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

| 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. |
| | | 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 s 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: |
| | | VILLE PLATTE, LA 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.

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| Name | | SYSTEM ID# |
|----------------------|---|--|
| | CEQUEL COMMUNICATIONS LLC | 020477 |
| D | Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. | nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city. | ome parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | VILLE PLATTE | LA |
| Community | EVANGELINE PARISH | LA |
| | MAMOU | LA |
| dd Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | FORM SA1 | TEM ID |
|--|---|---|--|---|---|--|---|---|--------|
| Name | CEQUEL COMMUNICAT | IONS LLC | | | | | | | 02047 |
| E Secondary Transmission Service: Sub- scribers and Rates | SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed, category, but do not include disc | pace E should c on of television a ay cable) in spa (June 30 or De blocks in space transmission s umber of billings ice at the rate in harged for each (Example: "\$20 | cover all and radii ace F, n cember e E call ervice. s in that adicated catego D/mth"). | I categories of to broadcasts I ot here. All the r 31, as the ca- for the numbe In general, you category (the I—not the num ry of service. I Summarize a | secondary by your sy facts you se may be of subsc u can com number of ber of sets nclude bo | stem to subscrit state must be t). ribers to the cat pute the numbe f persons or org s receiving servi th the amount o | bers. Give i hose existi ble system, r of subscr anizations ice). f the charg | information ng on the broken ibers in charged e and the | |
| | Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient. | in space E, the to their subscri Where an ind should be count ble service to a nce again unde nas rate categor ers of services | form lis bers. G ividual o ted as a dditiona r "Servi ries for that inc | ests the categor vive the number or organization a subscriber in al sets would b ce to additional secondary tran lude one or mo | er of subsc a is receiving each appl e included al set(s)." asmission pre second | ribers and rate f ng service that f icable category. in the count un service that are dary transmissio | or each lis alls under Example: der "Servic different fr ns), list the | ted category different a residential te to the om those em, together | |
| | BLC | DCK 1 | | | | | BLOCK | | - |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBE | RS | RATE | CATI | EGORY OF SEI | RVICE | NO. OF SUBSCRIBERS | RATE |
| | Residential: | SOBSCIUE | 110 | | UAI | | WICE | SOBSCITIBEITS | |
| | Service to first set | | 884 | 29.99 | | | | | |
| | Service to additional set(s) | | 487 | 0 | | | | | |
| | FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 41 | 29.99 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| F Services Other Than Secondary Transmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip | e (not subscribe hose services th e two exception or facilities furni- it in which it is u rate column. e charged by th your cable syst separate charge | er) infornat are i s: you o shed to usually l e cable em furr e was m | mation with re- not offered in c do not need to nonsubscribe billed. If any ra system for ea hished or offere ade or establis | spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t | in with any seco information cond formation shoul arged on a varia applicable servic the accounting p | ndary trans cerning (1) d include b able per-pro- ces listed. period that | smission services oth the ogram basis, were not | |
| | | BLOC | K 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | | | ORY OF SER | | RATE | CATEGO | ORY OF SERVICE | RATE |
| | Continuing Services: | | | tion: Non-res | idential | | | | |
| | Pay cable Add'l channel | 17.00 | | el, hotel nmercial | | | | | |
| | Pay cable—add'l channel Fire protection | 19.00 | | cable | | | | | |
| | •Burglar protection | | | cable-add'l ch | annel | | | | |
| | Installation: Residential | | | protection | | | | | |
| | First set | 99.00 | | glar protection | | | | | |
| | Additional set(s) | | | ervices: | | | | | |
| | • FM radio (if separate rate) | | | onnect | | 40.00 | | | |
| | • Converter | | | connect | | | | | |
| | | | | et relocation | | 25.00 | | | |
| | | | | orrorodulon | | | | | |

