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	T OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/29/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
- I			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20181 Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	-	
		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)
<u> </u>	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		ANTHONY, KS
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: S CECUCEL COMMUNICATIONS LLC Instructions: Use ache sparate community served by the cable system. A "community" is the same as a "community unit" as defined of "a separate and distinct community fund/ung durity including durity (including durity comported community). Instructions: Use ache sparate community unit" as defined of "a separate and distinct community influence unincorporated areas and including durity including durity (including durity comported community). Instructions: Use ache sparate community on "I ache site is the first community." Influence unincorporated areas and including distinct community. Note: Instruction: Use ache sparate community on "I ache site is the first community." Influence unincorporated areas in "Community." Influence unincorporated areas in "Community." Influence units or mobile home parks should be reported in parentheses be dentified city. First Community CITY OR TOWN STATE And Brees is Normany CITY OR TOWN STATE Add Brees is Normany CITY OR TOWN STATE Instruction: CITY OR TOWN STATE	STEM ID#
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includ discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification her as the "first community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses be identified city. First CITY OR TOWN STATE Anthony KS	023505
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses be identified city. First Community CITY OR TOWN STATE Mathematical ANTHONY KS	n FCC rules: ding single,
First Community	ow the
First Community	
Community	
Add low a Network	
IndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndex <tr< td=""><td></td></tr<>	
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	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							02350
	SECONDARY TRANSMISSION		DecDIE		TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate ir	ndicated	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standai	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					i in the count un	der "Servic	ce to the	
	Block 2: If your cable system I					service that are	different fi	om those	
	printed in block 1 (for example, ti	ers of services	that incl	ude one or mo	ore second	dary transmissio	ns), list the	em, together	
	with the number of subscribers a	nd rates, in the	right-ha	nd block. A tw	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOC	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	De	RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	RO	NAIL	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	NAIL
	Service to first set		101	29.99					
	Service to additional set(s)		140	20.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		11	29.99					
	Converter			20.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATES	6				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip								
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ion: Non-res	idential				
	Pay cable	19.00	• Mote	el, hotel					
	Pay cable—add'l channel		• Corr	mercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set	40.00	• Burg	lar protection					
	 Additional set(s) 	25.00	Other s	ervices:					
	Additional Set(S)		_			40.00			Т
	• FM radio (if separate rate)		 Reco 	onnect		40.00			
	· · ·			onnect onnect		40.00			
	• FM radio (if separate rate)		• Disc			40.00 25.00			

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	CEQUEL COMMUNIC			023505
G rimary smitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(4 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</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 c iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. 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-the	t (1) stations carried only on a part- he carriage of certain network progr S1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAKE	10	N	WICHITA, KS
	KDCU-DT	31	I	DERBY, KS
vs as Necessary	KETA-TV	13	E	OKLAHOMA CITY, OK
	кмтw	35	I	
	L		•	HUTCHINSON, KS
	KPTS	8	E	HUTCHINSON, KS HUTCHINSON, KS
			E I	
	KPTS	8		HUTCHINSON, KS
	KPTS KSAS-TV	8 26		HUTCHINSON, KS WICHITA, KS
	KPTS KSAS-TV KSCW	8 26 12	l 1	HUTCHINSON, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS
	KPTS KSAS-TV KSCW KSNW	8 26 12 45	 N	HUTCHINSON, KS WICHITA, KS WICHITA, KS WICHITA, KS

EGAL NAME OF								SYSTEM II 0235
	NSMITTERS	: RADIO						
			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 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	at the system's he system's FM anter this point, see particle sed by the cable so he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can certain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-	the community with which the		-	1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

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 LI	LC					023505
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi				-	ion that your ca	hle 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 pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	<u> </u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No'	' loovo tho	rest of this nad	e blank. If your answer is '		ist complete the	-	
		, leave life	rest of this pag	e blank. Il your answer is	res, you mu		e program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their me	eaning is	
	clear. If you need more spa					,	J	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori	ies like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Love L	Lucv" or	
	"NBA Basketball: 76ers vs.	Bulls."						
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the EC	°C or in	
	the case of Mexican or Can						0001, 111	
	Column 5: Give the mon	th and day		tem carried the substitute p			the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."		i program came		5 p.m. to 0.2	0.50 p.m. shou		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulations i	IN	
						N SUBSTITU		
	S		E PROGRAN			AGE OCCUR		 REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	TO	5222.000
						_		
						_		
						_		
						·		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 023505
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 8,136.60
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	<u> </u>	
	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			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	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 023505
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 .	9 59
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted 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)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 owner 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)] K // 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) 	stem as identified
	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 telephoi 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 fing, a determination that would be made by a court of lav

unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	02350
 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 su 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 transmissions made by satellite carriers to satellite dish owners? 	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 underpayment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q
	t. Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	- Interest Assessme
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