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  |                               |        |  |  |  |  |  |  |
|--------------------------------|-------------------------------|--------|--|--|--|--|--|--|
| 11                             | FOR COPYRIGHT OFFICE USE ONLY |        |  |  |  |  |  |  |
| DATE RECEIVED AMOUNT           | DATE RECEIVED                 | AMOUNT |  |  |  |  |  |  |
| \$ 8/29/2018 ALLOCATION NUMBER | 8/29/2018                     | *      |  |  |  |  |  |  |

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                    | ACCO  | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |
|----------------------|-------|---|
|                      |       | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  20181  Barcode Data Filing Period (optional - see instructions)   |
| Accounting<br>Period |       |   |
| В                    |       | Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.             |
| Owner                |       | List any other name or names under which the owner conducts the business of the cable system.   |
|                      |       | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. |
|                      |       | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.   |
|                      |       | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM   |
|                      |       | CEQUEL COMMUNICATIONS LLC   |
|                      |       | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  |
|                      |       | SUDDENLINK COMMUNICATIONS   |
|                      |       | MAILING ADDRESS OF OWNER OF CABLE SYSTEM  |
|                      |       | 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)  |
|                      |       | TYLER, TX 75701 (City, town, state, zip)  |
| С                    |       | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these  |
|                      | names | 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: TRENTON, MO   |
|                      |       | 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 fling, a determination that would be made by a court of law.

| Accounting Period:    | 2018/1   |   |
|-----------------------|--|---|
|                       |  | FORM SA1-2E. PAGE 1b.   |
| Name                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
| Name                  | CEQUEL COMMUNICATIONS LLC  | 010579  |
| D                     | Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. | nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known |
| Area<br>Served        | Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.   | ome parks should be reported in parentheses below the   |
|                       | CITY OR TOWN   | STATE   |
| First                 | TRENTON  | MO  |
| Community             | GRUNDY COUNTY(PORTION)   | MO  |
|                       |  |   |
| Add Rows as Necessary |  |   |
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Accounting Period: 2018/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010579

# 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<br>SUBSCRIBERS | RATE    | CATEGORY OF SERVICE | NO. OF<br>SUBSCRIBERS | RATE  |  |
| Residential:                                     | COBCONIBENC           | TOTTE   | CATEGORY OF CERVICE | COBCONIBENC           | TOTIL |  |
| <ul> <li>Service to first set</li> </ul>         | 666                   | 29.99   |                     |                       |       |  |
| <ul> <li>Service to additional set(s)</li> </ul> | 824                   | 0       |                     |                       |       |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |         |                     |                       |       |  |
| Motel, hotel                                     |                       |         |                     |                       |       |  |
| Commercial                                       | 16                    | 29.99   |                     |                       |       |  |
| Converter  |                       |         |                     |                       |       |  |
| <ul> <li>Residential</li> </ul>                  |                       |         |                     |                       |       |  |
| Non-residential                                  |                       |         |                     |                       |       |  |
| i  |                       | T       |                     | T                     | l     |  |

# 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.

|   | BLOCK 1 |                               |       |                     |      |
|---|---------|-------------------------------|-------|---------------------|------|
| 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               |       |                     |      |
| <ul><li>First set</li></ul>                     | 40.00   | Burglar protection            |       |                     |      |
| <ul> <li>Additional set(s)</li> </ul>           |         | Other services:               |       |                     |      |
| <ul> <li>FM radio (if separate rate)</li> </ul> |         | Reconnect                     | 40.00 |                     |      |
| Converter                                       |         | Disconnect                    |       |                     |      |
|   |         | Outlet relocation             | 25.00 |                     |      |
|   |         | Move to new address           | 40.00 |                     |      |
|   |         |                               |       |                     |      |

