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

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| STATEMENT OF ACCOUNT | FOR COPYRIGH | T 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 | 8/29/2018 | ALLOCATION NUMBER | contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| A ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (Y) | (YY/(Period)) | |

| A | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|----------------------|----------|---|
| Accounting Period | | 2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2018/1 Barcode Data Filing Period (optional - see instructions) |
| | | 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. |
| | | |
| | | 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 | UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these |
| | names | 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: |
| | | BOONVILLE, AR |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | |
| | <u> </u> | (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 | 014680 |
| D | Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. | nity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city. | home parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | BOONVILLE | AR |
| Community | | |
| | | |
| Add Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | | 1-2E. PAGE |
|-------------------------------|---|--------------------|-------------------------|-------------------|-------------|-------------------|-----------------|---------------------------|------------|
| Name | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 01468 |
| | | | | | | | | | |
| E | SECONDARY TRANSMISSION In General: The information in s | | | - | - | / transmission s | ervice of t | he cable | |
| | system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | ay cable) in sp | ace F, r | not here. All the | facts you | state must be th | | | |
| Transmission Service: Sub- | last day of the accounting period Number of Subscribers: Both | | | | | | lo evetom | brokon | |
| scribers and | down by categories of secondary | | | | | | | | |
| Rates | each category by counting the n | | | | | | | | |
| | separately for the particular serv | | | | | | | a and the | |
| | Rate: Give the standard rate c unit in which it is generally billed | | | | | | | | |
| | category, but do not include disc | | | | ly olandai | | | | |
| | 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 | ble service to a | additiona | al sets would be | e included | | | | |
| | first set" and would be counted o | | | | | convice that are | difforant f | rom those | |
| | Block 2: If your cable system I printed in block 1 (for example, ti | | | | | | | | |
| | with the number of subscribers a | | | | | | | | |
| | sufficient. | | | | | | D 1 0 01 | <u> </u> | |
| | BLC | DCK 1 NO. OF | | | | | BLOC | K 2 NO. OF | 1 |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CAT | EGORY OF SEF | RVICE | SUBSCRIBERS | RATE |
| | Residential: | | | | | | | | |
| | Service to first set | | 216 | 34.99 | | | | | |
| | Service to additional set(s) | | 149 | 0 | | | | | |
| | • FM radio (if separate rate) Motel, hotel | | | | | | | | |
| | Commercial | | 11 | 34.99 | | | | | |
| | Converter | | | 54.55 | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | | | | | |
| F | In General: Space F calls for rat not covered in space E, that is, t | • | , | | • | | | | |
| - | service for a single fee. There ar | | | | | | | | |
| Services | furnished at cost or (2) services | or facilities furr | hished to | nonsubscribe | s. Rate in | formation should | d include i | ooth the | |
| Other Than | amount of the charge and the un | | usually | billed. If any ra | tes are ch | arged on a varia | ble per-pr | ogram basis, | |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rat | | he cable | e svstem for ea | ch of the a | applicable servic | es listed. | | |
| Rates | Block 2: List any services that | your cable sys | stem fur | nished or offere | d during t | he accounting p | eriod that | | |
| | listed in block 1 and for which a | | | | hed. List | these other serv | ices in the | e form of a | |
| | brief (two- or three-word) descrip | | | tte for each. | | | T | | |
| | CATEGORY OF SERVICE | BLO RATE | | ORY OF SER | | RATE | CATEG | BLOCK 2 ORY OF SERVICE | RATE |
| | Continuing Services: | RAIL | | ation: Non-res | | RAIL | CAILO | ORT OF SERVICE | NAIL |
| | • Pay cable | | | tel, hotel | | | | | |
| | Pay cable—add'l channel | | | nmercial | | | | | |
| | • Fire protection | | | / cable | | | | | 1 |
| | •Burglar protection | | • Pay | / cable-add'l ch | annel | | | | |
| | Installation: Residential | | • Fire | e protection | | | | | |
| | • First set | 40.00 | • Bur | glar protection | | | | | |
| | Additional set(s) | 25.00 | | services: | | | | | |
| | • FM radio (if separate rate) | | | connect | | 40.00 | | | |
| | Converter | | | connect | | | | | |
| | | | Out | let relocation | | 25.00 | | | |
| | | | | ve to new addre | | 40.00 | | | |

