I-M I-M N-M N-M N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI KMCI-HD KMCI-LIVE KPXE KPXE-HD KSHB-COZI KSHB-HD KSHB-TV KSMO-HD KSMO-TV	31 29 29 29 41 41 51 51 42 42 42 42 47 47	I-M N-M I-M N I I I-M I-M I I I-M I-M N-M N N N I I I I I I I I I I I I I I I I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				
	KCWE-MOVIES KMBC-HD KMBC-METV KMBC-TV KMCI KMCI-HD KMCI-LIVE KPXE KPXE KPXE-HD KSHB-COZI KSHB-HD KSHB-TV KSMO-HD	31 29 29 29 41 41 41 41 51 51 51 42 42 42 42 42 42 42	I-M N-M I-M I I I I-M I-M I-M N-M N-M N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS LAWRENCE, KS LAWRENCE, KS KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO				

Accounting Period:	2017/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	CEQUEL COMMUNICA	ATIONS LLC		010962
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations in	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	translator stations and low power tele t (1) stations carried only on a part-tin he carriage of certain network program	ne basis under ns [sections
Primary Transmitters: Television	substitute program basis, as	s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain station arried by your cable system on a subs	
1010110121	basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on	les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis.	the Special Statement and Program Lo	pg)—if the
	basis. For further information Column 1: List each station	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination I with a station according to its over-the	, see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each
	Column 2: Give the channer of license. For example, WF	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over th station, an independent station, or a r	
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	(for network multicast), "I" (for indeper or "E-M" (for noncommercial educatior	ndent), "I-M" nal multicast). : licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDAF-TV	34	l	KANSAS CITY, MO

EGAL NAME OI								SYSTEM II 0109
RIMARY TRA	NSMITTERS	: RADIO						
			arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright 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 the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
	· · · · · · · · ·			<u> </u>				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					010962
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	- a <i>distant</i> stati	ion. that vour	cable svste	m 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	e paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the program	n
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	program") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	r informatior	۱.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	/e Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	iouid be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	na regulation	ns in	
					r 1			r
		רו ודודסמו ו	E PROGRAM			N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-		
						-	_	
							_	
						-	_	
						_	_	
							_	
							_	
						-	_	
						_	_	
						-	_	
1		1	1			1		1

Accounting Period:	2017/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			5	8YSTEM ID# 010962
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's stion of how	secondary trans to compute this	mission serv s amount, ser \$ 4	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	I
	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 li	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K	\$	457,013.05		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	193,213.05		
	4. Multiply line 3 by .01		\$	1,932.13	
	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	1, 5, and 6 .		\$	3,251.13
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,251.13	
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			\$	3,271.13
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ights!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 010962
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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 .	26
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 Telephor	ne (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 	
	 (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 or 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)] 	vner of the cable system
	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	

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 the 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 telephol 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 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 t 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 lav

inting Period: 2017/2		FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
UEL COMMUNICATIONS LLC		0109
SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gro service of providing secondary transmissions of primary bro scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any ar	111(d)(1)(A), of the Copyright Act by adding the fol- ss amounts paid to the cable system for the basic badcast transmitters, the system shall not include sub- secondary transmissions pursuant to section 119." note on page (vii) of the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
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	
INTEREST ASSESSMENT		
You must complete this worksheat for those revelty neumants sub		
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