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 | HT OFFICE USE ONLY | Return completed workboo by email to: |
|--|---------------|--------------------|---|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | <u>coplicsoa@loc.gov</u> For additional information, |
| General instructions are located in the first tab of this workbook | 8/29/2018 | ALLOCATION NUMBER | contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150 |
| | | | |

| A | ACCO | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|----------------------|------|---|--------|
| | | | |
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| | | | |
| | | Provide Data Filler Decked (anti-anti-analysis) | |
| | | 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. | 062595 |
| | | 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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | | E. MOLINE CORRECTIONAL FACILITY | |
| | | 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.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 062595 |
|-----------------------|--|---|
| D | Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future " Note: Entities and properties such as hotels, apartments, condominiums, or | community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings. |
| Area Served | identified city. | mobile nome parks should be reported in parentneses below the |
| | CITY OR TOWN | STATE |
| First | MOLINE | |
| Community | (E. MOLINE CORR) | |
| Add Rows as Necessary | | |
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| | | | | | | | | FORM SA1 | |
|---------------------------|---|-------------------|---------|--------------------|--------------|-------------------|---------------|---------------------------|--------|
| Name | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | | TEM ID |
| | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 06259 |
| - | SECONDARY TRANSMISSION | SERVICE: SUE | BSCRI | BERS AND RA | ATES | | | | |
| E | In General: The information in s | | | | | | | | |
| | system, that is, the retransmission | | | | | | | | |
| Secondary Transmission | about other services (including p | | | | | | nose existii | ng on the | |
| Service: Sub- | last day of the accounting period Number of Subscribers: Both | | | | | | le system | broken | |
| scribers and | down by categories of secondary | • | | | | | | | |
| Rates | each category by counting the n | | | | | | | | |
| | separately for the particular serv | | | | | | | | |
| | Rate: Give the standard rate c | | | | | | | | |
| | unit in which it is generally billed category, but do not include disc | | | | ny standar | | s within a p | | |
| | Block 1: In the left-hand block | | | | ies of seco | ondary transmis | sion service | e that cable | |
| | systems most commonly provide | to their subscrib | bers. G | Bive the number | er of subsc | ribers and rate f | or each list | ed category | |
| | 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 | der "Servic | e to the | |
| | Block 2: If your cable system I | | | | | service that are | different fro | om those | |
| | printed in block 1 (for example, the | | | | | | | | |
| | with the number of subscribers a | ind rates, in the | right-h | and block. A tv | vo- or three | e-word descripti | on of the se | ervice is | |
| | sufficient. | | | | 1 | | | | |
| | BLU | OCK 1 NO. OF | | | | | BLOCK | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIBE | RS | RATE | CAT | EGORY OF SEI | RVICE | SUBSCRIBERS | RATE |
| | Residential: | | | | | | | | |
| | Service to first set | | 0 | - | | | | | |
| | Service to additional set(s) | | 0 | 0 | | | | | |
| | FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 64 | 39.33 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRAN | ISMIS | SIONS: RATE | s | | | | |
| - | In General: Space F calls for rat | - | | | - | l your cable sys | tem's servi | ces that were | |
| F | not covered in space E, that is, t | | | | | | | | |
| Comisso | service for a single fee. There ar | • | | | • | | • • • | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the un | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | ouuny | billed. If dify fe | | arged on a van | | gram basis, | |
| Transmissions: | Block 1: Give the standard rat | | | | | | | | |
| 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 | form of a | |
| | | | | | | | | | |
| | CATEGORY OF SERVICE | BLOC RATE C | | ORY OF SER | VICE | RATE | CATECO | BLOCK 2 DRY OF SERVICE | RATE |
| | Continuing Services: | | | tion: Non-res | | NATE | CATEGO | DRT OF SERVICE | NATE |
| | • Pay cable | - | | el, hotel | | | | | |
| | • Pay cable—add'l channel | _ | | nmercial | | | | | |
| | • Fire protection | | | v cable | | | | | |
| | •Burglar protection | | | cable-add'l ch | annel | | | | |
| | Installation: Residential | | | protection | | | | | |
| | • First set | _ | | glar protection | | | | | |
| | Additional set(s) | | | services: | | | | | |
| | | | | connect | | | | | |
| | FM radio (if separate rate) Converter | | | | | - | | | |
| | - Converter | | | connect | | | | | |
| | 1 | | • Out | let relocation | | - | | | 1 |
| | | | | ve to new addr | | | | | |