| ne | LEGAL NAME OF OWNER OF | | | SYSTEM ID: 01468(|
|------------------------|---|--|--|--|
| | CEQUEL COMMUNIC | | | 014000 |
| ary itters: sion | In General: In space G, ide carried by your cable system 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 not list the station here station was carried only 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 th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location | entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the 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 t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is | me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" inal multicast). s licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | | 9 | E | |
| | KAFT | 3 | E | FAYETTEVILLE, AR |
| | KAFI KFSM-TV | | N | FAYETTEVILLE, AR FORT SMITH, AR |
| cessary | | | | |
| essary | KFSM-TV | 18 | N | FORT SMITH, AR |
| essary | KFSM-TV KFTA-TV | 18 27 | N I | FORT SMITH, AR FORT SMITH, AR |
| ssary | KFSM-TV KFTA-TV KHBS | 18 27 21 | N I N | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR |
| ssary | KFSM-TV KFTA-TV KHBS KHBS-CW | 18 27 21 21 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR |
| :essary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
| cessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
| ecessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
| ecessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
| ecessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
| ecessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
| ecessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
| ecessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
| ecessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
| lecessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
| ecessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |
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| Necessary | KFSM-TV KFTA-TV KHBS KHBS-CW KNWA-TV | 18 27 21 21 50 | N I N I-M | FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR FORT SMITH, AR ROGERS, AR |

| EGAL NAME OF | | | | | | | | SYSTEM I 0146 |
|--|--|--|---|---|---|--|--|----------------------------------|
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| cceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If gnal, indicate Column 4: G | it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station | y the sys be recein at the Co I sign of a the static ion's sig 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 the 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 | t the system's he system's FM ante this point, see pa ed 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 general i eparate | be expected, ated 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 | |
| OALL SIGN | | 3/0 | LOCATION OF STATION | UALL SIGN | | 3/0 | LOCATION OF STATION | |
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| Accounting Perio | od: 2018/1 | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------------------|---|------------------------------|-------------------------------------|--|---------------------|------------------------|------------------------------|-------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS L | LC | | | | | 014680 |
| | 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 | t be included in | this log, see page (v) of the | e general instr | uctions in the | paper SA1 | -2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBST | TITUTE CARRIAGE | | | | |
| Special | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | s, any nonne | twork telev <u>isi</u> | 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 | п |
| | 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 | 0.010, 11 0.101 | | |
| | | | | sion program ("substitute | | | | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re Do not use general categor | 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 /e.l.ucv" or | 1. |
| | "NBA Basketball: 76ers vs. | | | | | umpio, 1201 | 0 2009 01 | |
| | | | | "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra | | need by the | 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 v | 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 | listed 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 | TUTE | |
| | 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. TI FROM – | MES – TO | DELETION |
| | | 100 01 110 | ONEE OIGH | | THE BITT | THOM | 10 | |
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| Accounting Period: | 2018/1 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|---|---------------------------------|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | YSTEM ID# 014680 |
| 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 5,969.22 |
| 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 | 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: | 2018/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 014680 |
| 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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services | 7 |
| 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) | |
| 0 | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) | |
| Certification | I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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 | ; 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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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)] | |
| | 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) | |
| | Date: 08/18/2018 | |

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: 2018/1 | FORM SA1-2E. PAG |
|--|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| QUEL COMMUNICATIONS LLC | 0146 |
| 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluse scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. 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? | vasic ude sub- 119." Special Statemen Concerning Gross Receipts Exclusio |
| X NO | |
| 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 underpayed | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpresent of a late payment or underpresent of a late payment or underpresent of the general instructions located in the paper SA1-2 | |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 | form. |
| | form. |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 | |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment | form. |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 | form. |
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