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 workbook 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 |
| Δ | | | |

| A | ACC | 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 | | 20101 |
| | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. |
| | | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |
| | | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM |
| | | CEQUEL COMMUNICATIONS LLC |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | SUDDENLINK COMMUNICATIONS |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | | 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) |
| | | TYLER, TX 75701 |
| | | (City, town, state, zip) |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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: |
| | | SHINNSTON, WV |
| | | 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 filing, a determination that would be made by a court of law.

| | | FORM SA1-2E. PAG |
|---------------------|---|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| | CEQUEL COMMUNICATIONS LLC | 0323 |
| | Instructions: List each separate community served by the cable system. A "com | |
| D | "a separate and distinct community or municipal entity (including unincorporate | |
| | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y | ou list will serve as a form of system identification hereafter know |
| | as the "first community." Please use it as the first community on all future filing | S. |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mol | pile home parks should be reported in parentheses below the |
| Served | identified city. | |
| | | |
| | | |
| | CITY OR TOWN | STATE |
| First | SHINNSTON | WV |
| Community | BARBOUR COUNTY | WV |
| | FARMINGTON | WV |
| | FLEMINGTON | wv |
| d Rows as Necessary | | |
| | FOUR STATES | |
| | HARRISON COUNTY | WV |
| | IDA MAY | WV |
| | LUMBERPORT | WV |
| | MARION COUNTY | WV |
| | TAYLOR COUNTY | WV |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | FORM SA1 | TEM ID |
|--|---|--|--|--|---|--|--|--------|
| Name | CEQUEL COMMUNICAT | IONS LLC | | | | | | 03237 |
| 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 period 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 | pace E should c on of television a ay cable) in spa (June 30 or De blocks in space (transmission s umber of billings ice at the rate in harged for each | over all categories and radio broadcas ce F, not here. All cember 31, as the e E call for the num ervice. In general, in that category (t dicated—not the n category of servic | of secondar ts by your sy the facts you case may be ber of subso you can com ne number of umber of sel e. Include bo | ystem to subscrib u state must be the e). cribers to the cab npute the numbe of persons or org ts receiving servion th the amount or | bers. Give hose existi ple system r of subscr anizations ice). f the charg | information ng on the , broken ribers in charged e and the | |
| | unit in which it is generally billed category, but do not include disc 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 first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient. | ounts allowed for in space E, the to their subscril Where an indi should be count ble service to ac once again unde has rate categor iers of services t | or advance paymer form lists the catego bers. Give the num vidual or organizate ed as a subscriber diditional sets would r "Service to additional r secondary to that include one or | nt. gories of sec iber of subso ion is receive in each app d be included onal set(s)." ransmission more secon | condary transmiss cribers and rate f ing service that f licable category. d in the count un service that are dary transmissio | sion servic or each lis alls under Example: der "Servic different fr ns), list the | te that cable ted category different a residential te to the rom those tem, together | |
| | BLO | DCK 1 | | | | BLOCK | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBE | RS RATE | CAT | EGORY OF SEF | RVICE | NO. OF SUBSCRIBERS | RATE |
| | Residential: • Service to first set | | ,561 24.99 | | | WICE | | TUTI |
| | Service to additional set(s) | | ,651 24.9 | | | | | |
| | • FM radio (if separate rate) | | , | | | | | |
| | Motel, hotel | | | | | | | |
| | Commercial | | 31 24.99 |) | | | | |
| | Converter | | | | | | | |
| | Residential | | | | | | | |
| | Non-residential | | | | | | | |
| F Services Other Than Secondary Transmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services 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 exceptions or facilities furnis it in which it is u rate column. e charged by the your cable syste separate charge | er) information with at are not offered is s: you do not need shed to nonsubscri- usually billed. If any e cable system for em furnished or offer was made or esta | respect to a n combinatio to give rate bers. Rate ir rates are ch each of the ered during | on with any seco information cond nformation should narged on a varia applicable service the accounting p | ndary trans cerning (1) d include b able per-pr ces listed. period that | smission services ooth the ogram basis, were not | |
| | | BLOC | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | | CATEGORY OF SE | | RATE | CATEG | ORY OF SERVICE | RATE |
| | Continuing Services: Pay cable | 17.00 | nstallation: Non-r | esidential | | | | |
| | Pay cable Add'l channel | 17.00 | Motel, hotel Commercial | | | | | |
| | Fire protection | | Pay cable | | | | | |
| | •Burglar protection | | Pay cable-add'l | channel | | | | |
| | S 1 | | Fire protection | | | | | |
| | Installation: Residential | | • | 20 | | | | |
| | | 40.00 | Burglar protecti | JII | | | | |
| | | | Burglar protecti Dther services: | 511 | | | | |
| | First set | | • • | | 40.00 | | | |
| | First setAdditional set(s) | | Other services: | | 40.00 | | | |

