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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	of this workbook	03/01/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A		BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	1

		2018/2 Period 1 = January 1 - June 30 Period 2 = Ju	uly 1 - December 31	
		20182 Barcode Data Filing Period (optional - see instruction	ne)	
		20182 Barcode Data Filing Period (optional - see instruction		
Accounting				
Period				
	1			
		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another c	ornoration, give the full cornerate title	
В		of the subsidiary, not that of the parent corporation.	orporation, give the full corporate the	
_				
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.		
				063141
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Lic	censing 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		CUCTIONS: In line 1, give any business or trade names used to identify the busines already appear in space B. In line 2, give the mailing address of the system, if di		
-				00000
System	1	IDENTIFICATION OF CABLE SYSTEM:		
		DECATUR CORRECTIONAL FACILITY CNTR		
		MAILING ADDRESS OF CABLE SYSTEM:		
	2			
	2	(Number, street, rural route, apartment, or suite number)		
		(City, town, state, zip code)		
		I (ou) territ onto the onde)		

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	063141
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 Note: Entities and properties such as hotels, apartments, condominiums, or mo	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known s.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	DECATUR	IL
Community	(DECATUR CORR CNTR)	
Add Rows as Necessary		
Add hows as necessary		

	1						FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						
	CEQUEL COMMUNICAT	IONS LLC						06314
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS A	ND RATES				
E	In General: The information in s							
. .	system, that is, the retransmission							
Secondary Transmission	about other services (including p					nose existi	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both					le system	broken	
scribers and	down by categories of secondary							
Rates	each category by counting the nu							
	separately for the particular serv							
	Rate: Give the standard rate c							
	unit in which it is generally billed. category, but do not include disc				iro rate variations	s within a p	articular rate	
	Block 1: In the left-hand block				condary transmis	sion servic	e that cable	
	systems most commonly provide	e to their subscr	ibers. Give the r	number of subs	cribers and rate f	or each lis	ted 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				a 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	and rates, in the	right-hand block	<. A two- or thre	e-word descripti	on of the s	ervice is	
	sufficient.							
	BLU	OCK 1 NO. OF				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	E CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:							
	Service to first set		0	-				
	 Service to additional set(s) 		0	0				
	 FM radio (if separate rate) 							
	Motel, hotel							
	Commercial		14 42	2.53				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
-	In General: Space F calls for rat	••••••			III your cable sys	em's servi	ces that were	
F	not covered in space E, that is, th	hose services tl	hat are not offere	ed in combinati	on with any seco	ndary trans	smission	
. .	service for a single fee. There ar							
Services Other Than	furnished at cost or (2) services of							
Secondary	amount of the charge and the un enter only the letters "PP" in the			any fales are ci	larged on a valia	ible per-pr	ografii basis,	
Transmissions:	Block 1: Give the standard rat		e cable system	for each of the	applicable servic	es listed.		
Rates	Block 2: List any services that							
	listed in block 1 and for which a s				these other serv	ices in the	form of a	
	brief (two- or three-word) descrip	otion and include	e the rate for each	ch.				
		BLOC					BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY OF		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installation: No	n-residential				
	Pay cable	-	Motel, hotel					
	Pay cable—add'l channel Fire protection		Commercial					
	Fire protection		Pay cable					
	•Burglar protection		Pay cable-ad					
	Installation: Residential		Fire protection					
	• First set	-	Burglar prote					
	 Additional set(s) 	-	Other services:	:				
			 Reconnect 					
	• FM radio (if separate rate)				-			
	 FM radio (if separate rate) Converter 		Disconnect		-			
	, , ,			ation	-			

unting Period:	-			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM I
	CEQUEL COMMUNIC			0631
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including		
U		m during the accounting period, exception in effect on June 24, 1981, permitting		
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.		
ansmitters:		s explained in the next paragraph.	parried by your eable system on a su	hatituta program
felevision		: With respect to any distant stations outlines, regulations, or authorizations:	carried by your cable system on a su	bstitute program
	• Do not list the station here	e in space G—but do list it in space I (the Special Statement and Program	Log)—if the
	station was carried only on			
		also in space I, if the station was carrie on concerning substitute basis stations		
	Column 1: List each station	n's call sign. <i>Do not</i> report origination	program services such as HBO, ESP	PN, etc. Identify each
		d with a station according to its over-th	e-air designation. For example, repo	ort multistream
	"WETA-2" as the same on the channel of the channel	the form. el number the FCC assigned to the tel	evision station for broadcasting over	the air in its community
		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),		
		erms, see page (iv) of the general instr		onal multicast).
	Column 4: Give the locatio	n of each station. For U.S. stations, lis	at the community to which the station	
	FCC. For Mexican or Cana	dian stations, if any, give the name of	the community with which the station	n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAND-1	17	Ν	CHAMPAIGN, IL
	WBUI-1	22	I	CHAMPAIGN, IL
ws as Necessary	WCFN-1	13	I	CHAMPAIGN, IL
ws as necessary				
	WCIA-1	48	N	CHAMPAIGN, IL
	WICS-1	42	N	CHAMPAIGN, IL
	WILL-1	9	E	CHAMPAIGN, IL
	WRSP-1	44	I	CHAMPAIGN, IL

EGAL NAME OI								SYSTEM ID 06314
								00514
	t 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 info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call tate whether if the radio stat this by placing Sive the station	y the sys be recein the co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright Office regulations on t 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	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, tated 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	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063141
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that your	· cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
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 star	tion?					YES	× NO
Program Log	5		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incurning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	r informatior	1.
	"NBA Basketball: 76ers vs.			toali. List speelile program		ampic, TEO	C LUCY OI	
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			FOO in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				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	iould 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		CARR	AGE OCCL	JRRED	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 –	IMES — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	1110	10	
						-		
						-	_	
						-	_	
						_	_	
						-	-	
							_	
						-		
						-	_	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 063141
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	3,450.00 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	his six-mon	
	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		
	2. Subtract line 2 from line 1 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	· · · ·	
	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 Due	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 063141
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	7 33
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)] K /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) 	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	

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unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0631
 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? NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name	
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
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
	Q Interest Assessme
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
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