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	ACCC	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		
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)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		IOWA, LA
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	l .	(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.

ccounting Period:	2017/2	FORM ON OF PAGE A
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1 SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	00500
	Instructions: List each separate community served by the cable system. A "commu	
D	"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 knowl
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
Served	identified city.	
	2007 20 72000	
First.	CITY OR TOWN IOWA	STATE LA
First Community	CALCASIEU PARISH	LA
Community	JEFFERSON DAVIS PARISH	
	JEFFERSON DAVIS PARISH	LA LA
ld Rows as Necessary		

Accounting Period: 2017/2 FORM SA1-2E, PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 005007

## 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.

BL	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	1,247	27.99			
<ul> <li>Service to additional set(s)</li> </ul>	2,344	0			
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	44	28.40			
Converter					
<ul> <li>Residential</li> </ul>					
<ul> <li>Non-residential</li> </ul>					

# 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	17.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	40.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>		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# 005007

### 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
KATC	28	N	LAFAYETTE, LA
KATC-HD	28	N-M	LAFAYETTE, LA
KBMT	12	N	BEAUMONT, TX
KBMT-HD	12	N-M	BEAUMONT, TX
KBMT-NBC	12	N-M	BEAUMONT, TX
KBMT-NBC HD	12	N-M	BEAUMONT, TX
KFAM-CD	14	l	LAKE CHARLES, LA
KFDM-TV	25	N	BEAUMONT, TX
KLFY-HD	10	N-M	LAFAYETTE, LA
KLFY-TV	10	N	LAFAYETTE, LA
KLTL-HD	20	E-M	LAKE CHARLES, LA
KLTL-LPB2	20	E-M	LAKE CHARLES, LA
KLTL-LPB3	20	E-M	LAKE CHARLES, LA
KLTL-TV	20	E	LAKE CHARLES, LA
KPLC	7	N	LAKE CHARLES, LA
KPLC-BOUNCE	7	I-M	LAKE CHARLES, LA
KPLC-GRIT	7	I-M	LAKE CHARLES, LA
KPLC-HD	7	N-M	LAKE CHARLES, LA
KPLC-CW	7	I-M	LAKE CHARLES, LA
KPLC-CW HD	7	I-M	LAKE CHARLES, LA
KSWL-HD	17	N-M	LAKE CHARLES, LA
KSWL-LD	17	N	LAKE CHARLES, LA
KSWL-MYNT	17	I-M	LAKE CHARLES, LA
KVHP	30	I	LAKE CHARLES, LA
KVHP-ABC	30	N-M	LAKE CHARLES, LA

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 005007 CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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. Transmitters: Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KVHP-ABC HD** 30 N-M LAKE CHARLES, LA

I-M

LAKE CHARLES, LA

30

**KVHP-HD** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **CEQUEL COMMUNICATIONS LLC**

005007

### 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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Accounting Perio	d: 2017/2						FOE	RM SA1-2E. PAGE 5.
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				FUR	SYSTEM ID#
Name	CEQUEL COMMUNICA							005007
Substitute Carriage: Special Statement and Program Log		TIONS LI  E: SPECIA  Ty every nor  Counting peng that must  CONCER  Ty od, did you  Ty odd	AL STATEMEI  Innetwork televis  eriod, under spet  to be included in  RNING SUBST  r cable system  rest of this pag  MS  m on a separa  add additional r  nnetwork televis  ion and that yo  r authorizations  vies" or "baske  dcast live, enter  estation broadca  on's location (the  ons, if any, the of  when your system  e substitute pro-  program carrier	sion program, broadcast be ecific present and former For this log, see page (v) of the program, on a substitute base blank. If your answer is the line. Use abbreviations rows to the tables. Ision program ("substitute ur cable system substitutes. See page (v) of the get thall." List specific program of "Yes." Otherwise enter the substitute program the substitute program to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01	by a distant star CC rules, regulate he general instructions is "Yes," you must be program") the led for the program titles, for exam.  The station is lice to station is idea to program. Use the program. Use the program. Use the cable system in t	lations, or au ructions in the ructions at complete at, during the ructions for further ructions for further ructions. The ructions are ructions at the ruction of the	with orizations, and paper SA1  sion program  YES  the the program  r meaning is  a accounting another state information  are Lucy" or  FCC or, in  with the months accurate thould be	em carried on a For a further 2 form.  NO m X NO m A B B B B B B B B B B B B B B B B B B
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting perions permitted to delete und	ed; enter the le ler FCC rules a	tter "P" if the and regulation EN SUBSTI	e listed progr ons in	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			<u>то</u>	
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ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SA1-2E. PAGE SYSTEM II
Name	CEQUEL COMMUNICATIONS LLC			`	00500
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the all amounts (gross receipts) paid to your cable system by sul (as identified in space E) during the accounting period. For a page (vii) of the general instructions located in the paper SA' Gross receipts from subscribers for secondary transmiss during the accounting period.	oscribers for the system further explanation of 1-2 form. sion service(s)	em's secondary tra of how to compute t	nsmission serv his amount, se	ice
	IMPORTANT: You must complete a statement in space P co			(Amount of g	ross receipts)
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 \$13  Use block 2 if the amount of gross receipts in space K is mor  Use block 3 if the amount of gross receipts in space K is mor  See page (vi) of the general instructions located in the paper SA1	re than \$137,100 but re than \$263,800 but	less than \$527,600		
	BLOCK 1: GROSS REC	EIPTS OF \$137,100	O OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 accounting period is \$52.00	or less, the royalty fee	that you must pay f	or this six-month	1
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q,				0.00
	Line 2. Interest charge. Enter the amount nom line 4, space Q,	page o			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING				
	BLOCK 2: GROSS RECEIPTS OF \$2	,	· · · · · · · · · · · · · · · · · · ·	, ,	
	Base amount under statutory formula			_	
	Enter amount of gross receipts from space K			_	
	3. Subtract line 2 from line 1	·		_	
	Enter the amount of gross receipts from space K			251,925.93 11,874.07	
	6. Subtract line 5 from line 4			240,051.86	•
	7. Multiply line 6 by .005 (enter figure here)			•	1,200.26
	8. Interest charge. Enter the amount from line 4, space Q, page				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER	RIOD. Add lines 7 and	8	. \$	1,200.26
	BLOCK 3: GROSS RECEIPTS OF MC	RE THAN \$263,800	) (but less than \$5	27,600)	
	Enter the amount of gross receipts from space K			_	
	Base amount under statutory formula			<u>)                                    </u>	
	Subtract line 2 from line 1			_	
	Novalty due on the first \$263,800 of gross receipts (under sta			1,319.00	•
	6. Interest charge. Enter the amount from line 4, space Q, page				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER				•
				·· <u> </u>	
	FILING FEE AND TOTAL RE	MITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2,	or 3, above)	\$	1,200.26	
Due	2. Filing Fee (See the instructions for more information on filing	fee calculations)	\$	20.00	
	2 TOTAL AMOUNT DUE FOR ACCOUNTING REPRODUCTION	ince 2 and 2		¢	1 220 26
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add	mies z ana 3		\$	1,220.26
	Important: Your remittance must be in the form of ar See page i of the general instructions i	n electronic payment	payable to the Rec	jister of Copyri	

