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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

| FOR COPYRIGHT | OFFICE USE ONLY      |
|---------------|----------------------|
| DATE RECEIVED | AMOUNT               |
| 03/01/2019    | \$ ALLOCATION NUMBER |

Return completed workbook by email to:

### coplicsoa@copyright.gov

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

| Α                    | ACC | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |
|----------------------|-----|---|
|                      |     | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  |
|                      |     | 20182 Barcode Data Filing Period (optional - see instructions)  |
| Accounting<br>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 is 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:  NEVADA SOUTHERN DETENTION  |
|                      |     | 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.

| ccounting Period:    | 2019/2   | FORM SA1-2E. PAGE 1   |
|----------------------|--|---|
|                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID   |
| Name                 | CEQUEL COMMUNICATIONS LLC  | 06327   |
|                      | Instructions: List each separate community served by the cable system. A "co   |   |
| D                    | "a separate and distinct community or municipal entity (including unincorpor<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that<br>as the "first community." Please use it as the first community on all future file | rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know lings. |
| Area                 | Note: Entities and properties such as hotels, apartments, condominiums, or identified city.  | mobile nome parks should be reported in parentheses below the   |
| Served               | identified city.   |   |
|                      |  |   |
|                      | CITY OR TOWN   | STATE   |
| First                | PAHRUMP  | NV  |
| Community            | (NV SOUTHERN DETEN)  |   |
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Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

063274

# E

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable 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 last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BL   | OCK 1                 |       | BLOCK               | (2                    | •    |
|--|-----------------------|-------|---------------------|-----------------------|------|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS | RATE  | CATEGORY OF SERVICE | NO. OF<br>SUBSCRIBERS | RATE |
| Residential:                                     |                       |       |                     |                       |      |
| <ul> <li>Service to first set</li> </ul>         | 0                     | -     |                     |                       |      |
| <ul> <li>Service to additional set(s)</li> </ul> | 0                     | 0     |                     |                       |      |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |       |                     |                       |      |
| Motel, hotel                                     |                       |       |                     |                       |      |
| Commercial                                       | 12                    | 42.53 |                     |                       |      |
| Converter  |                       |       |                     |                       |      |
| <ul> <li>Residential</li> </ul>                  |                       |       |                     |                       |      |
| <ul> <li>Non-residential</li> </ul>              |                       |       |                     |                       |      |
|  |                       | T     |                     | T                     | l    |

# F

### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**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.

|   | BLO  | CK 1                          |      | BLOCK 2             |      |
|---|------|-------------------------------|------|---------------------|------|
| CATEGORY OF SERVICE                         | RATE | CATEGORY OF SERVICE           | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services:                        |      | Installation: Non-residential |      |                     |      |
| Pay cable                                   | -    | Motel, hotel                  |      |                     |      |
| <ul> <li>Pay cable—add'l channel</li> </ul> | -    | Commercial                    |      |                     |      |
| <ul> <li>Fire protection</li> </ul>         |      | Pay cable                     |      |                     |      |
| •Burglar protection                         |      | Pay cable-add'l channel       |      |                     |      |
| Installation: Residential                   |      | Fire protection               |      |                     |      |
| First set                                   | -    | Burglar protection            |      |                     |      |
| Additional set(s)                           | -    | Other services:               |      |                     |      |
| • FM radio (if separate rate)               |      | Reconnect                     | -    |                     |      |
| Converter                                   |      | Disconnect                    |      |                     |      |
|   |      | Outlet relocation             | -    |                     |      |
|   |      | Move to new address           | -    |                     |      |
|   |      |                               |      |                     |      |

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063274

### CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION                      | 4. LOCATION OF STATION |
|--------------|--------------------------|---|------------------------|
| KINC-1       | 15                       | I                                       | LAS VEGAS, NV          |
| KLAS-1       | 7                        | N                                       | LAS VEGAS, NV          |
| KSNV-1       | 22                       |   | LAS VEGAS, NV          |
| KTNV-1       | 13                       |   | LAS VEGAS, NV          |
| KVVU-1       | 9                        | I                                       | HENDERSON, NV          |
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **CEQUEL COMMUNICATIONS LLC**

