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> For additional information.
General instructions are located in the first tab of this workbook	02/28/2018	\$ ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED B	BY THIS STATEMENT: (YY	YY/(Period))	

	ACCC	JUNTING 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		20172	
Accounting Period			
		Instructions:	
В		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.	008653
		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us 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:	
		PERRY, OK	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	008653
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora 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 fili Note: Entities and properties such as hotels, apartments, condominiums, or m	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	PERRY	OK
Community	NOBLE COUNTY	OK
Add Rows as Necessary		
	การเป็นสายการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							00865
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES				
E	In General: The information in s			-	-	/ transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular servi							a and the	
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				ly otanidai		, mann a p		
	Block 1: In the left-hand block								
	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								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		ingine inc						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		586	34.24					
	<ul> <li>Service to additional set(s)</li> </ul>	1	,451	0					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		91	32.04					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	3				
E	In General: Space F calls for rat	•	,		•	, ,			
F	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.	-	-		-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	17.00	• Mote	el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	19.00		nmercial					
	<ul> <li>Fire protection</li> </ul>			cable					
	<ul> <li>Burglar protection</li> </ul>			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	40.00		glar protection					
	Additional set(s)	25.00		ervices:					
	• FM radio (if separate rate)			onnect		40.00			
	Converter		<ul> <li>Disc</li> </ul>	onnect					
			• Outl	et relocation		25.00			

Nomo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		0086
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: relevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, an <b>Substitute Basis Stations</b> basis under specific FCC rules	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis	t (1) stations carried only on a part-tic the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub	me basis under ms [sections ions carried on a stitute program
	List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	, see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for 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 i	ons. N, etc. Identify each rt multistream he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUT-HD	40	I-M	OKLAHOMA CITY, OK
	KAUT-THIS	40 40	I-M	OKLAHOMA CITY, OK
ws as Necessary	KAUT-TV	40	 I	OKLAHOMA CITY, OK
ws as necessary	KETA-HD	13	E-M	OKLAHOMA CITY, OK
	KETA-TV	13	E	OKLAHOMA CITY, OK
	KETA-TV2	13	E-M	OKLAHOMA CITY, OK
	KFOR-ANTENNA	27	I-M	OKLAHOMA CITY, OK
	KFOR-HD	27	N-M	OKLAHOMA CITY, OK
	KFOR-TV	27	Ν	OKLAHOMA CITY, OK
	КОСВ	33	I	OKLAHOMA CITY, OK
	KOCB-COMET	33	I-M	OKLAHOMA CITY, OK
	KOCB-GETTV	33	I-M	OKLAHOMA CITY, OK
	KOCB-HD	33	I-M	OKLAHOMA CITY, OK
	KOCB-TBD	33	I-M	OKLAHOMA CITY, OK
	КОСМ	46	I	NORMAN, OK
	КОСО-НД	7	N-M	OKLAHOMA CITY, OK
	KOCO-METV	7	I-M	OKLAHOMA CITY, OK
	ΚΟϹΟ-ΤΥ	7	Ν	OKLAHOMA CITY, OK
	KOKH-CHRGE	24	I-M	OKLAHOMA CITY, OK
	KOKH-HD	24	I-M	OKLAHOMA CITY, OK
		24	l	OKLAHOMA CITY, OK
	KOKH-TV			
	KOKH-TV KOKH-WEATHER	24	I-M	OKLAHOMA CITY, OK
			I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	KOKH-WEATHER	24	I-M I I-M	

