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	IT 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	ACCO	OUNTING 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			
		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.	002811
		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 ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		GURDON, AR	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
r			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hamo	CEQUEL COMMUNICATIONS LLC	002811
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
	CITY OR TOWN	STATE
First Community	GURDON	AR
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							SA1-2E. PAGE Stem IC
Name	CEQUEL COMMUNICAT	IONS LLC							00281
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in spa	ace F, no	ot here. All the	e facts you	state must be			
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular serv	ice at the rate in	ndicated	-not the num	ber of set	s receiving serving	/ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standa	rd rate variation	is within a	a particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion serv	vice 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						ider Ser	vice to the	
	Block 2: If your cable system i					service that are	e different	from those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	right-ha	nd block. A tw	vo- or thre	e-word descript	tion of the	service is	
		DCK 1					BLO	CK 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIUDE		TUTE	0,11		TUTOL	COBCONDENCE	/ 10112
	Service to first set		227	39.99					
	Service to additional set(s)		380	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		9	39.99					
	Converter								
	Residential								
	Non-residential								
					·				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat	-			-	ll vour cable sv	stem's se	rvices that were	
F	not covered in space E, that is, th	•	,		•	• •			
	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of								
Secondary	amount of the charge and the un enter only the letters "PP" in the		isually L	illeu. Il ally la	lies are cri	largeu on a var	lable per-	program basis,	
ransmissions:	Block 1: Give the standard rat	e charged by th							
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	these other ser	vices in t	ne form of a	
	CATEGORY OF SERVICE	BLOC RATE		DRY OF SER	VICE	RATE	CATE	BLOCK 2 GORY OF SERVIC	E RATE
	Continuing Services:			ion: Non-res			0,112	00111 01 021110	
	• Pay cable	17.00	• Mote	l, hotel					
	• Pay cable—add'l channel	19.00	• Com	mercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set	40.00	• Burg	lar protection					
	1		Other s	•					
	<ul> <li>Additional set(s)</li> </ul>	25.00							
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	25.00	• Reco	onnect		40.00			
		23.00				40.00			
	• FM radio (if separate rate)	25.00	• Disc	onnect		40.00			

ounting Period: 2	-	E CARLE EVETEM.		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF			002
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> 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 informatio <b>Column 1</b> : List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2</b> : Give the channel of license. For example, W <b>Column 3</b> : Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4</b> : Give the location	also in space I, if the station was carried on concerning substitute basis stations, i n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ite carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES in designation. For example, reprovision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARK-HD	32	N	LITTLE ROCK, AR
	KARK-TV	32	N-M	LITTLE ROCK, AR
ows as Necessary	KARZ-HD	44	I-M	LITTLE ROCK, AR
	KARZ-TV	44	l	LITTLE ROCK, AR
	KASN	39	I	PINE BLUFF, AR
	KASN-HD	39	I-M	PINE BLUFF, AR
	KATV	22	N	LITTLE ROCK, AR
	KATV-CHRGE	22	I-M	LITTLE ROCK, AR
	KATV-COMET	22	I-M	LITTLE ROCK, AR
	KATV-TBD	22	I-M	LITTLE ROCK, AR
	KATV-HD	22	I-M	LITTLE ROCK, AR
	KETG-CREATE	13	E-M	ARKADELPHIA, AR
	KETG-KIDS	13	E-M	ARKADELPHIA, AR
	KETG-WRLD	13	E-M	ARKADELPHIA, AR
	KETG-HD	13	E-M	ARKADELPHIA, AR
	KETG	13	E	ARKADELPHIA, AR
	KKAP	36	I	ARKADELPHIA, AR
	KLRT-TV	30	<u> </u>	LITTLE ROCK, AR
	KLRT-HD	30	I-M	LITTLE ROCK, AR
	ктни	12	Ν	LITTLE ROCK, AR
	KTHV-JUSTICE	12	I-M	LITTLE ROCK, AR
		12	I-M	LITTLE ROCK, AR
	KTHV-HD	·~		
	KVTH-HD	26	I-M	HOT SPRINGS, AR

EGAL NAME OI								SYSTEM I 0028
	NSMITTERS							
n General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 fo <b>Column 1:</b> lo	it is carried by monitoring, to prmation abou rm. dentify the call	y the sys be recei it the Cc	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate	the radio stat	tion's sig g a checl	nal was electronically process mark in the "S/D" column. on (the community to which th					
lexican or Car	nadian stations	s, if any,	the community with which the	e station is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	t	1						

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					002811
	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	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	1 <u> </u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Note: If your answer is "No'	' loovo tho	rost of this pag	o blank. If your answor is '			-	
	-	, leave life	rest of this pay	e bidlik. Il your allswer is	res, you mu	ist complete	the program	11
	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			
				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	r informatior /e Lucy" or	1.
	"NBA Basketball: 76ers vs.					ampio, 1 201	10 Luoy 01	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nead by tha	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		tem carried the substitute			vith the mor	nth
	first. Example: for May 7 give							
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	iouid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
						N SUBSTI		
	S		E PROGRAM			AGE OCCL		7. 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. TI FROM -	IMES — TO	DELETION
						_	_	
								·
								·
						_	_	
								·
						-	_	
							_	
						-	-	
							_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 002811
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 <b>5,786.87</b>
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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance 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!