063274

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

| 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 |  |   |   |   |  |  | FOR  | M SA1-2E. PAGE 5.      |
|------------------|--|---|---|---|--|--|--|------------------------|
| Name             | LEGAL NAME OF OWNER OF   |   |   |   |  |  |  | SYSTEM ID#             |
| Name             | CEQUEL COMMUNICA   | TIONS L   | LC  |   |  |  |  | 063274                 |
|                  | SUBSTITUTE CARRIAGI  | F: SPECIA   | AI STATEMEI   | NT AND PROGRAM I  | ng .   |  |  |                        |
| Substitute       | In General: In space I, ident substitute basis during the a explanation of the programm  | ify every non   | nnetwork televis<br>eriod, under spe  | sion program, broadcast becific present and former F  | y a <i>distant</i> st<br>CC rules, reg   | ulations, or a   | uthorizations.   | For a further          |
| Carriage:        | 1. SPECIAL STATEMEN  | T CONCER  | RNING SUBST   | TITUTE CARRIAGE   |  |  |  |                        |
| Special          | During the accounting per  | iod, did you  | r cable system  | carry, on a substitute ba   | sis, any nonr  | network telev  | ision progran  | n                      |
| Statement and    | broadcast by a distant sta   | -   | •   | •   |  |  | YES  | X NO                   |
| Program Log      | _  |   | root of this non  | o blank If your anawar is   | "Voo" vou r  | nuat aamala  | _  | _                      |
|                  | Note: If your answer is "No  | , leave the   | rest or this pag  | je blank. If your answer is   | s res, your  | nust comple  | te the program   | m                      |
|                  | log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program | ce, please a of every no distant stati gulations, o ies like "mo Bulls." In was broad sign of the sadcast static ath and day re "5/7." es when the Example: a er "R" if the and regulation ing that y | am on a separare add additional representation and that your authorizations vies" or "basked deast live, enterestation broadca on's location (thous, if any, the owner your system of program carried listed program ons in effect du | rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter sisting the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for progring the accounting periods. | e program") the d for the program instruct am titles, for e "No." re station is lide station is ide program. Use reable system in the light in the l | nat, during the ogramming of cons for furth example, "I Leaders of the consent of | ne accounting of another sta er information ove Lucy" or e FCC or, in with the mon mes accurate should be n was require e listed progr | tion<br>n.<br>nth      |
|                  | effect on October 19, 1976.  |   |   |   |  |  |  | T                      |
|                  |  |   |   |   | 1 1  | HEN SUBST  |  |                        |
|                  | 8  |   | E PROGRAM   | <u> </u>  |  | RIAGE OCC  |  | 7. REASON FOR DELETION |
|                  | TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No   | 3. STATION'S CALL SIGN  | 4. STATION'S LOCATION   | 5. MONT<br>AND DAY   |  | TIMES TO   |                        |
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| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC  | SY                       | STEM II<br>06327          |
|------------------------------------|---|--------------------------|---------------------------|
| K<br>Gross Receipts                | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this amo page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)                   | ion service<br>ount, see |                           |
|                                    | during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.   | (Amount of gross         | <b>077.20</b> s receipts) |
| L<br>Copyright<br>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 \$263  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. | 3,800                    |                           |
|                                    | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  |                          |                           |
|                                    | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00   | s 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 \$137,100   |                          |                           |
|                                    | 1. Base amount under statutory formula  |                          |                           |
|                                    | 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 \$527,60  | 00)                      |                           |
|                                    | 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<br>Total Remittance | 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  | <b>i</b>                 | 67.00                     |
|                                    | EFT Trace # or TRANSACTION ID #   |                          |                           |
|                                    | Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more   |                          |                           |

