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 COPYRIGE	HT 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> For additional information,	
General instructions are located in the first tab of this workbook	2/28/2018	ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150	
			→	

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20172 Barcode Data Filing Period (optional - see instructions)	
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	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
C	name	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:	
		JEAN CONSERVATION CAMP MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CADLE STSTEM:	
	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:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	63272
D Area	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	JEAN	NV
Community	(JEAN CONS CAMP)	
Add Rows as Necessary		

	·							FORM SA1			
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID		
	CEQUEL COMMUNICAT	IONS LLC							6327		
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	TES						
E	In General: The information in sp	pace E should c	over al	I categories of	secondar						
	system, that is, the retransmission										
Secondary	about other services (including p						hose existii	ng on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						la svetom	broken			
scribers and	down by categories of secondary	•									
Rates	each category by counting the nu										
	separately for the particular servi	ice at the rate in	dicated	d-not the num	ber of set	s receiving serv	ce).	-			
	Rate: Give the standard rate cl										
	unit in which it is generally billed. category, but do not include disc				ny standa	rd rate variations	s within a p	articular rate			
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	e that cable			
	systems most commonly provide										
	that applies to your system. Note										
	categories, that person or entity										
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servic	e to the			
	Block 2: If your cable system h					service that are	different fro	om those			
	printed in block 1 (for example, ti										
	with the number of subscribers a										
	sufficient.				1			0			
	BLU	OCK 1 NO. OF					BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		0	-							
	 Service to additional set(s) 		0	0							
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		12	41.89							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN			5						
-	In General: Space F calls for rat				-	ll your cable sys	tem's servi	ces that were			
F	not covered in space E, that is, th										
. .	service for a single fee. There are										
Services Other Than	furnished at cost or (2) services of										
Secondary	amount of the charge and the un enter only the letters "PP" in the		isually	Dilleu. Il ally la	les ale cl	largeu on a vana	able per-pro	grain basis,			
Fransmissions:	Block 1: Give the standard rate		e cable	system for ea	ch of the a	applicable servic	es listed.				
Rates	Block 2: List any services that										
	listed in block 1 and for which a s				shed. List	these other serv	rices in the	form of a			
	brief (two- or three-word) description and include the rate for each.										
		BLOC				DATE	047500	BLOCK 2			
	CATEGORY OF SERVICE Continuing Services:			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE		
	Pay cable			el, hotel	iuentiai						
	•	-		nmercial							
	 Pay cable—add'l channel Fire protection 			r cable							
	•				annal						
	•Burglar protection			cable-add'l ch	annei						
	Installation: Residential			protection							
	First set	-		glar protection							
	Additional set(s)			services:							
	• FM radio (if separate rate)			connect		-					
	Converter			connect							
			• Out								
				let relocation /e to new addr		-					

	2017/2			FORM SA1-2E. PAGE 3.
Name				SYSTEM ID# 63272
	CEQUEL COMMUNICA			UULI L
G Primary hsmitters: 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 p with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- 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, report evision station for broadcasting over the station, an independent station, or a function (for network multicast), "I" (for independent of the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he 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
	KLAS-CBS	7	N	LAS VEGAS, NV
	KVVU-Fox	9		HENDERSON, NV
Necessary	KLVX-PBS	11	E	LAS VEGAS, NV
	KTNV-ABC	13	N	LAS VEGAS, NV
	KINC-Univision	16	l	LAS VEGAS, NV
	KVCW-CW	29	l	LAS VEGAS, NV
	KSNV-NBC	22	N	LAS VEGAS, NV

	F OWNER OF C							SYSTEM II 632
n General: Lis		station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) in the basis of for detailed infi- aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing Give the station	y the sys be recein at the Co l sign of the station g a chec 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 ærtain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0.0				0.0		
	+							
	+							
		_						
	+							
	+							
	+							
	+							
	+							
	<u> </u>	<u> </u>						
	+							
					·····	 		

Accounting Perio	od: 2017/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					63272
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv noi	nnetwork televis	ion program, broadcast by	- a <i>distant</i> stati	ion, that vour ca	ble syster	n 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 pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the	e program	ı
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their me	eaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	orogram") tha	t during the ac	counting	
	period, was broadcast by a							on
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further in	formation	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love I	Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		. .	
	Column 4: Give the broat the case of Mexican or Can			e community to which the			C or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, with	the mon	th
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				y
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. snou	la be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	no regulations	IN	
					П			
		IIBSTITIII	E PROGRAM	I		N SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						·		
						_		
						"		
						_		
						_		
						_		
1		1	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# 63272
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 2,928.00
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		
	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	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	ter of Copyrig	

Accounting Period:	2017/2									FORM	I SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM:									SYSTEM ID 63272
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cat	u must give (1) the number and (2) the cable system's number of channels on whi elevision broadcast stations number of activated channe ble system carried televisio st services	s total numb ich the cabl is els on broadcas	ber of activate	ed channels durin	ng the ac	ccounting peri	od.		7 21	
N Individual to Be Contacted		BE CONTACTED IF FURT		DRMATION IS	S NEEDED (Identi	ify an ind	dividual to wh	om			
for Further Information	Name	SARAH BOGUE						Telephone	(903) 579-	-3121	
		30115 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)		uite number)							
	Email	SARAH.BOGI	UE@ALTI	ICEUSA.CO	M		Fax (option	al)			
O Certification	I, the undersigned (Owner (Agent o in lir X (Officer in lir . I have examined t	This statement of account r I, hereby certify that (Check other than corporation or of owner other than corpor he 1 of space B and that the r or partner) I am an officer he 1 of space B. he statement of account and and correct to the best of m 1001(1986)]	one, <i>but onl</i> partnership ration or pa owner is no (if a corpora d hereby dea	ip) I am the ov artnership) I a ot a corporation ration) or a par	boxes.) wher of the cable sy am the duly authori on or partnership; o ther (if a partnershi enalty of law that a	ystem as rized age or hip) of the all statem	s identified in li ent of the owne e legal entity ic nents of fact co	ne 1 of space E er of the cable s dentified as owr	ystem as identi		
				n electronic sig	ael Schreiber nature on the line a an "/s/ signature" (e			tement.			
		Typed or printe	ed name:	MICHAE	EL SCHREIBE	ER					
		Title: (Title of			DINTENT OFFI						
		Date:					02/18/2	2018			

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unting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	6327
 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 Assessmen
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days 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 - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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