Accounting Period:	2017/2																																																																																F	0	RI	M	S	Α1	1-2	2E	. 1	PA	ΑC	ЭE	Ε	7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA																																																																					_		_	_		_	_		_								S	Y			ΕN Ο (				
M Channels	CHANNELS Instructions: You must gi to its subscribers, and (2):  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast services.	he cable system's total f channels on which the broadcast stations f activated channels in carried television br	tal numb	mber ble	ber de le	e e st s	be le 	le st	ie st	e	e	e	e t	e t	e t	e t	e :	91	er		ta	a	of	·ic	ac	cti 	iva		te	e		d				ch	h	ıa	ar			els		lu.	ri	in.			th		ac				n	nt	tir	'n	ıg	9 F	рє	eri	od	i.				ns	. [											2	7													
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORN	DRM	RI	DR	PR	F	F	F	F	R	R	R	R	₹	RI	:N	V	1.	,	A	Т	П	0	N		IS	s	;	1	•	N		E	=	E	: C	) i	E	ס	(le	le	er	nt	ii	fy	a	ın	inc	vib	vi	id	lu	Uá	а	al	t	O	v	vh	on	n																														
for Further Information	Name SARA	H BOGUE																	•••										•••			•••		•••				•••										•••																	Те	lep	h	on	e <u>i</u>	9	0	3	) 5	57	79	)-3	31	12	21	1														
	(Number,	SE LOOP 323 street, rural route, apartme R, TX 75701	ent, or sui	suite r	iite n	ite i	uite	ite	ite	it	ite	ite	te	te	te	 e	e	e	1 9	n	 1U	 L	un	nt	be	er)	)																																																																			
	(City, town	state, zip)	@ALTIC	TICE	ICE	CE	IC	C	C	C	C	C	2	2	<u></u>			E	E	Ξ	į		J:	S	SΑ	۷.(	С	C	)	1	V	M																					F	Fa	a	ıx	Κ.	(	(0	p	oti	or	nal	)																														
	CERTIFICATION (This state	ement of account must	st be cer	ertifi	rtifie	rtifi	rti	rti	rt	t	t	t	ti	ti	ti	tit	ii	if	fi	ie	е	(	d	a	ar	nd	d s	si	ig	gi	n	ne	e	е		d	i	ir	1	а	ıC	cc	r	la	ır	10	C	е	w	ith	С	ю	р	y	ri	ię	gl	gh	nt	: (	Of	fic	ce	re	gı	lat	io	ns	)	=	=	=	=	=	=	=		=								_				=	_	_	_	=
O Certification	I, the undersigned, hereby  (Owner other th.)	certify that (Check one,		-	-	-																																			ne	c	al	ole	9	s	ij	rs	te	m	as	s ic	d€	eı	n	nti	if	fie	e	d	ir	n li	ine	e 1	of	sp	ac	се	B;	or	r																							
		other than corporation ace B and that the owr																																															ec	l a	ge	nt	t o	of	fi	ti	:h	ne	Э (	0'	w	ne	er o	of t	the	: Ci	ab	le	sys	ste	em	n a	as i	ide	en	ıtif	ie	d																
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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	005007
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?  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 www.copyright.gov/licensing/interest-rate.pdf. 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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