Name         LEGAL NAME OF CONVEXE OF CONVEXE           Mark         Clearing in the conversion of the number of channels on which the cable system carried teevision broadcast stations to is advertisers, and (2) the cable system of activated channels during the accounting period.           N         Distributions: You must give (1) the number of adverted in another of activated channels during the accounting period.         24           It finds that number of adverted by system and tellevision broadcast stations.         24           N         Distributions: and (2) the cable system and tellevision broadcast stations and host-broadcast stations.         383           N         It finds that the colar number of adverted or broadcast stations.         383           N         Individual to be conclusion starting the accounting period.         383           N         Individual to be conclusion starting the accounting period.         383           N         Individual to be conclusion starting the accounting period.         383           N         Individual to be conclusion starting the accounting period.         383           N         Individual to be conclusion starting the accounting period.         383           N         Individual to be conclusion starting the accounting period.         383           Individual to be conclusion starting the accounting period.         383         383           Indininter of account anusta period to a number of advert	FORM SA1-2E. PAGE	FORMS		18/1	Accounting Period: 2
M       Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscripts, and (2) the cable system is total number of activated channels on which the cable system carried television broadcast stations or or the cable system carried television broadcast stations or which the cable system carried television broadcast stations or partners the partner television broadcast stations or partners the partner television broadcast stations or partners the partner television broadcast stations or partners the partners the cable system carris the cable system carried television broadcast station	SYSTEM ID 00281				Name
and nonbroadcast services     and nonbroadcast serviceservices     and nonbroadcast services     and nonbroadcast service			e accounting period.	Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activ 1. Enter the total number of channels on which the cable system carried television broadcast stations	
Individual bits       we can contract about this statement of account.)         Individual bits       Name       SARAH BOGUE         Information       Address       3015 S SE LOOP 323         Wittinks       Wittinks, Best, rule Tools, appendent, or suite number)         TYLER, TX 5701       TYLER, TX 5701         City toom, stells, .ett       SARAH BOGUE@ALTICEUSA.COM       Fax (optional)         Email       SARAH.BOGUE@ALTICEUSA.COM       Fax (optional)         Control City toom, stells, .ett       Fax (optional)       Interview of the cable system as identified in line 1 of space B; or         Image: Control City toom, stells, .ett       Image: Control City toom, stells, .ett       Image: City toom, stells, .ett         Control City toom, stells, .ett       Image: City toom, stells, .ett       Image: City toom, stells, .ett         Image: Control City toom, stells, .ett       Image: City toom, stells, .ett       Fax (optional)         Image: Control City toom, stells, .ett       Image: City toom, stells, .ett       Fax (optional)         Image: Control City toom, stells, .ett       Image: City toom, stells, .ett       Fax (optional)         Image: Control City toom, stells, .ett       Image: City toom, stells, .ett       Fax (optional)         Image: Control City toom, stells, .ett       Image: City toom, stells, .ett       Fax (optional)         Image: Cont	3	383		-	
Information       Address       3015 S SE LOOP 323 (Number, steet, rula route, apartment, or suite number)         TYLER, TX 75701       TYLER, TX 75701         (City, town, state, sip)       Email       SARAH.BOQUE@ALTICEUSA.COM       Fax (optional)         Certification       • 1, the undersigned, hereby cartify that (Check one, but only one, of the boxes.)       • 1, the undersigned, hereby cartify that (Check one, but only one, of the boxes.)         O       • 1, the undersigned, hereby cartify that (Check one, but only one, of the cable system as identified in line 1 of space B; or         • (Agent of 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 system 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, complex, and correct to the best of my knowledge, information, and belief, and are made in good fath. [18 U.S.C., Section 1001(1986)]         Typed or printed name:       ALAN DANNENBAUM         Typed or printed name:       ALAN DANNENBAUM			i individual to whom		Individual to
(Wunder, street, und route, spantment, or suite number)         FUER, TX 75701         (City, toon, state, zip)         Email       SARAH BOCUE@ALTICEUSA.COM         Fax (optional)         Fax (optional)         For Continue of 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 system as identified in line 1 of space B; or         (Sectification         (In the 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         (Sectification in line 1 of space B.         (In the 1 of space B and that the owner is not a corporation or partnership) or a partner (if a partnership) or in line 1 of space B.         (In the 1 of space B.         (In the 1 of space B.         (In the complex, and correct to the best of my knowledge, information, and belief, and are made in good faith.         (B U.S.C. Section 1001(1986))         Typed or printed name:         ALAN DANNENBAUM         Title:       SVP, PROGRAMMING		903) 579-3121	Telephone	Name SARAH BOGUE	
TYLER, TX 75701 (Chy, 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)         • 1, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)       O         • 0/Where other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         • 0/Where other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         • 0/Where other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         • 1/ 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(1988)]         • Typed or printed name:       ALAN DANNENBAUM         • Typed or printed name:       ALAN DANNENBAUM					
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, 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; or         • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system 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. [B U.S.C., Section 1001(1980)]				TYLER, TX 75701	
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, <i>but only one</i> , of the boxes.)         • I (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 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 system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system 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)]         • 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)]         • I have examined the statement of account name:       X         • I have examined the real entry of prince is signature on the line above to certify this statement. Enter signature using an "f/s ignature" (e.g., /s/ John Smith)         • I have or printed name:       ALAN DANNENBAUM			<b>F</b> ( ( )		
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Title: SVP, PROGRAMMING					
				Typed or printed name:	
Date: 08/18/2018			08/18/2018	Date:	

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:	SYSTEMI
QUEL COMMUNICATIONS LLC	0028
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11</li> </ul> </li> <li>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.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?</li> </ul>	sic de sub- 19." Special Statemen Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay	/ment.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
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