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

# PRIMARY TRANSMITTERS: TELEVISION

G

#### 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 |
|--------------|--------------------------|--------------------|------------------------|
| КСРТ         | 18                       | E                  | KANSAS CITY, MO        |
| KCPT-CREATE  | 18                       | E-M                | KANSAS CITY, MO        |
| KCPT-HD      | 18                       | E-M                | KANSAS CITY, MO        |
| KCPT-HD2     | 18                       | E-M                | KANSAS CITY, MO        |
| KCTV         | 24                       | N                  | KANSAS CITY, MO        |
| KCTV-HD      | 24                       | N-M                | KANSAS CITY, MO        |
| KCWE         | 31                       | l                  | KANSAS CITY, MO        |
| KCWE-HD      | 31                       | I-M                | KANSAS CITY, MO        |
| KCWE-MOVIES  | 31                       | I-M                | KANSAS CITY, MO        |
| KMBC-HD      | 29                       | N-M                | KANSAS CITY, MO        |
| KMBC-TV      | 29                       | N                  | KANSAS CITY, MO        |
| KMBC-V ME    | 29                       | I-M                | KANSAS CITY, MO        |
| KPXE         | 51                       | I                  | KANSAS CITY, MO        |
| KPXE-HD      | 51                       | I-M                | KANSAS CITY, MO        |
| KSHB-Cozi    | 42                       | I-M                | KANSAS CITY, MO        |
| KSHB-HD      | 42                       | N-M                | KANSAS CITY, MO        |
| KSHB-TV      | 42                       | N                  | KANSAS CITY, MO        |
| KSMO-HD      | 47                       | I-M                | KANSAS CITY, MO        |
| KSMO-TV      | 47                       | l                  | KANSAS CITY, MO        |
| WDAF-ANTENNA | 34                       | I-M                | KANSAS CITY, MO        |
| WDAF-HD      | 34                       | I-M                | KANSAS CITY, MO        |
| WDAF-TV      | 34                       | I                  | KANSAS CITY, MO        |
|              |                          |                    |                        |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **CEQUEL COMMUNICATIONS LLC**

