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

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	ese
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	I	WINN CORRECTIONAL FACILITY	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 37992
D Area Served	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- 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 fili Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter known ngs.
Serveu		
-	CITY OR TOWN WINNFIELD	STATE LA
First Community	(WINN CORR)	
Add Rows as Necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	
	CEQUEL COMMUNICAT	IONS LLC							3799
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary	about other services (including p last day of the accounting period						hose existii	ng on the	
Transmission Service: Sub-	Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny stanuai		s within a p		
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	ibers. G	Bive the number	er of subsc	ribers and rate f	or each list	ed category	
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					i in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	right-ha	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1			Г		BLOCK	· •	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		0						
	Service to first set		0	-					
	Service to additional set(s)		U	0					
	• FM radio (if separate rate)								
	Motel, hotel			44.00					
	Commercial		8	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat		,		•	• •			
Г	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		3 • • • • • ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				SHEU. LISI	lifese olifer serv		IOTTI OF A	
		BLOC							
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	-	• Mot	el, hotel					
	Pay cable—add'l channel	-		nmercial					
	Fire protection		• Pav	cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection	-				
	First set	-		glar protection					
	Additional set(s)	- (services:					
	• FM radio (if separate rate)			connect		_			
	Converter			connect					
				let relocation					
			Jui	ist is obtailor					
			• Mo	/e to new addr	000				

	2017/2			FORM SA1-2E. PAGE 3.
Name				SYSTEM ID# 37992
	CEQUEL COMMUNICA			J1 992
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a subst he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fulfor network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOE-CBS	8	Ν	MONROE, LA
	KAQY-ABC	11	N	COLUMBIA, LA
Necessary	KLTM-PBS	13	E	MONROE, LA
	KTVE-NBC	27	Ν	EL DORADO, AR
	KARD-FOX	36	l	WEST MONROE, LA
	KEJB-MNT	43	<u> </u>	EL DORADO, AR

EGAL NAME O								SYSTEM II 379
	t every radio	station ca	arried on a separate and discr nerally receivable by your cat					Н
pecial Instruc- eceivable if (1) n the basis of for detailed infr aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	ctions Conce it is carried b monitoring, to prmation abou rm. dentify the cal state whether the radio state this by placing Sive the station	rning AI y the sys be recei at the Cc I sign of o the static tion's sig g a checl n's locati	I-Band FM Carriage: Under (tem 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 (mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office r at the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	regulations, ar eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain si eneral i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
<u></u>						e 15		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						
					1			

	od: 2017/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					37992
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I OO	3			
I I	In General: In space I, identi					on that your	cable syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute basi	s, any nonnet	work televisi	<u>on</u> progran	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No	' loovo tho	rost of this pag	io blank. If your answor is "		et complete t	-	
		, leave the	rest of this pag	je Dialik. Il your aliswer is	res, you mu	ist complete i	uie prograi	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their i	meaning is	5
	clear. If you need more spa							
				ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample. "I Love	e Lucv" or	1.
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "N				
				sting the substitute programe community to which the		nsod hv tha F	ECC or in	
	the case of Mexican or Can						00 01, 11	
	Column 5: Give the mor	th and day		tem carried the substitute p			ith the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		a program cam	ed by a system norm 0.01.1	5 p.m. to 0.2	0.30 p.m. sn	Julu De	
	Column 7: Enter the letter			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 under	r FCC rules a	nd regulation	is in	
	eneci on October 19, 1970.							
					VVHE	N SUBSTIT	UIE	
	S		TE PROGRAM	1		AGE OCCU	IRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCCU	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	IRRED MES	1

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 37992
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 transs (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 servic s amount, see	e 1,950.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$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 you must pay for accounting period is \$52.00	this 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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3	<u> </u>	
	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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance 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
		•	
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		11(5)

Accounting Period:	2017/2						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM:					SYSTEM ID 37992
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number overs, and (2) the cable system's to tal number of channels on which ad television broadcast stations a tal number of activated channels cable system carried television dcast services	otal numbe n the cable s broadcast	er of activated channels du	uring the a	ccounting period.	6 22
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of account		RMATION IS NEEDED (Id	entify an in	ndividual to whom	
for Further Information	Name	SARAH BOGUE				Telephone	e <u>(903) 579-3121</u>
	Address	3015 S SE LOOP 323 (Number, street, rural route, apartr TYLER, TX 75701 (City, town, state, zip)		e number)			
	Email	SARAH.BOGU	E@ALTIC	EUSA.COM		Fax (optional)	
O Certification	I, the undersig (Own (Age (X (Off)	N (This statement of account mu ned, hereby certify that (Check or her other than corporation or pa ent of owner other than corporat n line 1 of space B and that the or icer or partner) I am an officer (if n line 1 of space B. ed the statement of account and P ete, and correct to the best of my tion 1001(1986)]	ne, <i>but only</i> artnership) tion or par wner is not f a corporat hereby decl	r one, of the boxes.)) I am the owner of the cable rtnership) I am the duly aut a corporation or partnershi tion) or a partner (if a partner lare under penalty of law th	le system a thorized ago p; or ership) of th at all stater	is identified in line 1 of space ent of the owner of the cable s ne legal entity identified as ow nents of fact contained herein	B; or system as identified ner of the cable system
			Enter an e	/s/ Michael Schreibe electronic signature on the li ature using an "/s/ signature	ne above to		-
		Typed or printed	I name:	MICHAEL SCHREI	BER		
		Title: (Title of o		HIEF CONTENT OF			
		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

unting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	3799
 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 made by satellite carriers to satellite dish owners? NO 	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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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 th 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.