				OVOTEN
Name	LEGAL NAME OF OWNER (			SYSTEM
				008
	PRIMARY TRANSMITTERS			
G		dentify every television station (including t em during the accounting period, except		
-	FCC rules and regulations	s in effect on June 24, 1981, permitting th	e carriage of certain network prog	grams [sections
Primary ransmitters:		(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain s	tations carried on a
Television	Substitute Basis Station	ns: With respect to any distant stations ca	rried by your cable system on a s	substitute program
		rules, regulations, or authorizations: ere in space G—but do list it in space I (th	e Special Statement and Progran	n Log)—if the
	station was carried only o	on a substitute basis.		
		d also in space I, if the station was carried tion concerning substitute basis stations,		
		on's call sign. <i>Do not</i> report origination pred with a station according to its over-the-		
	"WETA-2" as the same or	5	-all designation. For example, re	port multistream
		nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C.	vision station for broadcasting over	er the air in its community
	Column 3: Indicate in eac	ch case whether the station is a network s	•	
		tering the letter "N" (for network), "N-M" (f	or network multicast) "I" (for inde	anondont) "I M"
	I (for independent multicas)	t) "F" (for noncommercial educational) or		
	For the meaning of these	t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form.	ational multicast).
	For the meaning of these <b>Column 4:</b> Give the location	terms, see page (iv) of the general instruction of each station. For U.S. stations, list	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ational multicast). on is licensed by the
	For the meaning of these <b>Column 4:</b> Give the location	terms, see page (iv) of the general instruct	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ational multicast). on is licensed by the
	For the meaning of these <b>Column 4:</b> Give the locati FCC. For Mexican or Can	terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list adian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station e community with which the station	ational multicast). on is licensed by the on is identified.
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN	terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio 3. TYPE OF STATION	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD	terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 23	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station e community with which the station	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD KTBO-TV	terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 23 15	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station e community with which the station <b>3. TYPE OF STATION</b> I-M	ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD KTBO-TV KTUZ-HD	terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 23 15 29	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio 3. TYPE OF STATION	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD KTBO-TV KTUZ-HD KTUZ-TV	terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list in adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 23 15 29 29	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio 3. TYPE OF STATION I-M I I-M I	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK SHAWNEE, OK
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD KTBO-TV KTUZ-HD KTUZ-TV KWEM-LP	terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 23 15 29 29 31	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I I I I I	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK SHAWNEE, OK STILLWATER, OK
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD KTBO-TV KTUZ-HD KTUZ-TV	terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list in adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 23 15 29 29	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio e community with which the statio 3. TYPE OF STATION I-M I I-M I	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK SHAWNEE, OK
	For the meaning of these Column 4: Give the locati FCC. For Mexican or Can 1. CALL SIGN KSBI-HD KTBO-TV KTUZ-HD KTUZ-TV KWEM-LP	terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 23 15 29 29 31	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the static 3. TYPE OF STATION I-M I I I I I	Ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK SHAWNEE, OK SHAWNEE, OK STILLWATER, OK

EGAL NAME OF								SYSTEM I 0086
RIMARY TRA	NEMITTERS							
General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein to the Co sign of the static ion's sig g a check n's locati	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			· · · · · ·	1	-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							l	

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					008653
	SUBSTITUTE CARRIAGI	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	st be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	XNO
Frogram Log	Note: If your answer is "No'	' loovo tho	root of this pag	a blank. If your anower in '			-	
	-	, leave the	rest of this pag	je Dialik. Il your answer is	res, you mu	ist complete	the program	п
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their	meaning is	
	clear. If you need more spa				interer pee		in our nig to	
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, o ies like "mo	vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for ex	ample "I I ov	niformation	1.
	"NBA Basketball: 76ers vs.					ampio, 1 201		
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nead by tha	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 give							
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	ioula be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	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	nd regulation	ns in	
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCL	JRRED	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. TI FROM –	IMES – TO	DELETION
						-	_	
						_	_	
							_	
						-		
						_	_	
						-	_	
						-	_	

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	WSTEM ID# 008653
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the an all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	secondary trans w to compute thi	smission servio s amount, see	7,707.25
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r	nore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	177,707.25	_	
	3. Subtract line 2 from line 1	86,092.75	-	
	4. Enter the amount of gross receipts from space K		177,707.25	
	5. Enter the amount from line 3	-	86,092.75	
	6. Subtract line 5 from line 4		91,614.50	
	7. Multiply line 6 by .005 (enter figure here)		· · ·	458.07
	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		\$	458.07
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	it less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K		-	
	2. Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1		_	
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	458.07	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	478.07
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 008653
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations	33 388
	and nonbroadcast services	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)	
	TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> </ul>	; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	
	<ul> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: MICHAEL SCHREIBER	
	Title: EVP, CHIEF CONTENT OFFICER (Title of official position held in corporation or partnership)	
	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
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	0086
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 fo lowing 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 s scribers 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 transmission made by satellite carriers to satellite dish owners?	Sub- Concerning Gross Receipts Exclusio
X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
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