010579

#### 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: 2018/1<br>LEGAL NAME OF OWNER OF  | CARLE SVS  | ΓΕM·   |   |   |  | FOR  | SYSTEM ID# |  |  |
| Name   | CEQUEL COMMUNICA   |  |  |   |   |  |  | 010579     |  |  |
| Substitute Carriage: Special Statement and Program Log | SUBSTITUTE CARRIAGE In General: In space I, identification of the programmi  1. SPECIAL STATEMENT  • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, recondition of the period of the case of Mexican or Canacter of the case of the case of Mexican or Canacter of the case of the ca | fy every nor counting pering that must reconcted that reconcern reconcted that reconcted that reconcern reconce | AL STATEMEI  Innetwork televis eriod, under spec to be included in  ENING SUBST  r cable system  rest of this pag  AMS  m on a separa add additional r nnetwork televit ion and that yo r authorizations vies" or "baske  dicast live, enter estation broadca on's location (the ones, if any, the of when your system established the system estation program carrier  estation program carrier  estation 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. Ission 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 | y a distant static CC rules, regular he general instructions is "Yes," you must be program") that ed for the program instruction in titles, for existent is lice e station is idea in program. Use r cable system :15 p.m. to 6:2 | dations, or au ructions in the ruction in th | etem carried on a s. For a further 1.1-2 form.  The state of the state |            |  |  |
|  | to delete under FCC rules a<br>was substituted for program<br>effect on October 19, 1976.  | nd regulation ming that y  | ons in effect du<br>our system wa  | ring the accounting perions permitted to delete und   | whe   | tter "P" if the<br>and regulation<br>EN SUBSTI<br>IAGE OCCI  | listed progr<br>ons in   |            |  |  |
|  | 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No  | 3. STATION'S<br>CALL SIGN  | 4. STATION'S LOCATION   | 5. MONTH<br>AND DAY   |  | — TO   |            |  |  |
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| ccounting Period:                  | _                                | AL NAME OF OW  | NER OF CABLE  | F SYSTEM:  |   |   |   |  |                        |                        |                       |                             | SYSTE           |          |
|------------------------------------|----------------------------------|--|---|--|---|---|---|--|------------------------|------------------------|-----------------------|-----------------------------|-----------------|----------|
| Name                               |                                  | QUEL COM   |   |  | LC  |   |   |  |                        |                        |                       |                             |                 | 057      |
| <b>K</b><br>Gross Receipts         | Inst<br>all a<br>(as             | coss receipt tructions: The amounts (grossidentified in specifications) of the gross receipt during the actions. | e figure you<br>s receipts) p<br>pace E) dur<br>eneral instr<br>ts from sub | paid to yo<br>ing the ac<br>uctions lo<br>scribers f             | our cable<br>ecounting<br>ecated in<br>or secon | system by<br>g period. F<br>the paper<br>dary trans | y subscri<br>For a furtl<br>SA1-2 f<br>smission | bers for the<br>her explan<br>orm.<br>service(s) | e system<br>ation of h | 's second<br>low to co | dary tran<br>mpute th | smission se<br>is amount, s | rvice           | 70       |
|                                    | IMP                              | PORTANT: Yo  |   |  |   |   |   |  |                        |                        | •                     | *                           | of gross receip |          |
| Copyright<br>Royalty Fee           | • Con<br>• Use<br>• Use<br>• Use | YRIGHT ROY uctions: To co mplete block 1 e block 1 if the e block 2 if the e block 3 if the age (vi) of the g    | mpute the r<br>, block 2, o<br>amount of<br>amount of<br>amount of          | royalty fee<br>or block 3<br>gross rec<br>gross rec<br>gross rec | eipts in seipts in seipts in s                  | space K is<br>space K is<br>space K is              | more the  | an \$137,10<br>an \$263,80                       | 00 but les             | s than \$              |                       | \$263,800                   |                 |          |
|                                    |                                  |  |   | BL   | OCK 1:  | GROSS F   | RECEIP  | TS OF \$1  | 37,100 C               | R LESS                 | ;                     |                             |                 |          |
|                                    |                                  | tructions: As a counting period  |   | n with gro   | ss receipt                                      | ts of \$137,  | 100 or le                                       | ss, the roya                                     | alty fee tha           | at you mu              | ıst pay fo            | this six-mor                | nth             |          |
|                                    |                                  | e 1. Royalty fee   |   | tina period  | 1   |   |   |  |                        |                        |                       |                             |                 |          |
|                                    |                                  | e 2. Interest cha  |   |  |   |   |   |  |                        |                        |                       |                             | 0               | .00      |
|                                    | Line                             | z. miorest one   | arge. Enter   | anou   | it iioiii iii                                   | те ч, зрасс   | c Q, page                                       | , 0  |                        |                        |                       |                             | <u> </u>        | <u> </u> |
|                                    | Line                             | e 3. TOTAL RC  |   |  |   |   |   |  |                        |                        |                       |                             |                 |          |
|                                    | 4.0                              |  |   |  |   | CEIPTS O  |   |  | ,                      |                        |                       | , ,                         |                 |          |
|                                    |                                  | Base amount ur<br>Enter amount of  |   |  |   |   |   |  |                        |                        | ,800.00<br>,606.70    | =                           |                 |          |
|                                    |                                  | Subtract line 2 f  | •   |  | •   |   |   |  |                        |                        | ,193.30               | =                           |                 |          |
|                                    |                                  | Enter the amour  |   |  |   |   |   |  |                        |                        |                       | -<br>181,606.70             | 0               |          |
|                                    |                                  | Enter the amour  | •   | •  |   |   |   |  |                        |                        |                       | 82,193.30                   |                 |          |