| | LEGAL NAME OF OWNER OF | CADLE SYSTEM | | SYSTEM |
|-------------------|--------------------------------|--|--|--------------------------------|
| Name | | | | 020 |
| | | | | 020 |
| • | | ntify every television station (including | translator stations and low power | television stations) |
| G | carried by your cable syster | n during the accounting period, except | (1) stations carried only on a part | t-time basis under |
| Primary | | n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 | | |
| Fransmitters: | substitute program basis, as | explained in the next paragraph. | | |
| Television | | With respect to any distant stations ca les, regulations, or authorizations: | arried by your cable system on a s | ubstitute program |
| | • Do not list the station here | in space G—but do list it in space I (the space I) in space I (the space I) in space I (the space I) is the space I (the space I) is | he Special Statement and Program | n Log)—if the |
| | station was carried only on | a substitute basis. Iso in space I, if the station was carrie | d both on a substitute basic and a | les on some other |
| | basis. For further informatio | n concerning substitute basis stations. | see page (v) of the general instru | ctions. |
| | | 's call sign. <i>Do not</i> report origination p with a station according to its over-the | | |
| | "WETA-2" as the same on t | | e-all designation. For example, re | port multistream |
| | | I number the FCC assigned to the tele | evision station for broadcasting over | er the air in its community |
| | | RC is channel 4 in Washington, D.C. case whether the station is a network | station, an independent station, or | a noncommercial |
| | educational station, by enter | ring the letter "N" (for network), "N-M" (| (for network multicast), "I" (for inde | ependent), "I-M" |
| | | "E" (for noncommercial educational), or rms, see page (iv) of the general instru | | ational multicast). |
| | | of each station. For U.S. stations, list | | on is licensed by the |
| | FCC. For Mexican or Canac | lian stations, if any, give the name of t | he community with which the station | on is identified. |
| | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KADN-1 | 16 | I | LAFAYETTE, LA |
| | KADN-HD1 | 16 | I-M | LAFAYETTE, LA |
| Rows as Necessary | KADN-3 | 16 | I-M | LAFAYETTE, LA |
| | KADN(KLAF)-HD2 | 16 | N-M | LAFAYETTE, LA |
| | KADN(KLAF)-2 | 16 | N | LAFAYETTE, LA |
| | KATC-1 | 28 | N | LAFAYETTE, LA |
| | KATC-2 | 28 | I-M | LAFAYETTE, LA |
| | KATC-HD1 | 28 | N-M | LAFAYETTE, LA |
| | KATC-3 | 28 | I-M | LAFAYETTE, LA |
| | | | I-IM | |
| | KDCG-1 KLFY-HD1 | 22 | N-M | OPELOUSAS, LA LAFAYETTE, LA |
| | KLFY-1 | 10 | N | LAFAYETTE, LA |
| | | 10 | | |
| | KLPB-1 | 23 | | |
| | KLWB-1 | 50 | | NEW IBERIA, LA |
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| CEQUEL CO | OWNER OF C | | | | | | | SYSTEM I 0204 |
|---|--|--|--|---|---|---|--|----------------------------------|
| PRIMARY TRA | | RADIO | | | | | | |
| | | | 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 for Column 1: Io Column 2: S Column 3: If ignal, indicate | it is carried by monitoring, to prmation about rm. dentify the call tate whether the radio stat this by placing | y the sys be recein at the Co sign of a the static ion's sig g a check | I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th | t the system's he system's FM ante this point, see pa sed by the cable s | eadend, and (2 enna, during c ge (v) of the g system as a se | 2) it can certain st general i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| lexican or Can | adian stations | s, if any, | the community with which the | e station is identifi | ied). | | | |
| 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: 2018/2 | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------------------|---|------------------------------|-------------------------------------|--|-----------------------------|-----------------|------------------------------|-------------------|
| News | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CEQUEL COMMUNICA | TIONS L | LC | | | | | 020477 |
| | 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> stati | ion that your | cable syste | m 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 | e paper SA1- | -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 nonnet | twork televis | ion program | 1 |
| 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 blonk. If your onowor in ' | | | - | |
| | - | , leave the | rest of this pag | e blank. Il your answer is | res, you mu | ist complete | the program | 11 |
| | 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 | | | | | | inouring io | |
| | | | | sion program ("substitute | | | | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re Do not use general categor | guiations, o ies like "mo | r authorizations vies" or "baske | s. See page (v) of the gene thall " List specific program | titles for ex | ample "I I ov | 'information /e.l.ucv" or | 1. |
| | "NBA Basketball: 76ers vs. | | | | | ampio, 1 201 | 0 2009 01 | |
| | | | | "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra | | need by the | FCC or in | |
| | the case of Mexican or Can | | | e community to which the | | | FCC or, in | |
| | Column 5: Give the mon | ith and day | when your sys | tem carried the substitute | program. Use | numerals, w | vith 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 6:01:7 | 15 p.m. to 6:2 | 8:30 p.m. sh | ould be | |
| | | er "R" if the | listed program | was substituted for progra | mming that y | our system v | was require | d |
| | to delete under FCC rules a | ind regulation | ons in effect du | ring the accounting period | ; enter the let | ter "P" if the | listed progra | |
| | was substituted for program | | our system wa | s permitted to delete unde | r FCC rules a | nd regulation | ns in | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | WHE | N SUBSTIT | TUTE | |
| | S | UBSTITUT | E PROGRAM | | | AGE OCCL | | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TI FROM – | MES – TO | DELETION |
| | | 103 01 100 | ONEE OIGH | 4. 01/1101/0 200/1101 | | TROM | 10 | |
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| Accounting Period: | 2018/2 | FORM SA | A1-2E. PAGE 6. |
|------------------------------------|---|-------------------------------|--------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | S | YSTEM ID# 020477 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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. | ission service amount, see | 1,033.29 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 | 263,800 | |
| | 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 Line 1. Royalty fee for accounting period | | 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 \$137,1 1. Base amount under statutory formula | 00) | |
| | 2. Enter amount of gross receipts from space K | | |
| | 3. Subtract line 2 from line 1 \$ 62,766.71 | | |
| | | 201,033.29 | |
| | 5. Enter the amount from line 3 | 62,766.71 | |
| | 6. Subtract line 5 from line 4 | 38,266.58 | |
| | 7. Multiply line 6 by .005 (enter figure here) | \$ | 691.33 |
| | 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 | \$ | 691.33 |
| | 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 \$ 263,800.00 | | |
| | 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) | 691.33 | |
| 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 | \$ | 711.33 |
| | EFT Trace # or TRANSACTION ID # | | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n | | |

| Accounting Period: | 2018/2 | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC | SYSTEM ID# 020477 |
| 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 . system carried television broadcast stations . | 14 |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | 141 |
| 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) | |
| 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 sy in line 1 of space B and that the owner is not a corporation or partnership; or X (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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | stem as identified |
| | Typed or printed name: ALAN DANNENBAUM 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

| Inting Period: 2018/2 | FORM SA1-2E. PAGE |
|---|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| UEL COMMUNICATIONS LLC | 0204 |
| 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 Statemen Concerning Gross Receipts Exclusio |
| X NO | |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Name 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 |
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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 | Q Interest Assessme |
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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 th 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 Office'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.