| Accounting Period:                 | 2018/2  |  |  |                                   |                |              |                                  |                |               |          |          |        |           |         |    |                |          |               |                          |        |                   |        |        |               |          |           |         |                                       |          |               |          |                       |                      |                 |                |             |     |         |                     |       |         |                 |                |     |         |         |          |        |         |     |         |               |         |     |         |                  |           |     |          |          |     |       |     |    |    |     |    |    |    |    |    |       |   | F | 0 | R | M | 1 5   | 3/ | ۹′ | ]-; | 2F | Ξ. | Р | Ά     | ١G | E | 7        |
|------------------------------------|---|--|--|-----------------------------------|----------------|--------------|----------------------------------|----------------|---------------|----------|----------|--------|-----------|---------|----|----------------|----------|---------------|--------------------------|--------|-------------------|--------|--------|---------------|----------|-----------|---------|---------------------------------------|----------|---------------|----------|-----------------------|----------------------|-----------------|----------------|-------------|-----|---------|---------------------|-------|---------|-----------------|----------------|-----|---------|---------|----------|--------|---------|-----|---------|---------------|---------|-----|---------|------------------|-----------|-----|----------|----------|-----|-------|-----|----|----|-----|----|----|----|----|----|-------|---|---|---|---|---|-------|----|----|-----|----|----|---|-------|----|---|----------|
| Name                               | LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT  |  |  |                                   |                |              |                                  |                |               |          |          |        |           |         |    |                |          |               |                          |        |                   |        |        |               |          |           |         |                                       |          |               |          |                       |                      |                 |                |             |     |         |                     |       |         |                 |                |     |         |         |          |        |         |     |         |               |         |     |         |                  |           |     |          |          |     |       |     | _  | _  | _   | _  | _  | _  | _  |    |       |   |   |   |   | _ | _     | -; | S  | Y   |    |    |   |       |    |   | D#<br>74 |
| M<br>Channels                      | CHANNELS Instructions: You must give to its subscribers, and (2) to 1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast services. | the cable system's total<br>of channels on which the<br>broadcast stations<br>of activated channels<br>on carried television bro   | al numb                                  | nber<br>ble<br>                   | ber<br>le<br>  | le<br>       | be<br>le<br>                     | e<br>t:        | e             | e<br>:   | e<br>t   | •      | er<br>·   |         | t  | o              | of       | ic            |                          | ns     | va                | at     | te     |               |          | t         | t       |                                       | h        |               | ın       | in                    | ie                   | s               | dı             |             | ir  | n :     | g                   | t .   | he      | e ;             |                |     |         |         |          | n      | nt.     | tiı | in      | ng            | 9       | р   | er      | rio              | d.        |     |          | atio     | on: | 6     |     |    |    |     |    |    |    |    |    |       | 5 |   |   |   |   |       |    |    |     |    |    |   |       |    |   |          |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE CONT<br>we can contact about this s  |  |  | ORN                               | DRM            | DRI          | DR                               | R              | ₹             | 2        | R        | 2      | RN        | V       | 1  | Λ.             | A        | Т             | ıc                       | 10     | N                 | ı      | 5      | S             |          | 1         | N       | IE                                    | E        | E             | D        | Œ                     | EC                   | )(              | d              | Э           | nt  | ti      | fy                  | / :   | aı      | n i             | in             | di  | V       | ic      | d        | lı     | u       | ıa  | al      | l t           | to      | י כ | wl      | ho               | m         |     |          |          |     |       |     |    |    |     |    |    |    |    |    |       |   |   |   |   |   |       |    |    |     |    |    |   |       |    |   |          |
| for Further<br>Information         | Name SARAI  | H BOGUE  |  |                                   |                |              |                                  |                |               |          |          |        |           |         |    |                |          |               |                          |        |                   |        |        |               | •••      |           |         | •••                                   |          |               |          |                       |                      |                 |                |             |     |         | •••                 |       |         |                 |                |     |         |         |          |        |         |     |         |               |         |     |         |                  |           | Te  | ele      | ph       | or  | ie    | (9  | )0 | 13 | ) ( | 57 | '9 | -3 | 31 | 12 | 21    | l |   |   |   |   |       |    |    |     |    |    |   |       |    |   |          |
|                                    | (Number, s  | S SE LOOP 323 street, rural route, apartment   | nt, or suit                              | suite r                           | uite n         | uite         | uite                             | te             | e             | e        | te       |        | <br>e r   | n       | 11 | nu             | ın       | nk            | эе                       | er)    |                   |        |        |               |          |           | •••     | •••                                   |          |               | ••••     |                       |                      |                 | •••            |             |     |         |                     |       |         |                 |                |     |         |         |          |        |         | ••• |         |               |         |     |         |                  |           |     |          |          |     | ••••• |     |    |    |     |    |    |    |    |    |       |   |   |   |   |   |       |    |    |     |    |    |   |       |    |   |          |
