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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
02/28/2018	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING 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		
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 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)
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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: WHITE HALL, AR
		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.

Accounting Period:	2017/2								
Accounting remou.	2017/2	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	021064							
	Instructions: List each separate community served by the cable system. A "commu								
<b>D</b> Area	"a separate and distinct community or municipal entity (including unincorporated 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.	communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter known							
Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First	WHITE HALL	AR							
Community	GRANT COUNTY(PORTION)	AR							
	HARDIN	AR							
Add Rows as Necessary	JEFFERSON COUNTY	AR							
	PINE BLUFF ARSENAL	AR							
	REDFIELD	AR							

Accounting Period: 2017/2 FORM SA1-2E. PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 021064

# E

### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**CEQUEL COMMUNICATIONS LLC** 

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 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).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
Service to first set	726	28.45			
<ul> <li>Service to additional set(s)</li> </ul>	1,311	0			
• FM radio (if separate rate)					
Motel, hotel					
Commercial	43	36.83			
Converter					
Residential					
Non-residential					

# F

### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

	BLOCK 1			BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	17.00	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial		
Fire protection		• Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	40.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	40.00	
Converter		Disconnect		
		Outlet relocation	25.00	
		Move to new address	40.00	

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 021064

### **CEQUEL COMMUNICATIONS LLC**

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

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, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KARK-HD	32	N-M	LITTLE ROCK, AR
KARK-TV	32	N	LITTLE ROCK, AR
KARZ-HD	44	I-M	LITTLE ROCK, AR
KARZ-TV	44	<u> </u>	LITTLE ROCK, AR
KASN	39	<u> </u>	PINE BLUFF, AR
KASN-HD	39	I-M	PINE BLUFF, AR
KATV	22	N	LITTLE ROCK, AR
KATV-CHRGE	22	I-M	LITTLE ROCK, AR
KATV-COMET	22	I-M	LITTLE ROCK, AR
KATV-GRIT	22	I-M	LITTLE ROCK, AR
KATV-HD	22	N-M	LITTLE ROCK, AR
KETS	7	E	LITTLE ROCK, AR
KETS-CREATE	7	E-M	LITTLE ROCK, AR
KETS-HD	7	E-M	LITTLE ROCK, AR
KETS-KIDS	7	E-M	LITTLE ROCK, AR
KETS-WORLD	7	E-M	LITTLE ROCK, AR
KKAP	36	E	LITTLE ROCK, AR
KKYK-CD	16	l	LITTLE ROCK, AR
KLRT-HD	30	I-M	LITTLE ROCK, AR
KLRT-TV	30	l	LITTLE ROCK, AR
KMYA-DT	49	l	CAMDEN, AR
KTHV	12	N	LITTLE ROCK, AR
KTHV-HD	12	N-M	LITTLE ROCK, AR
KTHV-JUSTICE	12	I-M	LITTLE ROCK, AR
KVTN	24	I	PINE BLUFF, AR

Accounting Period:	2017/2			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS:	TELEVISION								
G	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									
Primary	<u> </u>	, , , ,	61(e)(2) and (4))]; and (2) certain static	•						
Transmitters:	substitute program basis, as	s explained in the next paragraph.	. , , , , , , , , , , , , , , , , , , ,							
Television			carried by your cable system on a subs	titute program						
		les, regulations, or authorizations: in space G—but do list it in space I (	the Special Statement and Program Lo	oa)—if the						
	station was carried only on									
			ed both on a substitute basis and also							
			, see page (v) of the general instruction program services such as HBO, ESPN							
			e-air designation. For example, report							
	"WETA-2" as the same on the									
		· ·	evision station for broadcasting over th	e air in its community						
		RC is channel 4 in Washington, D.C.	station, an independent station, or a r	oncommercial						
			(for network multicast), "I" (for indepen							
	1	0 ' '	or "E-M" (for noncommercial education	<i>''</i>						
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	FOO. FOR MEXICAN OF CANADIAN STATIONS, IT ANY, give the name of the confinultity with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KVTN-HD-IND	24	I-M	PINE BLUFF, AR						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **CEQUEL COMMUNICATIONS LLC**

