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	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	03/01/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 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.	010579
		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)	
•	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM: TRENTON, MO	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	CEQUEL COMMUNICATIONS LLC	010579
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, rou list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
First	CITY OR TOWN TRENTON	STATE MO
Community	GRUNDY COUNTY(PORTION)	MO
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
	CEQUEL COMMUNICAT	IONS LLC							01057
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose existii	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole 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	rd rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	ibers. G	Bive the numbe	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, t								
	with the number of subscribers a								
	sufficient.	DCK 1			T		BLOCK	<u>`</u> 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		705						
	Service to first set		725	29.99					
	Service to additional set(s)	1	<b>,009</b>	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		17	29.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat		,		•	• •			
Г	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services				•		• • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		, , ,	· · · · , ·		<b>3</b>		<b>3</b> • • • • • ,	
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as								
	brief (two- or three-word) descrip				SHEU. LISI	lifese olifer serv		IOTTI OF a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			UAILOC		
	Pay cable	17.00		tel, hotel	laonnai				
	• Pay cable—add'l channel	19.00		nmercial					
	Fire protection	10.00		/ cable					
	•Burglar protection			/ cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	99.00		glar protection					
				services:					
	Additional set(s)     EM radio (if separate rate)	23.00		connect		40.00			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>					40.00			
	- Converter			connect		25.00			
			• Out	let relocation		25.00	l		
				ve to new addr		99.00			

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM
Name				010
	PRIMARY TRANSMITTERS:			010
		entify every television station (including	translator stations and low newsr	talevision stations)
G		em during the accounting period, except		
Deimonu		in effect on June 24, 1981, permitting the $(2)$ and $(4)$ as $70.62$ (referring to $70.62$		
Primary Fransmitters:		(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain s	stations carried on a
Television	Substitute Basis Stations	s: With respect to any distant stations ca	arried by your cable system on a s	substitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I (th	he Special Statement and Prograr	m Log)—if the
	station was carried only or			
		also in space I, if the station was carried on concerning substitute basis stations,		
	Column 1: List each statio	on's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	SPN, etc. Identify each
	"WETA-2" as the same on	ed with a station according to its over-the the form.	-air designation. For example, re	eport multistream
	Column 2: Give the chann	nel number the FCC assigned to the tele	vision station for broadcasting over	er the air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network a	station, an independent station, or	r a noncommercial
	educational station, by enti-	ering the letter "N" (for network), "N-M" (	(for network multicast), "I" (for inde	ependent), "I-M"
		), "E" (for noncommercial educational), c erms, see page (iv) of the general instru		ational multicast).
	Column 4: Give the location	on of each station. For U.S. stations, list	the community to which the static	
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	ne community with which the station	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCPT-1	18	Е	KANSAS CITY, MO
	KCPT-3	18	E-M	KANSAS CITY, MO
d Rows as Necessary	KCPT-HD1	18	E-M	KANSAS CITY, MO
,	KCPT-2	18	E-M	KANSAS CITY, MO
	KCTV-1	24	<u>N</u>	KANSAS CITY, MO
	KCTV-HD1	24	N-M	KANSAS CITY, MO
	KCWE-1	31	l	KANSAS CITY, MO
	KCWE-HD1	31	I-M	KANSAS CITY, MO
	KCWE-2	31	I-M	KANSAS CITY, MO
	KMBC-HD1	29	N-M	KANSAS CITY, MO
	KMBC-1	29	N	KANSAS CITY, MO
	KMBC-2	29	I-M	KANSAS CITY, MO
	KPXE-1	51	<b>I</b>	KANSAS CITY, MO
	KPXE-HD1	51	I-M	KANSAS CITY, MO
	KSHB-2	42	I-M	KANSAS CITY, MO
	KSHB-HD1	42	N-M	KANSAS CITY, MO
	KSHB-1	42	N	KANSAS CITY, MO
	KSMO-HD1	47	I-M	KANSAS CITY, MO
	KSMO-1	47		KANSAS CITY, MO
	WDAF-2	34	I-M	KANSAS CITY, MO
	WDAF-HD1	34	I-M	KANSAS CITY, MO
	WDAF-1	34	l	KANSAS CITY, MO
		-		

EGAL NAME OF								SYSTEM ID 01057
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
pecial Instruct eceivable if (1) n the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Co	ctions Conce it is carried by monitoring, to prmation about rm. dentify the call tate whether it the radio stat this by placing Sive the station	rning AI y the sys be recei at the Cc I sign of o the static tion's sig g a checl n's locati	I-Band FM Carriage: Under of the whenever it is received a wed 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	Copyright Office r at the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	regulations, ar eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can certain st general in eparate	inal is generally be expected, iated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					1			

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					010579
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi	fv everv no	nnetwork televis	ion program, broadcast by	a <i>distant</i> stat	ion, that you	r cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>is</u>	<u>ion</u> program	1 <u> </u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	Note: If your answer is "No'	' loovo tho	rest of this nad	e blank. If your answer is '	Yee " vou mi	ust complete	-	
	-	, leave the	rest of this pag	e bialik. Il your allower is	res, you mu	ist complete	the program	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	
	clear. If you need more spa					,	<b>J</b>	
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles, for exa	ample. "I Lov	ve Lucv" or	1.
	"NBA Basketball: 76ers vs.							
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		neod by tho	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, v	with 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. sr	ioula pe	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCI		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. T FROM -	IMES — TO	DELETION
							_	
						-	_	
							_	
						-	_	
						-	-	
							_	
1		1	1		11	1		1

Accounting Period:	2018/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 010579
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 tran         (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.	smission service is amount, see	2,992.20
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 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	o \$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay accounting period is \$52.00 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 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13		
	1. Base amount under statutory formula \$ 263,800.0	0	
	2. Enter amount of gross receipts from space K \$ 162,992.2	20	
	3. Subtract line 2 from line 1	<u>80</u>	
	4. Enter the amount of gross receipts from space K	162,992.20	
	5. Enter the amount from line 3	100,807.80	
	6. Subtract line 5 from line 4	62,184.40	
	7. Multiply line 6 by .005 (enter figure here)	-	310.92
	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	\$	310.92
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5	27,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	0	
	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)	310.92	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	330.92
	EFT Trace # or TRANSACTION ID #		
	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 and the Excel instructions tab for		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 010579
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	22 223
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)	
ο	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	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;	or
	<ul> <li>(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</li> <li>(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.</li> <li>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)]</li> </ul>	
	X       /s/ Alan Dannenbaum         Enter an electronic signature on the line above to certify this statement.         Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 02/18/2019	

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Inting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0105
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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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	<u> </u>
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