This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGE	HT OFFICE USE ONLY	Return completed 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

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Deviced Data Elling Deviced (antiparty and instance)
		20181 Barcode Data Filing Period (optional - see instructions)
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.
		1
		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 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:
		HEALDTON, 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 fling, a determination that would be made by a court of law.

	CEQUEL COMMUNICATIONS LLC	8YSTEM ID# 024755
D Area Served	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
First Community	CITY OR TOWN HEALDTON CORNISH	STATE OK OK
Add Rows as Necessary	RINGLING WILSON	ОК ОК

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							02475
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting periodo Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block	SERVICE: SU pace E should of an of television a ay cable) in spa (June 30 or De blocks in spac y transmission s umber of billing: ice at the rate in harged for each (Example: "\$2 ounts allowed fi in space E, the	cover all and radi ace F, n ecember e E call service. s in that ndicated n catego 0/mth"). or advar	categories of o broadcasts l ot here. All the 31, as the ca- for the number In general, you category (the —not the num ry of service. I Summarize a nce payment. ts the categor	secondary by your sy a facts you se may be or of subsc u can com number of ber of set include bo ny standar	stem to subscril state must be t b). There is to the cal pute the number f persons or org s receiving serv th the amount o rd rate variations ondary transmis	bers. Give i hose existi ble system, r of subscr anizations ice). f the charg s within a p sion servic	information ng on the broken ibers in charged e and the particular rate e that cable	
	systems most commonly provide that applies to your system. <b>Note</b> categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	Where an ind should be coun ble service to a once again unde has rate catego iers of services and rates, in the	lividual of ted as a dditiona er "Servi ries for s that incl	or organization subscriber in I sets would b ce to additiona secondary tran ude one or mo	n is receivi each appl e included al set(s)." nsmission ore second	ng service that f licable category I in the count un service that are dary transmissic	alls under Example: der "Servic different fr ons), list the on of the s	different a residential te to the om those em, together ervice is	
	BLO	DCK 1					BLOCK		<u>г                                    </u>
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		236	29.99					
	Service to additional set(s)     FM radio (if separate rate)		64	0					
	Motel, hotel Commercial		12	29.99					
	Converter		12	23.33					
	Residential     Non-residential								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscribe hose services th e two exceptior or facilities furni it in which it is u rate column. e charged by th your cable sys separate charge	er) inforn hat are r hs: you c ished to usually t he cable tem furr e was m	nation with re- not offered in c lo not need to nonsubscribe billed. If any ra system for ea ished or offere ade or establis	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during f	on with any seco information condu- formation shoul arged on a varia applicable servio the accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services ooth the ogram basis, were not	
		BLOC		00/05		<b>D</b> • <b>T</b> =	0.7=1	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			ORY OF SER tion: Non-res		RATE	CATEGO	ORY OF SERVICE	RATE
	Pay cable	17.00		el, hotel	luentiai				
	• Pay cable—add'l channel	19.00	• Con	mercial					
	Fire protection		• Pay	cable					
	<ul> <li>Burglar protection</li> </ul>			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	40.00		lar protection					
	Additional set(s)     EM radio (if concrete rate)	25.00		ervices:		40.00			
	<ul> <li>FM radio (if separate rate)</li> </ul>			onnect		40.00			
	Convertor								
	Converter			onnect et relocation		25.00			

				FORM SA1-2E. PAGE 3.
ne	LEGAL NAME OF OWNER OF			8YSTEM ID# 024755
	CEQUEL COMMUNIC			UZ47 JJ
hary hitters: ision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 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 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	entify every television station (including m during the accounting period, <i>excep</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 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 n concerning substitute basis stations, s' call sign. <i>Do not</i> report origination p d with a station according to its over-the	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUZ-TV	22	N	WICHITA FALLS, TX
				,
	KETA-TV	13	Е	OKLAHOMA CITY, OK
lecessary	KETA-TV KFOR-TV	13 27	E	
lecessary				OKLAHOMA CITY, OK
ecessary	KFOR-TV	27	N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK
ecessary	KFOR-TV KOCO-TV	27 7	N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
lecessary	KFOR-TV KOCO-TV KOKH-TV	27 7 24	N N I	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
lecessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV	27 7 24 11	N N I N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK LAWTON, OK
lecessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN	27 7 24 11 26	N N I N N	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK LAWTON, OK ADA, OK ADA, OK
lecessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
5 Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW	27 7 24 11 26 26 26	N N I N N I-M	OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK LAWTON, OK ADA, OK ADA, OK
; Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
5 Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
5 Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
5 Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
5 Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
5 Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
5 Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK
5 Necessary	KFOR-TV KOCO-TV KOKH-TV KSWO-TV KTEN KTEN-CW KTEN-HD	27 7 24 11 26 26 26 26	N N I N N I-M N-M	OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK         LAWTON, OK         ADA, OK         ADA, OK

all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: Co	t every radio s whose signals ctions Conce it is carried b monitoring, to ormation abou rm. dentify the call State whether if the radio stat this by placing Sive the station	station ca were ge rning AI y the sys be receint the co l sign of of the static ion's sig g a check n's locati s, if any,	arried on a separate and discre- nerally receivable by your cab I-Band FM Carriage: Under C stem whenever it is received a ived 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	le system during Copyright Office r t the system's he system's FM ante his point, see pa ed by the cable s he station is licens	the accountin regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	g perioo n FM sig 2) it can ertain st eneral in eparate	d. nal is generally be expected, ated intervals. nstructions in the. and discrete	H Primary Transmitters Radio
Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: G Alexican or Car	ctions Conce of it is carried by monitoring, to ormation about rm. dentify the call State whether if the radio state this by placing Give the station hadian stations	rning Al y the syst be receint the Co l sign of of the static ion's sig g a check n's locati s, if any,	I-Band FM Carriage: Under C stem whenever it is received a ived 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 th	Copyright Office r t the system's he system's FM ante his point, see pa ed by the cable s he station is licens	regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig () it can ertain st eneral in eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Transmitters
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf bignal, indicate Column 4: Co Jexican or Car	) it is carried b monitoring, to ormation abou rm. dentify the call State whether f f the radio stat this by placing Sive the station nadian stations	y the sys be recei- tin the Co I sign of of the static ion's sig g a checl n's locati s, if any,	stem whenever it is received a ived 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 th	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ertain st ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Transmitters
CALL SIGN	AM or FM						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					024755
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
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							
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 televisi	ion program	1
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	5		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	Yes, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa						incuring io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	<ol> <li>See page (v) of the gene thall " List specific program</li> </ol>	titles for ex	ns for further	ntormatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 au in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				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	UTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCU	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 –	MES – TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	THOM	10	
						_	-	
							_	
							-	
						_	_	
							-	
							-	
						_	_	
							_	
							_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 024755
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 9,124.64
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 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	ter of Copyrig	

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 024755
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         system carried television broadcast stations	10
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	123
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (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)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <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> <li>(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</li> <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. [18 U.S.C., Section 1001(1986)]</li> <li>X (s/ Alan Dannenbaum</li> <li>Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</li> </ul>	rstem 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. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
QUEL COMMUNICATIONS LLC		0247
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Action 1000 and 100000 and 100000 and 100000 and 1000 and 1000 and 1000 and 1000 and	stem for the basic shall not include sub- nt to section 119." instructions	P 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		
You must complete this worksheet for those royalty payments submitted as a result of a late paymer. For an explanation of interest assessment, see page (viii) of the general instructions located in the		Q
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