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> For additional information,
General instructions are located in the first tab 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 ACCOUNTING PERIOD COVERED B	BY THIS STATEMENT: (YY	YY/(Period))	

	7000		
		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.	
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)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes	e
С		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.	<u> </u>
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		WEST KENTUCKY WOMEN CORRECTIONAL FACILITY	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	<u> </u>	נטווין, וטוויו, אומופ, בוף טעשבי	

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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "co	063483
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	ated communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future fil	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r	
Served	identified city.	
	CITY OR TOWN	STATE
First	PEEWEE VALLEY	KY
Community	(WEST KY WOMEN CORR)	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID
Name	CEQUEL COMMUNICAT	IONS LLC							06348
	SECONDARY TRANSMISSION				TES				
E	In General: The information in s			-	-	rransmission s	ervice of th	e cable	
	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in spa	ce F, n	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both down by categories of secondary								
scribers and Rates	each category by counting the n								
nuioo	separately for the particular serv							onargoa	
	Rate: Give the standard rate c								
	unit in which it is generally billed				y standar	d rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				es of serv	ndary 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					in the count un	der "Servic	e to the	
	first set" and would be counted or 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.								
	BLO	DCK 1 NO. OF	<u> </u>				BLOCK	12 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEE	RVICE	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		44	42.53					
	Converter								
	Residential								
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS						
-	In General: Space F calls for rat					your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the	hose services th	at are	not offered in co	ombinatio	n with any seco	ndary trans	smission	
0	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		Suany	Silled. If any fat			able per-pro	byrain basis,	
Fransmissions:	Block 1: Give the standard rat	e charged by the							
Rates	Block 2: List any services that								
	listed in block 1 and for which as	•			hed. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip	and include	the ra	e for each.			1		
		BLOCI				<b>DATE</b>	0.175.00	BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV tion: Non-resi		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:     Pay cable			el, hotel	uentiai				
	,	-		,					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>	-		nmercial cable					
	•				annal				
	•Burglar protection Installation: Residential			cable-add'l cha protection					
	• First set			glar protection					
		-							
	Additional set(s)     EM radio (if separate rate)	- C		ervices: onnect					
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>					-			
				connect					1
				ot role					
				et relocation e to new addre		-			

ing Period:	-			FORM SA1-2E. PA
ame	LEGAL NAME OF OWNER OF			SYSTEM
	CEQUEL COMMUNIC			063
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including		
U	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th		
imary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6		
nitters:		s explained in the next paragraph.		ub atitu da para sua su
rision		: With respect to any distant stations ca les, regulations, or authorizations:	arried by your cable system on a si	ubstitute program
		e in space G—but do list it in space I (th	he Special Statement and Program	n Log)—if the
	station was carried only on			
		also in space I, if the station was carried in concerning substitute basis stations,		
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	PN, etc. Identify each
		with a station according to its over-the	e-air designation. For example, rep	port multistream
	"WETA-2" as the same on t	he form. 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.		
	Column 3: Indicate in each	case whether the station is a network		
		ring the letter "N" (for network), "N-M" (		
		"E" (for noncommercial educational), or rms, see page (iv) of the general instru		tional multicast).
		n of each station. For U.S. stations, list		n is licensed by the
	FCC. For Mexican or Canad	dian stations, if any, give the name of th	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
	WAVE-1	3	N	LOUISVILLE, KY
	WKPC-1	17	Е	LOUISVILLE, KY
cessary	WBKI-1	19	<b>I</b>	
	WDRB-1	41	<u> </u>	LOUISVILLE, KY
	WHAS-1	55	Ν	LOUISVILLE, KY
	WLKY-1	26	Ν	LOUISVILLE, KY
		······		

EGAL NAME OF								SYSTEM I 0634
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
cceivable if (1) n the basis of r or detailed info aper SA1-2 for <b>Column 1:</b> ld <b>Column 2:</b> S <b>Column 3:</b> If gnal, 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 (mark in the "S/D" column. on (the community to which th	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	) it can ertain st eneral in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the			o o,,		
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	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					063483
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, identi				•	ion that your cah	nle syster	n 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 pap	per SA1-2	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	program	
Statement and Program Log	broadcast by a distant sta	tion?					YES	X NO
Frogram Log	Note: If your answer is "No	' loovo tho	root of this pas	a blank. If your anowar is '			-	
		, leave the	rest of this pag	je Dialik. Il your answer is	res, you mu	ist complete the	program	1
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their me	aning is	
	clear. If you need more spa						annig io	
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	vies" or "baske	s. See page (v) of the gene thall " List specific program	n titles for example	ample "I I ove I i	ucv" or	
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		need by the FCC	C or in	
	the case of Mexican or Can						o 01, 111	
	Column 5: Give the mor	th and day	when your sys	tem carried the substitute	program. Use	numerals, with	the mont	th
	first. Example: for May 7 giv				-			
				gram was carried by your o				ý
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. snouid	a be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	required	1
	to delete under FCC rules a							im
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations ir	n	
	effect on October 19, 1976.							
					WHE	N SUBSTITUT	E	
	S	UBSTITUT	E PROGRAM	1	CARR	AGE OCCURR	RED	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. TIMES FROM —	S TO	DELETION
						_		
							•••••••••••••••••••••••••••••••••••••••	
						_		
			]					
						_		
						_		
						_		

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 063483
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	<b>,250.00</b> is 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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID 063483
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	6 34
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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> <li>X /s/ Alan Dannenbaum</li> </ul>	stem as identified
	Enter an electronic signature on the line above to certify this statement.         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
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
UEL COMMUNICATIONS LLC	06348
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> </ul>	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 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
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