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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
	ctions are located of this workbook	03/01/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (YY	YY/(Period))	

	ACCO	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 (option	nal - see instructions)	
Accounting Period				
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a sub of the subsidiary, not that of the parent corporation.	sidiary of another corporation, give the full corporate title	
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 or single statement of account and royalty fee payment covering the entire accou		
		Check here if this is the system's first filing. If not, enter the system's ID numbe		014569
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	A	
		CEQUEL COMMUNICATIONS LLC		
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFEREN	Т)	
		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		UCTIONS: In line 1, give any business or trade names used to id already appear in space B. In line 2, give the mailing address of		
System		IDENTIFICATION OF CABLE SYSTEM:		•
	1	RUSSELLVILLE, KY		
		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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nullio	CEQUEL COMMUNICATIONS LLC	014569
D	Instructions: List each separate community served by the cable system. A "cr "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	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	nobile home parks should be reported in parentheses below the
First	CITY OR TOWN RUSSELLVILLE	STATE KY
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							01456
_	SECONDARY TRANSMISSION		Becbie		TES				
E	In General: The information in s			-	-	v transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both							brokon	
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				Ty Stanual		s within a p		
	Block 1: In the left-hand block	in space E, the	form lis	ts the categori					
	systems most commonly provide								
	that applies to your system. <b>Note</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	nce again unde	er "Servi	ce to additiona	al set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.	ind rates, in the	nynt-ne	ITU DIUCK. A IW		e-word descripti			
	BLC	DCK 1					BLOCK		П
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		353	24.99					
	<ul> <li>Service to additional set(s)</li> </ul>		697	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		13	24.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	6				
F	In General: Space F calls for rat		,		•	• •			
	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				ah af tha a		a a liata d		
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip	otion and include	e the rat	e for each.					
		BLOC	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi	idential				
	• Pay cable	17.00		el, hotel					
	Pay cable—add'l channel	19.00		mercial					
	Fire protection		• Pay						
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential	00.00		protection					
	• First set	99.00		lar protection					
	Additional set(s)     EM radio (if concrete rate)	25.00		ervices:		40.00			
	FM radio (if separate rate)     Converter			onnect		40.00			
	- Converter			onnect et relocation		25.00			
	1		• Outi	errelocation		23.00			
				e to new addre	200	99.00			

carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute <b>Pasis Stations</b> basis under specific FCC rules to <i>not</i> list the station here station was carried <i>only</i> on List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast). For the meaning of these te <b>Column 4:</b> Give the location	ATIONS LLC TELEVISION Intify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th <i>e</i> )(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations ca- iles, regulations, or authorizations: is in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the he form. al number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), co "rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> <b>42</b>	t (1) stations carried only on a par- ne carriage of certain network pro- b1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s he Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- program services such as HBO, E e-air designation. For example, re- evision station for broadcasting ov station, an independent station, o (for network multicast), "I" (for inde or "E-M" (for noncommercial educ; totions in the paper SA1-2 form. the community to which the station	rt-time basis under grams [sections stations carried on a substitute program m Log)—if the also on some other uctions. SPN, etc. Identify each eport multistream ter the air in its community or a noncommercial ependent), "I-M" ational multicast). on is licensed by the
PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru- bo not list the station here station was carried only on blist the station here, and a basis. For further informatio Column 1: List each statior 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 FCC. For Mexican or Canad 1. CALL SIGN WKLE-1 WKRN-HD1	TELEVISION TELEVISION antify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- des, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier in concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p d with a station according to its over-the he form. el number the FCC assigned to the telee RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), c urms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th <b>2. B'CAST CHANNEL NUMBER</b> 42	t (1) stations carried only on a particle carriage of certain network proposed of certain network proposed of certain network proposed of certain network proposed of certain set arried by your cable system on a set of the special Statement and Program devices such as HBO, E e-air designation. For example, respectively, of the general instrutror program services such as HBO, E e-air designation. For example, respectively, and independent station, or (for network multicast), "I" (for independent station, or (for network multicast), "I" (for independent station, it he community to which the station he community with which the station he community with which the station he community with which the station set of the community set of the commun	r television stations) rt-time basis under grams [sections stations carried on a substitute program m Log)—if the also on some other uctions. SPN, etc. Identify each aport multistream ere the air in its community or a noncommercial ependent), "I-M" ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION
In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, ar Substitute Basis Stations basis under specific FCC ru • Do not list the station here, station was carried only on • List the station here, and a basis. For further informatio Column 1: List each statior 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 FCC. For Mexican or Canad 1. CALL SIGN WKLE-1 WKRN-HD1	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.65 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" ( "E" (for noncommercial educational), c orms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 42	t (1) stations carried only on a particle carriage of certain network proposed of certain network proposed of certain network proposed of certain network proposed of certain set arried by your cable system on a set of the special Statement and Program devices such as HBO, E e-air designation. For example, respectively, of the general instrutror program services such as HBO, E e-air designation. For example, respectively, and independent station, or (for network multicast), "I" (for independent station, or (for network multicast), "I" (for independent station, it he community to which the station he community with which the station he community with which the station he community with which the station set of the community set of the commun	rt-time basis under grams [sections stations carried on a substitute program m Log)—if the also on some other rections. SPN, etc. Identify each eport multistream ter the air in its community or a noncommercial ependent), "I-M" ational multicast). on is licensed by the ion is lidentified. 4. LOCATION OF STATION
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WKLE-1 WKRN-HD1	42		
WKLE-1 WKRN-HD1	42		
WKRN-HD1	••••••••••••••••••••••••••••••••••••••	E	
		N-M	
	27		
	27	<u>N</u>	NASHVILLE, TN
WKYU-1	18	<u> </u>	BOWLING GREEN, KY
WNAB-1	h		NASHVILLE, TN
WNAB-HD1	23		NASHVILLE, TN
WNPT-1	8	E	NASHVILLE, TN
WNPT-HD1	8	E-M	NASHVILLE, TN
WNPX-1	36	I	COOKEVILLE, TN
WNPX-HD1	36	I-M	COOKEVILLE, TN
WPGD-1	33	<u> </u>	HENDERSONVILLE, TN
WSMV-HD1	10	N-M	NASHVILLE, TN
WSMV-2	10	I-M	NASHVILLE, TN
WSMV-1	10	Ν	NASHVILLE, TN
WTVF-1	25	N	NASHVILLE, TN
WTVF-HD1	25	N-M	NASHVILLE, TN
	tt-		NASHVILLE, TN
			NASHVILLE, TN
			NASHVILLE, TN
	h		NASHVILLE, TN
	13		
	VNPT-1 VNPT-HD1 VNPX-1 VNPX-HD1 VPGD-1 VSMV-HD1 VSMV-2 VSMV-2	VNAB-HD1         23           VNPT-1         8           VNPT-HD1         8           VNPX-1         36           VNPX-HD1         36           VPGD-1         33           VSMV-HD1         10           VSMV-2         10           VSMV-1         10           VTVF-1         25           VUXP-HD1         21           VUXP-1         15	VNAB-HD1         23         I-M           VNPT-1         8         E           VNPT-HD1         8         E-M           VNPX-1         36         I           VNPX-HD1         36         I-M           VPGD-1         33         I           VSMV-HD1         10         N-M           VSMV-2         10         I-M           VSMV-1         10         N           VTVF-1         25         N           VUXP-HD1         21         I-M           VUXP-1         21         I           VIXP-1         15         I

	OMMUNICA	TIONS	LLC					01450
	st every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed inf paper SA1-2 fo	) it is carried b monitoring, to formation abou orm.	y the sys be recei it the Cc	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the opyright Office regulations on t	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: I ignal, indicate	State whether f the radio stat this by placing	the static ion's sig g a checl	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			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALL OIGH		5,0	LOOKHON OF STATION	UNEL OIGH		5,0		
	+							
	+							
	+							
	+							
	+							
	+							
	+							

Accounting Perio	od: 2018/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC				014569
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
I I	In General: In space I, identi				•	ion that your cable	e system 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 pape	er SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ir cable system	carry, on a substitute basi	s, any nonne	twork telev <u>ision</u> pr	rogram
Program Log	broadcast by a distant sta	tion?				Y	
i rogiani 20g	Note: If your answer is "No	' leave the	rest of this nac	e blank. If your answer is '	'Yes " vou mi		
		, leave the			res, you me		logiam
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their mear	ning is
	clear. If you need more spa	ce, please a	add additional i	rows to the tables.			-
				ision 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 Love Luc	cy" or
	"NBA Basketball: 76ers vs.						
				r "Yes." Otherwise enter "N Isting the substitute progra			
				ne community to which the		nsed by the FCC	or, in
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is ider	ntified).	
			when your sys	tem carried the substitute	orogram. Use	numerals, with th	ie month
	first. Example: for May 7 giv		eubetitute pro	gram was carried by your o	cable system	List the times ac	curately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						program
	effect on October 19, 1976.						
	9		TE PROGRAM	1		N SUBSTITUTE	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО
						_	
						_	
						_	
						_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 014569
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	,867.25 ss receipts)
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 \$2 • 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	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00 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	00)	
	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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 014569
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.	20
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	181
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> <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 own 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> <li>(Is U.S.C., Section 1001(1986)]</li> <li>(Is used or printed name:</li> </ul>	vstem as identified
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership) Date: 02/18/2019	

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

unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0145
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? X NO	P - Special Statemen Concerning Gross Receipts Exclusio
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
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