021064

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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l· 2017/2						EOE	RM SA1-2E. PAGE 5.
	CABLE SYST	EM:				101	SYSTEM ID#
CEQUEL COMMUNICA	TIONS LL	-C					021064
Substitute Carriage: Special Statement and Program Log  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their me clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute programming of and under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further into no tuse general categories like "movies" or "basketball." List specific program titles, for example, "I Love I "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the times at to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shoul stated as "6:00–6:30 p.m."					sion program YES the program remeaning is accounting another start information ve Lucy" or FCC or, in with the months accounted the start information in t	em carried on a For a further -2 form.  NO m X NO m s S S tion n.	
was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete und	WHI CARR 5. MONTH	EN SUBSTI	TUTE URRED	7. REASON FOR DELETION
LC Sinse 1 . b N (2) in c pull in this box	CEQUEL COMMUNICA  SUBSTITUTE CARRIAGE In General: In space I, identification of the programming in the acceptant of the programming in the acceptant of the programming in the acceptant of the programming in the accounting period or oadcast by a distant station of the programming in the accounting period or oadcast by a distant station of the program in the program of the program	EGAL NAME OF OWNER OF CABLE SYSTEQUEL COMMUNICATIONS LESUBSTITUTE CARRIAGE: SPECIAN OF GENERAL IN SPACE I, identify every nor substitute basis during the accounting persuplements of the programming that must be explanation of the programming that such as the explanation of the programming that it is the explanation of the programming that it is the	EGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT IN SPECIAL STATEMENT IN SPECIAL STATEMENT CONCERNING SUBSTITUTE PROGRAMS  During the accounting period, did your cable system proadcast by a distant station?  Note: If your answer is "No", leave the rest of this page on block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televiteriod, was broadcast by a distant station and that you need cretain FCC rules, regulations, or authorizations to not use general categories like "movies" or "baske NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcat Column 4: Give the broadcast stations, if any, the Column 5: Give the month and day when your systimst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program to the nearest five minutes. Example: a program carries stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program of delete under FCC rules and regulations in effect duras substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE?  3. STATION'S	EGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LC  In General: In space I, identify every nonnetwork television program, broadcast be substitute basis during the accounting period, under specific present and former Fexplanation of the programming that must be included in this log, see page (v) of the separation of the programming that must be included in this log, see page (v) of the separation of the programming that must be included in this log, see page (v) of the separation of the programming that must be included in this log, see page (v) of the separation of the programming that must be included in this log, see page (v) of the separation of the program of the system carry, on a substitute basic proadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is one of the substitute program on a separate line. Use abbreviations of the search substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute program (substitute program to use general categories like "movies" or "basketball." List specific program NBA Basketball. Toers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute instructure. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program of delete under FCC rules and regulations in effect during the accounting perion was sub	EGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, request planation of the programming that must be included in this log, see page (v) of the general inst I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonneroradcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you mog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever posteral. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the beriod, was broadcast by a distant station and that your cable system substituted for the program der certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the general categories like "movies" or "basketball." List specific program titles, for eximal program and the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried the substitute program. Use irst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system of the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:2 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that you delete under FCC rules and regulations in effect during the accounting period; enter the letter "	EGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or au explanation of the programming that must be included in this log, see page (v) of the general instructions in the II. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televistic proadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete to gin block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their selection is like in the selection of the se	EGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable systes substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1  I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prograr proadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra og in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another stander certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio 20 not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community to which the station is leensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community with which the station is leensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  GROSS RECEIPTS Instructions: The figure you give in this space of all amounts (gross receipts) paid to your cable seems.					YSTEM II 02106
Instructions: The figure you give in this space of					
(as identified in space E) during the accounting page (vii) of the general instructions located in the Gross receipts from subscribers for second	system by subscribers for the period. For a further explana he paper SA1-2 form. ary transmission service(s)	e system's ation of ho	s secondary trans ow to compute thi	smission servic is amount, see	e
during the accounting period				(Amount of gro	4,863.98 oss receipts)
structions: 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 sp. Use block 2 if the amount of gross receipts in sp. Use block 3 if the amount of gross receipts in sp.	pace K is \$137,100 or less pace K is more than \$137,10 pace K is more than \$263,80	00 but less	s than \$527,600	\$263,800	
BLOCK 1: G	ROSS RECEIPTS OF \$13	37,100 OF	R LESS		
	of \$137,100 or less, the roya	Ity fee that	t you must pay for	this six-month	
Line 1. Royalty fee for accounting period					
Line 2. Interest charge. Enter the amount from line	e 4, space Q, page 8				0.00
Ling 2 TOTAL DOVALTY SEE DAVABLE SOD A	CCOUNTING BERIOD Add I	inos 1 ans	12		
Base amount under statutory formula		\$	263,800.00		
2. Enter amount of gross receipts from space K		\$	164,863.98	_	
3. Subtract line 2 from line 1		\$	98,936.02	_	
4. Enter the amount of gross receipts from space k	<b>‹</b>		\$	164,863.98	
5. Enter the amount from line 3			\$	98,936.02	
6. Subtract line 5 from line 4			\$	65,927.96	
7. Multiply line 6 by .005 (enter figure here)				\$	329.64
8. Interest charge. Enter the amount from line 4, s	pace Q, page 8				0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCO	OUNTING PERIOD. Add lines	7 and 8		\$	329.64
BLOCK 3: GROSS RECEI	PTS OF MORE THAN \$26	3,800 (bı	ut less than \$52	7,600)	
Enter the amount of gross receipts from space k	<b></b>			_	
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 receip	ots (under statutory formula) .		\$	1,319.00	
6. Interest charge. Enter the amount from line 4, s	pace Q, page 8			0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCO	UNTING PERIOD. Add lines	4, 5, and 6	3		
FILING FEE AND	TOTAL REMITTANCE DI	UE			
Royalty Fee Payable for Accounting Period (from	m Block 1, 2, or 3, above)		\$	329.64	
2. Filing Fee (See the instructions for more information)	ation on filing fee calculations)		<b>\$</b>	20.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PE	ERIOD. Add lines 2 and 3			\$	349.64
Important: Your remittance must be in the	he form of an electronic pay	ment pay	able to the Regi	ster of Copyrig	hts!
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3.  Use block 2 if the amount of gross receipts in sp Use block 3 if the amount of gross receipts in sp Use block 3 if the amount of gross receipts in sp to page (vi) of the general instructions located in t  BLOCK 1: G  Instructions: As a cable system with gross receipts accounting period is \$52.00  Line 1. Royalty fee for accounting period	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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 e page (vi) of the general instructions located in the paper SA1-2 form for more  BLOCK 1: GROSS RECEIPTS OF \$13 Instructions: As a cable system with gross receipts of \$137,100 or less, the roya 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 In BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE  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 for gross receipts from space K  5. Enter the amount form 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  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26  1. Enter the amount of gross receipts from space K  2. Base amount under statutory formula  3. Subtract line 2 from line 1  4. Multiply line 3 by .01  5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)  6. Interest charge. Enter the amount from line 4, space Q, page 8  7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines  FILING FEE AND TOTAL REMITTANCE DI  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  2. Filing Fee (See the instructions for more information on filing fee calculations)  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  2. Filing Fee (See the instructions for more information on filing fee calculations)	DPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 fit he 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 \$253,800 but less Use block 2 if the amount of gross receipts in space K is more than \$253,800 but less Use block 2 if the amount of gross receipts in space K is more than \$253,800 but less Use block 2 if the amount of gross receipts in space K is more than \$253,800 but less Use block 2 if the amount of gross receipts in space K is more than \$253,800 but less Use block 2 if the amount of gross receipts of \$137,100 or less, the royalty fee than \$100 or less, t	OPYRIGHT ROYALTY FEE structions: To compute the royalty fee you owe: Complete 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 Use block 3 if the amount of gross receipts in space K is more than \$233,800 but less than \$527,600 ee 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 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.  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1.00 are less).  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1.00 are less).  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1.00 are less).  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1.00 are less).  BLOCK 3: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1.00 are less).  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$20, 1.00 are less).  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52, 1.00 are less).  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52, 1.00 are less than \$52, 1.	OPYRIGHT ROYALTY FEE structions: 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 3 if the amount of gross receipts in space K is more than \$263,800 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,800 see page (wi) of the general instructions located in the paper \$A12 tom 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.  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  \$ 164,863.98  3. Subtract line 2 from line 1  \$ 98,936.02  4. Enter the amount of gross receipts from space K  \$ 98,936.02  6. Subtract line 6 from line 3  8. Subtract line 6 from line 4  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)  5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)  6. Interest charge. Enter the amount from line 4, space Q, page 8  7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  FILING FEE AND TOTAL REMITTANCE DUE  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  5. Royalty Fee Payable