| ing Period: | | | | |
|---------------------------|--|--|--|--|
| lame | LEGAL NAME OF OWNER OF | | | SYSTEM ID# |
| | CEQUEL COMMUNIC | | | 062595 |
| G smitters: evision | carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location | entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. 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-ti- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- brogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education citions in the paper SA1-2 form. the community to which the station | ime basis under ims [sections itions carried on a bostitute program Log)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | |
| | | | | 4. LOCATION OF STATION |
| | KLJB-FOX | 49 | I | DAVENPORT, IA |
| | | 49 34 | l E | |
| rs as Necessary | KLJB-FOX | | I | DAVENPORT, IA |
| 's as Necessary | KLJB-FOX KQIN-PBS | 34 | l E | DAVENPORT, IA DAVENPORT, IA |
| 's as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC | 34 36 | I E N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA |
| rs as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |
| rs as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |
| rs as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |
| rs as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |
| rs as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |
| is as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |
| rs as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |
| rs as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |
| rs as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |
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| is as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |
| rs as Necessary | KLJB-FOX KQIN-PBS KWQC-NBC WHBF-CBS | 34 36 4 | I E N N | DAVENPORT, IA DAVENPORT, IA DAVENPORT, IA ROCK ISLAND, IL |

| EGAL NAME OI | | | | | | | | SYSTEM II 0625 |
|---|---|---|---|--|--|--|--|----------------------------------|
| | 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) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate | it is carried b monitoring, to prmation abou- rm. dentify the cal state whether if the radio state this by placing | y the sys be recein at the Co l sign of the static tion's sig g a check | 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. nal was electronically process mark in the "S/D" column. on (the community to which th | It the system's he system's FM ante this point, see pa sed by the cable s | adend, and (2 enna, during c ge (v) of the g system as a se | 2) it can ertain st jeneral i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| | | | the community with which the | | | , | | |
| 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 | | | | | F | ORM SA1-2E. PAGE 5. |
|------------------------------|---|-----------------------|---------------------------|---|---------------------|--------------------------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS L | LC | | | | 062595 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | NT AND PROGRAM LO | G | | |
| I I | In General: In space I, identi | | | | - | ion that your cable sy | stem 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 paper S | A1-2 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 nonne | twork telev <u>ision</u> progr | am |
| 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 | o blank. If your anowar in ' | "Voo " vou mi | - | |
| | - | , leave the | rest of this pag | e Diarik. Il your answer is | res, you mu | ist complete the prog | lam |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | |
| | In General: List each subst | | | te line. Use abbreviations | wherever pos | sible if their meaning | ı is |
| | clear. If you need more spa | | | | | | , |
| | | | | sion program ("substitute | | | |
| | period, was broadcast by a | | | | | | |
| | under certain FCC rules, re Do not use general categor | es like "mo | vies" or "baske | tball " List specific program | n titles for exa | ample "I I ove I ucv" | or |
| | "NBA Basketball: 76ers vs. | | | | | | |
| | | | | "Yes." Otherwise enter "N | | | |
| | | | | sting the substitute progra the community to which the | | need by the ECC or | in |
| | the case of Mexican or Can | | | | | | 111 |
| | Column 5: Give the mon | th and day | | tem carried the substitute | | | nonth |
| | first. Example: for May 7 giv | | | | | | |
| | | | | gram was carried by your | | | ately |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example. a | i program came | ed by a system nom 0.01. | 15 p.m. to 0.2 | | |
| | | er "R" if the | listed program | was substituted for progra | imming that y | our system was requ | ired |
| | to delete under FCC rules a | | | | | | ogram |
| | was substituted for program effect on October 19, 1976. | | our system wa | s permitted to delete unde | r FCC rules a | ind regulations in | |
| | | | | | | | |
| | | | | | | EN SUBSTITUTE | |
| | S | | E PROGRAN | | | AGE OCCURRED | 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. TIMES FROM — TO | |
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| Accounting Period: | 2018/1 | FORM SA | 1-2E. PAGE 6. |
|--------------------------|---|---------------------------------|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | YSTEM ID# 062595 |
| 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 transs (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 5,154.86 |
| Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. | \$263,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00 | this six-month | |
| | Line 1. Royalty fee for accounting period | \$ | 52.00 |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 | \$ | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, | 100) | |
| | 1. Base amount under statutory formula \$ 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Enter the amount of gross receipts from space K | | |
| | 5. Enter the amount from line 3 | | |
| | 6. Subtract line 5 from line 4 | | |
| | 7. Multiply line 6 by .005 (enter figure here) | | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527 | (,600) | |
| | 1. Enter the amount of gross receipts from space K | | |
| | 2. Base amount under statutory formula | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Multiply line 3 by .01 | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | 1,319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| Filing Fee and | | | |
| Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat | | hts! |

| Accounting Period: | 2018/1 | FORM SA1-2E. PAGE 7 |
|--|---|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID 062595 |
| 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 on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services . | 5 50 |
| N Individual to | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) | |
| Be Contacted 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 system 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)] | stem as identified |
| | Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) | |
| | Date: 08/18/2018 | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

| unting Period: 2018/1 | FORM SA1-2E. PAGE |
|--|---|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| QUEL COMMUNICATIONS LLC | 0625 |
| 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 fol- lowing 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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 transmissions made by satellite carriers to satellite dish owners? | D- Special Statemen Concerning Gross Receipts Exclusio |
| X NO YES. Enter the total here and list the satellite carrier(s) below. \$ | |
| Name Name Mailing Address Mailing Address | |
| | |
| | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | nt. Q |
| | |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Interest Assessment |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. 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. Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
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