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 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
			<u> </u>

A	ACC	DUNTING PERIOD COVERED BY	Y THIS STATEMENT: (Y	YYY/(Period))	
		2018/1 Pe	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Basar	Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period		20181			
В		Instructions: Give the full legal name of the owner of the ca of the subsidiary, not that of the parent corpo		diary of another corporation, give the full corporate tit	le
Owner		List any other name or names under which the	he owner conducts the business of th	ne cable system.	
		If there were different owners during the according single statement of account and royalty fee parts	.	he last day of the accounting period should submit a ing period.	
		Check here if this is the system's first filing. If	f not, enter the system's ID number a	assigned by the Licensing Division.	035534
		LEGAL NAME OF OWNER/MAILING A	ADDRESS OF CABLE SYSTEM		
		CEQUEL COMMUNICATIONS LLC			
		BUSINESS NAME(S) OF OWNER OF CA	ABLE SYSTEM (IF DIFFERENT)		
		SUDDENLINK COMMUNICATIONS			
		MAILING ADDRESS OF OWNER OF CA	ABLE SYSTEM		
		3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite numb	ber)		
		TYLER, TX 75701 (City, town, state, zip)			
	INIOT				
С				ntify the business and operation of the system ne system, if different from the address given	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		CLARKSVILLE, TX			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite numb	iber)		
		(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	CEQUEL COMMUNICATIONS LLC	0355
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated comm	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	vill serve as a form of system identification hereafter kno
	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 mobile hom	he narks should be reported in parentheses below the
Area	identified city.	te parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CLARKSVILLE	ТХ
Community	ANNONA	ТХ
	AVERY	ТХ
dd Rows as Necessary	BLOSSOM	TX
	BOGATA	TX
	DEPORT	ТХ
	DETROIT	ТХ
	LAMAR COUNTY (PORTIONS)	
		TX
	TALCO	TX

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT	IONS LLC							03553
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission s	ervice of t	he 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 t			
Transmission	last day of the accounting period							harden a	
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 in	ndicated	-not the num	ber of set	s receiving serv	ice).	-	
	Rate: Give the standard rate cl								
	unit in which it is generally billed. category, but do not include disc				ny standa	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servio	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			
	Block 2: If your cable system h					service that are	different fi	rom 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 descripti	on of the s	ervice is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIADE		TUTE	0/11			OUDOURDERO	i o tri
	Service to first set	1	.122	39.99					
	 Service to additional set(s) 	1	,891	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		26	39.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC							1	
-	In General: Space F calls for rat	-				I vour cable svs	tem's serv	ices that were	
F	not covered in space E, that is, th	•	,		•	• •			
. .	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually t	nieu. Il ally la		larged on a valia	able per-pi	ogram basis,	
ransmissions:	Block 1: Give the standard rate	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 serv	lices in the	e form of a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ion: Non-res					
	• Pay cable	17.00	• Mote	el, hotel					
	Pay cable—add'l channel	19.00	• Corr	mercial					
	Fire protection		• Pay	cable					1
	•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:					[
	1		• Rec	nnect		40.00			
	 FM radio (if separate rate) 		1,000	Jineci					
	 FM radio (if separate rate) Converter 			onnect					
	· · · /		• Disc			25.00			

Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	CEQUEL COMMUNIC	ATIONS LLC		035
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syster FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part- he carriage of certain network progra	time basis under ams [sections
ansmitters: Television	substitute program basis, as Substitute Basis Stations basis under specific FCC ru	s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	arried by your cable system on a su	bstitute program
	station was carried only on	e in space G—but do list it in space I (t a substitute basis.	ne Special Statement and Program	
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe	el number the FCC assigned to the tele	, see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repo	ions. PN, etc. Identify each ort multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, lisi	(for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form.	endent), "I-M" onal multicast).
	FCC. For Mexican or Canac	dian stations, if any, give the name of t	he community with which the station	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAZD	39	 	LAKE DALLAS, TX
	KDAF	32	.	DALLAS, TX
ows as Necessary	KDAF-ANTENNA	32	I-M	DALLAS, TX
	KDAF-HD	32	I-M	DALLAS, TX
	KDAF-THIS	32	I-M	DALLAS, TX
	KDFI	36	I	DALLAS, TX
	KDFI-BUZZR	36	I-M	DALLAS, TX
	KDFI-HD	36	I-M	DALLAS, TX
	KDFI-MOVIES	36	I-M	DALLAS, TX
	KDFW	35	I	DALLAS, TX
	KDFW-HD	35	I-M	DALLAS, TX
	KDTN	43	E	DENTON, TX
	KDTX-TV	45	I	DALLAS, TX
	KERA-CREATE	14	E-M	DALLAS, TX
	KERA-HD	14	E-M	DALLAS, TX
	KERA-TV	14	E	DALLAS, TX
	KERA-WORLD	14	E-M	DALLAS, TX
	KFWD-SON HD	9	I-M	FORT WORTH, TX
	KFWD-SON LIFE	9	l	FORT WORTH, TX
	КМРХ	30	l	DECATUR, TX
	KPXD	42	l	ARLINGTON, TX
	KPXD-HD	42	I-M	ARLINGTON, TX
	KSTR-HD	48	I-M	IRVING, TX
	KSTR-TV	48	I	IRVING, TX