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM CEQUEL COMMUNICATIONS LLC	E.	SYSTEM ID# 021064
M Channels	<ol> <li>to its subscribers, and (2) the cable system</li> <li>Enter the total number of channels on w system carried television broadcast static</li> <li>Enter the total number of activated chan on which the cable system carried television</li> </ol>	ns	26 177
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FUR we can contact about this statement of acc	THER INFORMATION IS NEEDED (Identify an individual to whom punt.)	
for Further Information	Name SARAH BOGUE	Telephone (	903) 579-3121
	Address 3015 S SE LOOP 3 (Number, street, rural route, a		
	(City, town, state, zip)		
	Email SARAH.BOO	GUE@ALTICEUSA.COM Fax (optional)	
O Certification	Owner other than corporation of (Agent of owner other than corporation in line 1 of space B and that the finding 1 of space B.  I have examined the statement of account a	must be certified and signed in accordance with Copyright Office regulations)  c one, but only one, of the boxes.)  r partnership) I am the owner of the cable system as identified in line 1 of space B; or partnership) I am the duly authorized agent of the owner of the cable system owner is not a corporation or partnership; or  or (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system of the corporation or partnership; or  or (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or one of the cable system of	etem as identified
	Typed or prin Title: (Title	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  ted name: MICHAEL SCHREIBER  EVP, CHIEF CONTENT OFFICER of official position held in corporation or partnership)	

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 telephon 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 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

counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	021064
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."  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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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 number First community served Accounting period	

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