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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/29/2018	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20181 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		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:
		SHAVER LAKE, CA
		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.

counting Period:	2010/1	FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	06020
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rrated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter know illings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	SHAVER LAKE	CA
Community		
d Rows as Necessary		

Accounting Period: 2018/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 060204

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CEQUEL COMMUNICATIONS LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
CATECORY OF CERVICE	NO. OF	DATE	CATECODY OF CEDVICE	NO. OF	חאדר	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	431	59.99				
 Service to additional set(s) 	331	0				
• FM radio (if separate rate)						
Motel, hotel						
Commercial	9	59.99				
Converter						
Residential						
Non-residential						
		T		1		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential				
Pay cable	17.00	Motel, hotel				
 Pay cable—add'l channel 	19.00	Commercial				
Fire protection		Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	40.00	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	40.00			
Converter		Disconnect				
		Outlet relocation	25.00			
		Move to new address	40.00			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 060204

CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KFRE-TV 36 SANGER, CA KFSN-TV 30 Ν FRESNO, CA FRESNO, CA **KGPE** 34 Ν **KMPH-TV** 28 MERCED-MARIPOSA, CA **KNSO** 11 MERCED, CA **KNXT** 50 Ε VISALIA, CA Ν **KSEE** 38 FRESNO, CA **KVPT** 40 Ε FRESNO, CA

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

060204

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

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		CARLE SYST	TEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name								060204		
Substitute Carriage: Special Statement and Program Log										
	to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was requited to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed prowas substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED									
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	DELETION		

ccounting Period:		GAL NAME OF O	WNER OF CAR	LE SYSTEM	l:							. 5.11	SYSTEM
Name	_	EQUEL CO											0602
K Gross Receipts	Ins all (as		he figure yo sss receipts) space E) du	paid to y iring the a tructions I bscribers	our cable accounting ocated in for secor	e system b ng period. F n the paper ndary trans	y subscri For a furtl r SA1-2 f smission	bers for th ner explan orm. service(s)	e system ation of h	's second low to cor	lary tran	smission ser	vice
	IM	IPORTANT: Y									•		f gross receipts)
Copyright Royalty Fee	• Co • Us • Us • Us	PYRIGHT RO ructions: To o omplete block se block 1 if th se block 2 if th se block 3 if th page (vi) of the	compute the 1, block 2, le amount of le amount of le amount of	e royalty fe or block of f gross re- f gross re- f gross re-	3. ceipts in ceipts in ceipts in	space K is space K is space K is	more the more the	an \$137,10 an \$263,80	00 but les	s than \$5		o \$263,800	
				Bl	LOCK 1:	: GROSS I	RECEIP	TS OF \$1	37,100 C	R LESS			
		structions: As a ecounting perio		em with gro	oss receip	ots of \$137,	,100 or le	ss, the roya	alty fee tha	at you mu	st pay fo	r this six-mor	nth
	Lin	ne 1. Royalty fe	ee for accour	nting perio	d								
	Lin	ne 2. Interest c	harge. Ente	r the amou	unt from li	ine 4, spac	e Q, page	8					0.00
	Lin	ne 3. TOTAL F	OYALTY FE	EE PAYA	3LE FOR	ACCOUN	TING PE	RIOD Add	lines 1 an	nd 2		· · · <u> </u>	
			BLOC	K 2: GR0	OSS REC	CEIPTS C	F \$263,	800 OR L	ESS (but	more tha	an \$137	',100)	
	1.	Base amount	under statuto	ory formula	a				\$	263,	800.00	_	
	2.	Enter amount	of gross rece	eipts from	space K .				\$	182,	927.19	_	
	3.	Subtract line 2	from line 1						\$	80,	872.81	_	
	4.	Enter the amo	unt of gross	receipts fr	om space	e K				\$		182,927.19	<u>) </u>
	5.	Enter the amo	unt from line	3						\$		80,872.81	<u> </u>
	6.	Subtract line 5	from line 4							\$		102,054.38	<u> </u>
	7.	Multiply line 6	by .005 (ento	er figure h	ere)							\$	510.27
	8.	Interest charge	e. Enter the	amount fr	om line 4,	, space Q,	page 8					•	0.00
	9.	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									510.27		
		BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)											
	1.	Enter the amo	unt of gross	receipts fr	om space	e K							
		Base amount	_								800.00	_	
		Subtract line 2										_	
		Multiply line 3										_	
		Royalty due or										1,319.00	_)
		6. Interest charge. Enter the amount from line 4, space Q, page 8											
				EII ING	EEE AN	ND TOTAL	I DEMIT	TANCE D	HE				
				ILING	I LL AI	ID TOTAL	L I XLIVII I	TANOL L	JL				
Filing Fee and Total Remittance	1.1	Royalty Fee P	ayable for A	ccounting	Period (fr	rom Block 1	1, 2, or 3,	above)		<u>\$</u>		510.27	<u>, </u>
Due	2.	Filing Fee (Se	e the instruc	tions for m	ore inforr	mation on f	filing fee o	alculations)	\$		20.00	<u>)</u>
	3.	TOTAL AMOU	JNT DUE FO	OR ACCO	UNTING	PERIOD. A	Add lines	2 and 3 .				\$	530.27
		Importan	t: Your rem	nittance m	ıust be ir	n the form	of an ele	ctronic pa	yment pa	yable to t	the Regi	ister of Copy	rights!
	1							paper SA		-	_		

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT				SYSTEM ID# 060204
M Channels	to its subscribers, and (2) the subscribers of subscribers, and (2) the subscribers of subscribers, and (2) the subscribe	channels on which the proadcast stations activated channels n carried television broadcast.		e accounting period.	39
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this st		NFORMATION IS NEEDED (Identify ar	n individual to whom	
for Further Information	Name SARAH	I BOGUE		Telephone _	903) 579-3121
	(Number, st	SE LOOP 323 treet, rural route, apartment, , TX 75701	or suite number)		
	(City, town,	SARAH.BOGUE@A	LTICEUSA.COM	Fax (optional)	
O Certification	Owner other than (Agent of owner of in line 1 of spanning in lin	retify that (Check one, but no corporation or partner than corporation of ace B and that the owner er) I am an officer (if a coace B. ent of account and herebect to the best of my know [36]] Ente Enter Typed or printed name.	pr partnership) I am the duly authorized is not a corporation or partnership, or reporation) or a partner (if a partnership) or declare under penalty of law that all stalledge, information, and belief, and are maximum. X /s/ Alan Dannenbaum Ar an electronic signature on the line above or signature using an "/s/ signature" (e.g., partnership).	th Copyright Office regulations) In as identified in line 1 of space B; agent of the owner of the cable sys If the legal entity identified as owner Itements of fact contained herein ade in good faith.	or tem as identified
		Date:		08/18/2018	

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unting Period: 2018/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	060204
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address Address	
ID number First community served	

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