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

OFFICE USE ONLY
AMOUNT
\$
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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2018/1 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:
	'	CAMBRIDGE DEV CENTER
		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.

ccounting Period:	2018/1	FORMOM OF PLOF
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1 SYSTEM ID
Name	CEQUEL COMMUNICATIONS LLC	06348
	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 that as the "first community." Please use it as the first community on all future fill.	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know ings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CAMBRIDGE	ОН
Community	(CAMBRIDGE DEV CENTER)	
d Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

063482

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	0	-			
 Service to additional set(s) 	0	0			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	17	39.33			
Converter					
Residential					
Non-residential					
		T I			

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	-	Motel, hotel			
 Pay cable—add'l channel 	-	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	-	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

Accounting Period: 2018/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

063482

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: TELEVISION

G 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 pager 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 WCMH-NBC 14 Ν COLUMBUS, OH WSYX-ABC 48 Ν COLUMBUS, OH WTTE-FOX 36 COLUMBUS, OH WWHO-CW 46 CHILLICOTHE, OH

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

063482

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	d: 2018/1 LEGAL NAME OF OWNER OF	CARLE SVS	ΓΕM·				FOR	SYSTEM ID#
Name	CEQUEL COMMUNICA							063482
Substitute Carriage: Special Statement and Program Log	CEQUEL COMMUNICA SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call second Column 4: Give the broad the case of Mexican or Canace Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter control of the case of the case of the mon stated as "6:00–6:30 p.m."	F: SPECIA fy every nor counting pe ing that mus F CONCER iod, did you tion? I, leave the E PROGRA itute progra ce, please a of every nor distant stati gulations, or es like "mor Bulls." n was broad sign of the s idcast statio addian statio th and day re "5/7." es when the Example: a	AL STATEMEI Innetwork televis eriod, under spec to be included in ENING SUBST r cable system rest of this pag AMS m on a separa add additional r nnetwork televit ion and that yo r authorizations vies" or "baske dicast live, enter estation broadca on's location (the ones, if any, the of when your system established the system estation program carrier estation program carrier estation program carrier	sion program, broadcast be ecific present and former For this log, see page (v) of the ITTUTE CARRIAGE carry, on a substitute base blank. If your answer is the line. Use abbreviations rows to the tables. It is is program ("substitute ur cable system substitutes. See page (v) of the gent ball." List specific program of "Yes." Otherwise enter the substitute program the substitute program to which the community with which the term carried the substitute gram was carried by your ed by a system from 6:01	y a distant state CC rules, regulate peneral instruction in titles, for example extended in ti	lations, or au ructions in the ruction in the	thorizations. e paper SA1 sion program YES e the program r meaning is e accounting another star information ve Lucy" or FCC or, in with the more accounted be	em carried on a For a further -2 form. NO m S d tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation in the state of t	ons in effect du our system wa	ring the accounting perions permitted to delete und	white the legal content of the	tter "P" if the and regulation EN SUBSTI IAGE OCCI	listed progr ons in TUTE URRED	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES 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# 063482
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	3,900.00
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.		
	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 fo accounting period is \$52.00	r 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		
	1. Base amount under statutory formula		
	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		
	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 \$52	27,600)	
	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)	,	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
		-	
	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	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

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Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA																																																																																			_		_	_	_		_		_					S	Y	'S)6				
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services.	the cable system's total of channels on which the broadcast stations of activated channels m carried television broads	the cable	mber able	ber le 	bei le	be le 	le st:	e e	e	t	e e	e t	e	e	e t:		er	r		t		a	of at	of	f a	ac	cti ¹	iva	⁄а	at	te	e.		d.	d	t.					r	h.	ıa		n	in.	e	s	dı	ır	ir		g	tl	he	e a	·			ur	n	nt.	ti	ir	n	ng	g	9 1	р	е	eri	iod	d.			at	io	ns													1	4]		
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORM	DRM	ORI	PR	R	R	R	R	R	R	₹	₹	R	2	21	٨	V	VI	1.	,	Α	Δ.	т	ΓIC	OI	N	1	I	S	S	3		١	N	N	1	IE	E	E	E	E	=	D	E	:C)(d	eı	nt	ti	fy	/ 8	ar	n ir	nd	liv	ric	d	lι	u	ıa	al	al	l t	to	to	י כ	W	νh	101	m																														
for Further Information	Name SARA	H BOGUE																																																																									Т	ele	ер	hc	n	9	(9	90)3	3)	5	7	'9)-	3	12	2 ⁻	1			 					 	 			
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	(City, town	sarah.BOGUE	@ALTI	TICE	ICE	ICE	CI	C	C	C	2	С	2	2	2	וב	1	E	Ë	=	Ξl	ι	Ļ	ر	JS	S	SA	١.(C	C	\simeq	וכ	٨	V	/	/1	1	ļ																						F	ē	а	a>	x	()	((c	o	op	pt	tic	or	na	ıl)																					 					 	 			
O	(Agent of owner in line 1 of sp	ement of account must certify that (Check one, an corporation or part other than corporation one B and that the own oner) I am an officer (if a pace B. ment of account and herect to the best of my kn (186)] E E Typed or printed not account and the B	st be cer e, but only thership on or pa ner is no a corpora ereby dec nowledge	partir not a oratic decla dge, i	artification articles are also	ertif alty of a cation cati	p) artifully p) artifully p) artifully p) artifully p) artifully p) artifully p)	p) ela	till dy p)	rti (ly p)	ti (/ o)) rt ut ale	rtii lyy p) arribot atti clie,	tititititititititititititititititititi	titi dia dia dia dia dia dia dia dia dia di	titi dia dia dia dia dia dia dia dia dia di	tiff / / o)	iff (())	ttra iid	find of I three in I lead to I lead	ie o irii	ne e e e e e e e e e e e e e e e e e e	n a secon	e contraction of the contraction	d d e e e e e e e e e e e e e e e e e e	d e e e e e e e e e e e e e e e e e e e	m rss	A G	nd of the hologonal state of the hologonal st	distribution of the control of the c	si he o o o) li ati i o n	iii e e ov	g s w soo arr	an arriver	n or in irin tr	n n n n an	ne me	ne one minima and a second	e e n c	over an end and the contract of the contract o	t tor	r thr r lthr	e thr	hip (s epidie e più (iti	f cb	ttl darrier	he duttr	e e avily ne aviie til	DE B	bl ut hi ne	e hp:	n (rio h alla a (e	iz r iip iip iip	e (Populario	en d ta ma	n a ag f tl ter ad	as he e	op id	o o o o o o o o o o o o o o o o o o o	yi er s s s g c s s g c	n f	rigination of the coordinate o	tir ttr	gliifii	e e fil	htt ie e er fa	e continuit	ed o onti	CO dd i i ctit ctit ctit ctit ctit ctit ct	offinin wr ty	n li li	te	e of	egg 11 c f th	ull of:	ati ca	ioi ad	e e) 3; sy:	oı	r	m	as	s io	de	en	ntii	fie	ed	1													
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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 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 telephon 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 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

ccounting Period: 2018/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	063482
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." 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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
ID number First community served Accounting period	

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