|                                    | (City, town   | , state, zip)  |  |                                   |                |              |                                  |                |               |          |          |        |           |         |    |                |          |               |                          |        | _                 | -      |        |               |          |           |         | •••                                   |          |               | ••••     |                       |                      |                 |                | •••         | ••• | •••     | •••                 | ••••  |         |                 |                |     |         |         | •••      | •••    | •••     | ••• |         |               | ••••    |     |         |                  |           |     |          |          |     |       |     |    |    |     |    |    |    |    |    |       |   |   |   |   |   |       |    |    |     |    |    |   |       |    |   |          |
|                                    | Email   | SARAH.BOGUE@   | ØAL I IC                                 | HCE                               | ICE            | ICI          | IC.                              | ان             | ;             | <i>:</i> | ز        |        | Ë         | =       | l  | : L            | J;       | S             | Α                        | ۱.(    | <u>(</u> (        | C      | )      | )[\           | V        | 1         | 1       |                                       |          |               |          |                       |                      |                 |                |             |     |         |                     |       |         |                 |                |     |         | -       | - 6      | а      | 1>      | X   | (       | (C            | op      | pt  | io      | na               | al)       |     |          |          |     |       |     |    |    |     |    |    |    |    | =  | <br>= |   |   |   |   | = | <br>= | =  | -  | =   | =  | =  | = | <br>= | =  | = | =        |
| O<br>Certification                 | (Agent of owner in line 1 of sp   | certify that (Check one, the corporation or partness of the corporation or partness of the corporation of th | nership<br>on or paner is not<br>corpora | partr<br>partr<br>not a<br>pratio | ip) I artmot a | ip) art ot a | i <b>p)</b><br>and<br>ot<br>rati | y<br>o)<br>ati | /<br>()<br>ti | / ))     | v<br>v)  | t<br>i | ) I       | on<br>I | r  | ne<br>ne<br>ne | er<br>er | n<br>or<br>ui | of<br>th<br>shirps<br>or | of the | the cooperate per | o I ti | e v    | a             | or<br>in | ייי<br>מר | n<br>ne | x<br>er<br>t<br>er<br>al              | e<br>th  | s<br>of<br>(i | t ar     | the<br>du<br>rtr<br>a | e<br>uly<br>ne<br>pa | ca<br>rs<br>art | bi<br>ui<br>hi | e<br>h<br>p | S   | ri<br>o | ys<br>iz<br>r<br>ij | e (c) | er<br>d | m<br>ag<br>of t | as<br>ge<br>th | s i | id<br>t | le<br>o | er<br>of | n<br>f | nt<br>t | tif | fi<br>e | ie<br>e<br>fa | o<br>nt | d i | n<br>vn | lin<br>er<br>ide | e 1<br>of | 1 c | fs<br>eo | pa<br>at | ole | B;    | ste | em |    |     |    |    |    |    |    | er    | m |   |   |   |   |       |    |    |     |    |    |   |       |    |   |          |
|                                    |   | En Typed or printed na   | SVP, F                                   | an ele                            | n ele<br>gnat  | n elegna     | n el                             | el<br>na       | e             | e        | el<br>na | ı      | ele<br>at | e<br>t  | 4  | A.             | L        | e e           | oni<br>us<br>A           | .N     | si<br>ng          | E C    | ם<br>פ | gn<br>aı<br>N | /I       | <b>1</b>  | A.I.    | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ır<br>'s | e<br>/        | si<br>IE | on<br>ig<br>El        | ti<br>na<br><b>N</b> | B               | li ire         |             |     | a<br>(e | V                   | g.    |         |                 |                |     |         |         |          |        |         |     |         |               |         |     |         | ate              | emo       | en  | t.       |          |     |       |     |    |    |     |    |    |    |    |    |       |   |   |   |   |   |       |    |    |     |    |    |   |       |    |   |          |
|                                    |   | Date:  | oral position                            | JuOI (                            |                |              | a01                              | JI             |               |          | II.      |        |           |         |    |                | 110      |               |                          |        |                   | ·  -   |        |               |          |           |         |                                       |          |               |          |                       | ,a                   | u I             | ات             |             |     |         |                     |       |         |                 |                |     |         |         |          |        |         | (   | 0       | )2            | 2/-     | 11  | 8/      | 20               | 119       | )   |          |          |     |       |     |    |    |     |    |    |    |    |    |       |   |   |   |   |   |       |    |    |     |    |    |   |       |    | _ |          |

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 telephon 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 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

| ounting Period: 2018/2  | FORM SA1-2E. PAGE 8.  |
|---|---|
| GAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#  |
| QUEL COMMUNICATIONS LLC   | 063274  |
| 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 | Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| 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  |   |
| YES. Enter the total here and list the satellite carrier(s) below\$   |   |
| Name Mailing Address 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   |
| Line 1 Enter the amount of late payment or underpayment   | Interest Assessment   |
| ×   |   |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   |   |
| x days  |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  |   |
| x 0.00274   |   |
| Line 4 Multiply line 3 by 0.00274** and enter here  |   |
| in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6  |   |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.   |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please  |   |
| list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |   |
| Owner   |   |
| Address   |   |
| ID number   |   |
| ID number  First community served   |   |
| Accounting period   |   |

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