Name	LEGAL NAME OF OWNER OF			SYSTEM
	CEQUEL COMMUNIC			035
	PRIMARY TRANSMITTERS:			
G	carried by your cable system	entify every television station (including the accounting period, <i>except</i> in during the accounting period, <i>except</i> is a first on the state of the	(1) stations carried only on a part-	time basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations :	n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca	1(e)(2) and (4))]; and (2) certain sta	ations carried on a
	• Do not list the station here station was carried only on			
	basis. For further informatio Column 1: List each station	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 he form.	see page (v) of the general instruct program services such as HBO, ES	tions. PN, etc. Identify each
	Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o rrms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educat ictions in the paper SA1-2 form. the community to which the station	a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER 19	3. TYPE OF STATION	4. LOCATION OF STATION FORT WORTH, TX
	ктут	19	N	FORT WORTH, TX
	KTVT KTVT-DECADES	19 19	N I-M	FORT WORTH, TX FORT WORTH, TX
	KTVT KTVT-DECADES KTVT-HD	19 19 19	N I-M N-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX
	KTVT KTVT-DECADES KTVT-HD KTXA	19 19 19 29	N I-M N-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD	19 19 19 29 29 29	N I-M N-M I I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD	19 19 19 29 29 46	N I-M N-M I I-M I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD	19 19 19 29 29 29 46 46	N I-M N-M I I-M I-M I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-TV KUVN-HD	19 19 19 29 29 46 46 23	N I-M N-M I I-M I-M I I I I I I I I I I I I I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV	19 19 19 29 29 46 46 23 23	N I-M I I-M I-M I I I I I I I I	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-TV KUVN-HD KUVN-HD KUVN-TV KXAS-COZI	19 19 19 19 29 29 46 46 23 23 41	N I-M N-M I I-M I-M I I I-M I I I-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX FORT WORTH, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI KXAS-HD	19 19 19 19 29 29 46 46 23 23 41 41	N I-M I I-M I-M I I I-M I I I N-M	FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX FORT WORTH, TX GREENVILLE, TX GREENVILLE, TX GARLAND, TX GARLAND, TX FORT WORTH, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-TV	19 19 19 19 29 29 46 46 23 23 41 41	N I-M N-M I I-M I-M I I I-M N-M N-M N	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-TV KXTX-EXITOS	19 19 19 19 29 29 46 46 23 23 41 41 41 40	N I-M N-M I I-M I-M I I I-M N-M N-M N I-M	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXDALLAS, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-TV KXTX-EXITOS KXTX-HD	19 19 19 29 29 46 46 23 23 41 41 40 40	N I-M N-M I I-M I-M I I I-M N-M N-M N I-M	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXDALLAS, TXDALLAS, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-HD KXTX-EXITOS KXTX-EXITOS	19 19 19 19 29 29 46 46 23 23 41 41 41 40 40 40 40	N I-M N-M I I-M I-M I I-M N-M N-M N-M N I I-M I I I I I I I I I I I I I	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXDALLAS, TXDALLAS, TXDALLAS, TX
	KTVT KTVT-DECADES KTVT-HD KTXA KTXA-HD KTXD-HD KTXD-HD KTXD-TV KUVN-HD KUVN-TV KXAS-COZI KXAS-HD KXAS-HD KXTX-EXITOS KXTX-HD KXTX-TV WFAA-HD	19 19 19 29 29 46 46 23 23 41 41 40 40 40 8	N I-M N-M I I-M I I-M I I-M N-M N-M N I N-M I N-M	FORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXGREENVILLE, TXGREENVILLE, TXGARLAND, TXGARLAND, TXFORT WORTH, TXFORT WORTH, TXFORT WORTH, TXJALLAS, TXDALLAS, TXDALLAS, TXDALLAS, TX

EGAL NAME OI								SYSTEM II 0355
	t every radio	station ca	arried on a separate and disci					Н
ll-band basis v	whose signals	were ge	nerally receivable by your cal	ole system during	the accountin	ng perioo	J.	
eceivable if (1) in the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under stem whenever it is received a ived 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 the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
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					035534
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi				-	ion that your	cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
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	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	 See page (v) of the gene thall " List specific program 	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	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn	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		10	
							_	
						_	_	
							-	
						_	_	
							-	
							_	
							-	

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC				035534
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the system is identified in space E) during the accounting period. For a further explanation 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	stem's sec n of how to	condary trans compute this	mission servi amount, see \$ 27	се
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 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less tha	n \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	00 OR LE	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	ee that you	ı must pay for	this six-month	
	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 lines				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS		e than \$137, ⁻	100)	
	1. Base amount under statutory formula	2	63,800.00		
	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	· · · · · · · · · <u> </u>			
	5. Enter the amount from line 3	· · · · · · · - <u> </u>			
	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	nd 8	······.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ss than \$527	,600)	
	1. Enter the amount of gross receipts from space K	2	71,419.59		
	2. Base amount under statutory formula	2	63,800.00		
	3. Subtract line 2 from line 1		7,619.59		
	4. Multiply line 3 by .01	····· <u></u>	\$	76.20	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	····· <u></u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	····· <u> </u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	, and 6	••••••	\$	1,395.20
	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)	<u></u>	\$	1,395.20	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>.</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[\$	1,415.20
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-21		-		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 035534
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	44
	on which the cable system carried television broadcast stations and nonbroadcast services	306
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 (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)] Mathematical examined the statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) ALAN DANNENBAUM	istem as identified
	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	0355
 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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the b service of providing secondary transmissions of primary broadcast transmitters, the system shall not incluscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? 	Dasic lude sub- 119." 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	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	form.
	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	form.
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