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)FOR COPYRIGH DATE RECEIVEDGeneral instructions are located in the first tab of this workbook2/28/2018	AMOUNT	- <u>coplicsoa@loc.gov</u>
2/28/2018	¢	For additional information,
	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING 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.	63122
		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 is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		SAGUARO CORRECTIONAL FACILITY	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	63122
D Area Served	Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fill Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
	CITY OR TOWN	STATE
First Community		AZ
Community	(SAGUARO CORR)	
Add Rows as Necessary		
Add hows as necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA							515	
	CEQUEL COMMUNICAT	IONS LLC							6312
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	ATES				
E	In General: The information in s								
<b>-</b> .	system, that is, the retransmission								
Secondary	about other services (including p last day of the accounting period						nose existii	ng on the	
Transmission Service: Sub-	Number of Subscribers: Both						le 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 în the count un	uer Servic	e lo lhe	
	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	nd rates, in the	right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					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		67	44.00					
	Commercial		67	41.89					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
	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.	-	-		-		<b>3</b> • • • • • ,	
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	linese oliner 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		• Pay	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			_			
			• Mov	ve to new addr	ess				

	2017/2			FORM SA1-2E. PAGE 3.		
Name	LEGAL NAME OF OWNER OF			8YSTEM ID# 63122		
	CEQUEL COMMUNIC			03122		
G rimary ismitters: levision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	KAET-PBS	8	E	PHOENIX, AZ		
	KSAZ-FOX	10	I	PHOENIX, AZ		
as Necessary	KPNX-NBC	12	Ν	MESA, AZ		
	KNXV-ABC	15	Ν	PHOENIX, AZ		
	KPHO-CBS	17	N	PHOENIX, AZ		
ŀ		24	I			
	KTVK-IND	24	I	PHOENIX, AZ		
	KTVK-IND KUTP-MNT	24		PHOENIX, AZ PHOENIX, AZ		
			I			
	KUTP-MNT	26	I	PHOENIX, AZ		
	KUTP-MNT	26	I I	PHOENIX, AZ		
	KUTP-MNT	26	I I	PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		
	KUTP-MNT	26	I I	PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		
	KUTP-MNT	26		PHOENIX, AZ		

EGAL NAME O								SYSTEM II 631
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed infi aper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> C	it is carried by monitoring, to ormation about rm. dentify the call State whether if the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the station g a check n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
	I		,	I				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		<u> </u>						
	+							

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					63122
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisi	ion program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	o blonk. If your onowor in '			-	
		, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	the program	11
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	
	clear. If you need more spa				interer pee			
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori	gulations, o ies like "mo	r authorizations vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ov	information	1.
	"NBA Basketball: 76ers vs.						0 2009 01	
				"Yes." Otherwise enter "N				
				sting the substitute progra		nood by the l	FCC or in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	ith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	vas require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the l	isted progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatior	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM			AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –	MES - TO	DELETION
		100 01 110	ONEE OIGH		THE BITT		10	
							-	
							-	
							_	
						_	-	
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							-	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	*STEM ID# 63122
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 trans (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 <b>6,370.00</b>
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		
	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			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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		hts!

Accounting Period:	2017/2								FORM SA1-28	E. PAGE 7
Name		WINER OF CABLE SYSTEM: MUNICATIONS LLC							SYS	63122
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number , and (2) the cable system's number of channels on whi television broadcast station number of activated channe able system carried televisio ast services	s total numb ich the cabl s els on broadcas	ber of activate	d channels during	, the ac	counting perio	d.	8 39	
N Individual to Be Contacted		BE CONTACTED IF FURT bout this statement of account		DRMATION IS	NEEDED (Identify	y an inc	dividual to who	m		
for Further Information	Name	SARAH BOGUE						Telephone	(903) 579-3121	
	Address	3015 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)		uite number)						
	Email	SARAH.BOGI	UE@ALTI	ICEUSA.COM	И		Fax (optiona	al)		
O Certification	I, the undersigne     (Owne     (Agent     in I     X     (Office     in I     I have examined	(This statement of account r d, hereby certify that (Check r other than corporation or of owner other than corpor ine 1 of space B and that the er or partner) I am an officer ine 1 of space B. the statement of account and e, and correct to the best of m in 1001(1986)]	one, <i>but oni</i> partnership ration or pa owner is no (if a corpora d hereby de	nly one, of the t ip) I am the ow partnership) I a not a corporation ration) or a part eclare under pe	poxes.) ner of the cable sys im the duly authoriz n or partnership; or ther (if a partnership malty of law that all	stem as zed age p) of the	s identified in lin ent of the owner e legal entity ide nents of fact con	e 1 of space B; of the cable sy entified as owne	stem as identified	
				n electronic sign	nel Schreiber nature on the line ab n "/s/ signature" (e.,			ement.		
		Typed or printe	ed name:	MICHAE	L SCHREIBEI	R				
		Title: (Title of			NTENT OFFIC ration or partnership)	CER				
		Date:					02/18/20	18		

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ounting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	6312
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 th lowing sentence: <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluss cribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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 transmismade by satellite carriers to satellite dish owners? X NO</li></ul>	sic de sub- 19." Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name     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 underpa For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	orm.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	orm.  Interest Assessme days 4
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	orm. Interest Assessme - days - 4 - Irge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	orm. Interest Assessme days days - 4 - rge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	orm. <b>Q</b> Interest Assessme - days - 4 - urge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessme days days days days  4  please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	orm. <b>Q</b> Interest Assessme - days - 4 - urge) please

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