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

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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	03/01/2019	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook	00/01/2010	ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED B	Y THIS STATEMENT: (YY	YY/(Period))	

~	ACCO	DUNTING 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			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	š
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.	004262
	-	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	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given i	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	EASTLAND, TX	
		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#
	CEQUEL COMMUNICATIONS LLC	004262
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	identified city.	nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	EASTLAND	TX
Community	EASTLAND COUNTY	ТХ
	RANGER	ТХ
Add Rows as Necessary		

									-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID			
	CEQUEL COMMUNICAT	IONS LLC							00426			
-	SECONDARY TRANSMISSION	SERVICE: SUE	SCRIBER	S AND RA	TES							
E	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable											
<u> </u>	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											
Secondary Transmission	last day of the accounting period						nose existii	ng on the				
Service: Sub-	Number of Subscribers: Both						ole svstem.	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				ly standar		s within a p					
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable				
	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 of					in the count un	der "Servic	e to the				
	Block 2: If your cable system I					service that are	different fr	om those				
	printed in block 1 (for example, ti											
	with the number of subscribers a											
	sufficient.						51.0.01					
	BLC	OCK 1 NO. OF					BLOCK	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	RS F	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	Service to first set		,062	29.99								
	 Service to additional set(s) 	2	,109	0								
	 FM radio (if separate rate) 											
	Motel, hotel											
	Commercial		59	29.99								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC											
_	In General: Space F calls for rat					l vour cable svs	tem's servi	ces that were				
F	not covered in space E, that is, th	•	,		•	• •						
	service for a single fee. There ar	•					• • •					
Services	furnished at cost or (2) services											
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		sually billed	a. If any rat	es are ch	arged on a vari	able per-pro	ogram basis,				
Fransmissions:			e cable syst	tem for eac	h of the a	pplicable servio	ces listed.					
Rates	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.						_					
		BLOC	K 1					BLOCK 2				
	CATEGORY OF SERVICE		CATEGORY			RATE	CATEGO	DRY OF SERVICE	RATE			
	Continuing Services:		nstallation		dential							
	Pay cable	17.00	• Motel, he									
	Pay cable—add'l channel	19.00	Comment						ļ			
	Fire protection		 Pay cab 									
	•Burglar protection			le-add'l cha	annel							
	Installation: Residential		 Fire prot 	ection								
	• First set	99.00	• Burglar p	protection								
	 Additional set(s) 	25.00	Other servi	ces:								
	 FM radio (if separate rate) 		 Reconne 	ect		40.00						
	1 .		Reconnect Disconnect				1		1			
	Converter		• Disconnect									
	• Converter		Outlet re			25.00						

Inting Period:	1			FORM SA1-2E. PA
Name				SYSTEM 0042
	CEQUEL COMMUNIC			0042
			4	
G		entify every television station (including m during the accounting period, excep		
		in effect on June 24, 1981, permitting t		
Primary nsmitters:		e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph.	(1(e)(2) and (4))]; and (2) certain states	ations carried on a
elevision	Substitute Basis Stations	: With respect to any distant stations c	arried by your cable system on a su	ibstitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (t	he Special Statement and Program	Log)—if the
	station was carried only on	a substitute basis.		0,
		also in space I, if the station was carrie on concerning substitute basis stations.		
	Column 1: List each station	n's call sign. Do not report origination	program services such as HBO, ES	PN, etc. Identify each
	multicast stream associated "WETA-2" as the same on the	d with a station according to its over-the the form	e-air designation. For example, rep	ort multistream
	Column 2: Give the channel	el number the FCC assigned to the tele	evision station for broadcasting over	r the air in its community
		/RC is channel 4 in Washington, D.C. n case whether the station is a network	station an independent station or	a noncommercial
	educational station, by enter	ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for indep	pendent), "I-M"
		, "E" (for noncommercial educational), (erms, see page (iv) of the general instru		ional multicast).
		on of each station. For U.S. stations, list		n is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the statio	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KERA-1	14	E	DALLAS, TX
	KIDZ-1	42	I	ABILENE, TX
ws as Necessary	KPCB-1	17	l	SNYDER, TX
in as necessary	KRBC-HD1	29	N-M	ABILENE, TX
	KRBC-1	29	N	ABILENE, TX
	KTAB-HD1	24	N-M	ABILENE, TX
	KTAB-1	24	Ν	ABILENE, TX
	KTXS-2	20	I-M	SWEETWATER, TX
	KTXS-HD1	20	N-M	SWEETWATER, TX
	KTXS-1	20	N	SWEETWATER, TX
	KXVA-1	15	I	ABILENE, TX
	KXVA-HD1	15	I-M	ABILENE, TX
		13	1-1¥1	
	1			

EGAL NAME OF								SYSTEM I 0042
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to mation about m. lentify the call tate whether t the radio stat this by placing	y the sys be receint the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process c mark in the "S/D" column.	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 mna, during co ge (v) of the g	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which th 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	

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				004262
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3		
I I	In General: In space I, identi				-	ion that your cable	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	r SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> pr	ogram
Program Log	broadcast by a distant sta	tion?				Y	ES XNO
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		logialli
	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	ows to the tables.			-
				ision program ("substitute p			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori	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 sting the substitute progra			
				e community to which the		nsed by the FCC of	or, in
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	ntified).	
			when your sys	tem carried the substitute p	orogram. Use	numerals, with th	e month
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	ahle system	List the times acc	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.						
	s	UBSTITUT	E 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
						_	
						_	
						_	
1		1				1	

Accounting Period:	2018/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 004262
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmediate (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service
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 3: • 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 fo 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 \$137.	
	1. Base amount under statutory formula \$ 263,800.00	,
	2. Enter amount of gross receipts from space K \$ 234,455.77	_ ,
	3. Subtract line 2 from line 1 \$ 29,344.23	-
		 234,455.77
	5. Enter the amount from line 3	29,344.23
	6. Subtract line 5 from line 4	205,111.54
	7. Multiply line 6 by .005 (enter figure here)	\$ 1,025.56
	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 \$52	7,600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	-
	2. Subtract line 2 from line 1	<u> </u>
	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	
	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)	1,025.56
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	\$ 1,045.56
	EFT Trace # or TRANSACTION ID #]
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form 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# 004262
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	12
	on which the cable system carried television broadcast stations and nonbroadcast services	236
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 (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)] X /s/ Alan Dannenbaum 	istem as identified
	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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unting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	00420
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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	
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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	

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