|                                    |                                  | Subtract line 5 f  |   |  |   |   |   |  |                        |                        |                       | 99,413.40                   | <br>D           |          |
|                                    |                                  | Multiply line 6 by   |   |  |   |   |   |  |                        |                        |                       | \$                          | 497.            | .07      |
|                                    | 8. In                            | nterest charge.  | Enter the a   | mount fro  | m line 4,                                       | space Q, p  | page 8  |  |                        |                        |                       |                             | 0.              | .00      |
|                                    | 9. <b>T</b>                      | OTAL ROYAL   | TY FEE PA   | YABLE F  | OR ACC  | OUNTING   | PERIOD  | . Add lines                                      | 7 and 8 .              |                        |                       | \$                          | 497.            | .07      |
|                                    |                                  |  | BLOCK   | 3: GROS  | S RECE  | EIPTS OF  | MORE  | THAN \$2   | 63,800 (b              | out less t             | han \$52              | 7,600)                      |                 |          |
|                                    | 1. E                             | Enter the amour  | nt of gross re  | eceipts fro  | om space  | K   |   |  |                        |                        |                       |                             |                 |          |
|                                    |                                  | Base amount ur   | -   |  |   |   |   |  |                        |                        | ,800.00               | -                           |                 |          |
|                                    |                                  | Subtract line 2 f  |   |  |   |   |   |  |                        |                        |                       | _                           |                 |          |
|                                    | 4. M                             | Multiply line 3 by   | y .01   |  |   |   |   |  |                        | · · · <u> </u>         |                       |                             |                 |          |
|                                    | 5. R                             | Royalty due on   | the first \$26  | 3,800 of g   | ross rece                                       | eipts (unde   | r statutor                                      | y formula)                                       |                        | \$                     |                       | 1,319.00                    | <u> </u>        |          |
|                                    | 6. In                            | nterest charge.  | Enter the a   | mount fro  | m line 4,                                       | space Q, p  | page 8  |  |                        | · ·                    |                       | 0.00                        | <u> </u>        |          |
|                                    | 7. <b>T</b>                      | OTAL ROYAL   | TY FEE PA   | YABLE F  | OR ACC  | OUNTING   | PERIOD  | . Add lines                                      | 4, 5, and              | 6                      |                       |                             |                 |          |
|                                    |                                  |  |   | FILING   | FEE AN  | ID TOTAL  | REMIT   | TANCE D  | UE                     |                        |                       |                             |                 |          |
|                                    |                                  |  |   |  |   |   |   |  |                        |                        |                       |                             |                 |          |
| Filing Fee and<br>Fotal Remittance | 1. R                             | Royalty Fee Pay  | able for Acc  | counting F   | eriod (fro                                      | om Block 1  | , 2, or 3,                                      | above)   |                        | <u>\$</u>              |                       | 497.07                      | <u>7</u>        |          |
| Due                                | 2. F                             | Filing Fee (See  | the instruction   | ons for mo   | ore inform                                      | nation on fi  | iling fee o                                     | alculations                                      | )                      | \$                     |                       | 20.00                       | <u> </u>        |          |
|                                    | 3. T                             | TOTAL AMOUN  | IT DUE FOR  | R ACCOU  | NTING P   | PERIOD. A   | Add lines                                       | s 2 and 3 .                                      |                        |                        |                       | \$                          | 517.            | .07      |
|                                    |                                  | Important:   |   |  |   |   |   | -  |                        | -                      | _                     | ster of Copy                | yrights!        |          |
|                                    |                                  |  | See pag   | ge i of the  | general   | instructio  | ons in the                                      | e paper SA                                       | 1-2 form               | for more               | informa               | tion.                       |                 |          |

| Accounting Period:                 | 2018/1   | FORM SA1-2E. PAGE 7  |
|------------------------------------|--|----------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC   | SYSTEM ID#<br>010579 |
| M<br>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.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  | 216                  |
| N<br>Individual to<br>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<br>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)   |                      |
| O                                  | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne in line 1 of space B.  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.  [18 U.S.C., Section 1001(1986)]  X /s/ Alan Dannenbaum  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:  ALAN DANNENBAUM  Title:  SVP, PROGRAMMING  (Title of official position held in corporation or partnership) | stem as identified   |

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: 2018/1  | FORM SA1-2E. PAGE 8.                 |
|--|--------------------------------------|
| GAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                           |
| EQUEL COMMUNICATIONS LLC   | 010579                               |
| 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                  |
| 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 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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