| ting Period: | 2018/1 | | | FORM SA1-2E. PA |
|---------------------------------------|--|--|---|---|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM 032 |
| | CEQUEL COMMUNIC | | | 032 |
| G rrimary smitters: levision | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the 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 | 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- he carriage of certain network progr 51(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 instruc program services such as HBO, ES 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 rams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KDKA-TV | 25 | N | PITTSBURGH, PA |
| | WBOY-ABC | 12 | N-M | CLARKSBURG, WV |
| Necessary | WBOY-ABC HD | 12 | N-M | CLARKSBURG, WV |
| | WBOY-HD | 12 | N-M | CLARKSBURG, WV |
| | WBOY-TV | 12 | Ν | CLARKSBURG, WV |
| | WDTV | 5 | N | WESTON, WV |
| | WDTV-HD | 5 | N-M | WESTON, WV |
| | WDTV-METV | 5 | I-M | WESTON, WV |
| | WNPB-KIDS | 33 | E-M | MORGANTOWN, WV |
| | WNPB-HD | 33 | E-M | MORGANTOWN, WV |
| | WNPB-TV | 33 | Е | MORGANTOWN, WV |
| | WNPB-TV2 | 33 | E-M | MORGANTOWN, WV |
| | WVFX | 10 | I | CLARKSBURG, WV |
| | WVFX-CW | 10 | I-M | CLARKSBURG, WV |
| | WVFX-HD | 10 | I-M | CLARKSBURG, WV |
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| EGAL NAME OF | | | | | | | | SYSTEM I 0323 |
|---|--|---|---|---|---|---|--|----------------------------------|
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| pecial Instruct eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C | ctions Conce it is carried by monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station | rning Al y the sys be recein at the Co sign of of the static ion's sig g a chech n's locati | I-Band FM Carriage: Under C them whenever it is received a wed at the headend, with the popyright 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 | Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licen | regulations, ar eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | n FM sig 2) it can ertain st eneral i eparate | nal is generally be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| | | 0/0 | | | | 0/0 | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | 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 | | | | | 032370 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | NT AND PROGRAM I O | 3 | | | |
| I I | In General: In space I, identi | | | | - | on that your ca | able 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 pa | aper 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 nonnet | work television | n 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 | a blank. If your anowar is ' | Voo "vou mi | et complete th | - | |
| | - | , leave the | rest of this pag | e Diarik. Il your answer is | res, you mu | ist complete th | e 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 m | eaning is | |
| | clear. If you need more spa | | | | | | ourning to | |
| | | | | sion program ("substitute | | | | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re Do not use general categor | guiations, 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 ove I | liormation | 1. |
| | "NBA Basketball: 76ers vs. | | | | | | 2009 01 | |
| | | | | r "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra | | need by the FC | C or in | |
| | the case of Mexican or Can | | | e community to which the | | | C or, in | |
| | Column 5: Give the mon | ith and day | when your sys | tem carried the substitute | program. Use | numerals, with | n the mon | ith |
| | first. Example: for May 7 giv | /e "5/7." | | | - | | | |
| | | | | gram was carried by your o | | | | У |
| | 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 | 5 p.m. to 6:2 | 8:30 p.m. shou | ild be | |
| | | er "R" if the | listed program | was substituted for progra | mming that y | our system wa | s 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 list | ted progra | |
| | was substituted for program | | our system wa | s permitted to delete unde | FCC rules a | nd regulations | in | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | WHE | N SUBSTITU | TE | |
| | S | UBSTITUT | E PROGRAM | 1 | CARRI | AGE OCCUR | RED | 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. TIME FROM — | ES TO | DELETION |
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| Accounting Period: | 2018/1 | | | FORM S | SA1-2E. PAGE 6. |
|---|---|-----------------------|---------------------------------------|--|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | | | ; | 6YSTEM ID# 032370 |
| | | | | | 032370 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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 | system's stion of how | secondary trans to compute this | mission serv s amount, ser \$ 52 | ice |
| | COPYRIGHT ROYALTY FEE | | | | |
| L 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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more | 0 but less t | han \$527,600 | \$263,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$13 | 7,100 OR | LESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00 | ty fee that y | ou must pay for | this six-month | 1 |
| | Line 1. Royalty fee for accounting period | | | | |
| | 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 li | nes 1 and 2 | 2 | · · <u> </u> | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE | SS (but m | ore 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) | | | | <u> </u> |
| | 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 \$26 | 3,800 (but | less than \$527 | ,600) | |
| | 1. Enter the amount of gross receipts from space K | \$ | 526,903.22 | | |
| | 2. Base amount under statutory formula | | 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | | 263,103.22 | | |
| | 4. Multiply line 3 by .01 | | \$ | 2,631.03 | |
| | 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 | 1, 5, and 6 . | | \$ | 3,950.03 |
| | FILING FEE AND TOTAL REMITTANCE DI | JE | | | |
| | | | | | |
| Filing Fee and Total Remittance Due | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | | \$ | 3,950.03 | |
| 240 | 2. Filing Fee (See the instructions for more information on filing fee calculations) | | \$ | 20.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | | | \$ | 3,970.03 |
| | Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA | | - | | ghts! |

| Accounting Period: | 2018/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 032370 |
| 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 | 15 |
| | on which the cable system carried television broadcast stations and nonbroadcast services | 289 |
| 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) | |
| 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 sy 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)] X /s/ Alan Dannenbaum Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | 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 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 |
|--|---|--|
| L NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM |
| QUEL COMMUNICATIONS LLC | | 0323 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cabl service of providing secondary transmissions of primary broadcast transmitters, the sys scribers and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the ger located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners? | le system for the basic estem shall not include sub- ursuant to section 119." neral 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 | | - |
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| You must complete this worksheet for those royalty payments submitted as a result of a late p For an explanation of interest assessment, see page (viii) of the general instructions located in | | Q |
| For an explanation of interest assessment, see page (viii) of the general instructions located in | | Q Interest Assessme |
| | | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment | n the paper SA1-2 form. | Q Interest Assessme |
| For an explanation of interest assessment, see page (viii) of the general instructions located in | n the paper SA1-2 form. | Q Interest Assessme |
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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 th 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 Office'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.