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 COPYRIG	by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	8/28/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			<u></u>

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20191 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.	000139
		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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MOUNT IDA, AR	
		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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	000139
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or n	ommunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Served	identified city.	
	CITY OR TOWN	STATE
First	MOUNT IDA	AR
Community	MOUNTAIN HARBOR	AR
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT	IONS LLC							00013
	SECONDARY TRANSMISSION		DecDIE		TEQ				
E	In General: The information in s			-	-	v transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary		bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on st day of the accounting period (June 30 or December 31, as the case may be).							
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						lo ovotom	brokon	
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				iy stanual		s within a p		
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categori					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		nynt-na	ITU DIUCK. A IW		e-word descripti			
	BLOCK 1						BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		421	34.99					
	 Service to additional set(s) 		113	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		19	34.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	5				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than									
Secondary	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.								
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable	19.00		el, hotel					
	 Pay cable—add'l channel 	19.00		mercial					
	Fire protection		• Pay						
	 Burglar protection 			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	99.00		lar protection					
	 Additional set(s) 	25.00		ervices:					
	• FM radio (if separate rate)			onnect		40.00			
				- · · · · · · · · · · · · · · · · · · ·					
	Converter		• Disc	onnect					
	• Converter			onnect et relocation		25.00			

nting Period:	-			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM I 0001
	CEQUEL COMMUNIC			0001
	PRIMARY TRANSMITTERS:			
G		entify every television station (including m during the accounting period, except		
-	FCC rules and regulations i	in effect on June 24, 1981, permitting t	he carriage of certain network prog	rams [sections
rimary Ismitters:		e)(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain st	tations carried on a
smitters: evision		s explained in the next paragraph. : With respect to any distant stations of	arried by your cable system on a s	ubstitute program
	basis under specific FCC ru	lles, regulations, or authorizations:		
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (i a substitute basis	the Special Statement and Program	n Log)—if the
	-	also in space I, if the station was carrie	ed both on a substitute basis and al	so on some other
		on concerning substitute basis stations		
		n's call sign. <i>Do not</i> report origination d with a station according to its over-th		
	"WETA-2" as the same on t	the form.		
		el number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	evision station for broadcasting ove	er the air in its community
		case whether the station is a network	station, an independent station, or	a noncommercial
		ring the letter "N" (for network), "N-M"		
		, "E" (for noncommercial educational), erms, see page (iv) of the general instr		itional multicast).
		in of each station. For U.S. stations, lis		n is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of	the community with which the static	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARK-1	4	Ν	LITTLE ROCK, AR
	KARZ-1	42	I	LITTLE ROCK, AR
as Necessary	KASN-1	38	I	PINE BLUFF, AR
as necessary				
	KATV-1	7	N	LITTLE ROCK, AR
	KETS-1	2	E	LITTLE ROCK, AR
	KKAP-1	36	E	LITTLE ROCK, AR
	ККҮК-1	30	I	LITTLE ROCK, AR
	KLRT-1	16	I	LITTLE ROCK, AR
	KTHV-1	11	Ν	LITTLE ROCK, AR
	KVTH-1	26		
		20	I	HOT SPRINGS, AR
				T

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				00
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U		in effect on June 24, 1981, permitting		
Primary		(e)(2) and (4), or 76.63 (referring to 76		
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television		s: With respect to any distant stations	carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I	the Special Statement and Program I	oa)—if the
	station was carried only or			
		also in space I, if the station was carri		
		on concerning substitute basis stations on's call sign. <i>Do not</i> report origination		
		d with a station according to its over-th		
	"WETA-2" as the same on	the form.	-	
		nel number the FCC assigned to the te	evision station for broadcasting over the	ne air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network	estation on independent station or a	noncommercial
		ering the letter "N" (for network), "N-M"		
), "E" (for noncommercial educational),		
	For the meaning of these t	erms, see page (iv) of the general inst	ructions in the paper SA1-2 form.	
		on of each station. For U.S. stations, li	,	,
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	s identified.
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		also in space I, if the station was carri		
		on concerning substitute basis stations on's call sign. <i>Do not</i> report origination		
		d with a station according to its over-th		
	"WETA-2" as the same on	the form.	-	
		nel number the FCC assigned to the te	evision station for broadcasting over the	ne air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network	estation on independent station or a	noncommercial
		ering the letter "N" (for network), "N-M"		
), "E" (for noncommercial educational),		
	For the meaning of these t	erms, see page (iv) of the general inst	ructions in the paper SA1-2 form.	
		on of each station. For U.S. stations, li	,	,
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				T

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				00
	PRIMARY TRANSMITTERS:			
G		entify every television station (includin em during the accounting period, exception		
Ŭ		in effect on June 24, 1981, permitting		
Primary		(e)(2) and (4), or 76.63 (referring to 76		
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television		s: With respect to any distant stations	carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I	the Special Statement and Program I	oa)—if the
	station was carried only or			
		also in space I, if the station was carri		
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		d with a station according to its over-th		
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), "E" (for noncommercial educational),		
	For the meaning of these t	erms, see page (iv) of the general inst	ructions in the paper SA1-2 form.	
		on of each station. For U.S. stations, li	,	,
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				00
	PRIMARY TRANSMITTERS:			
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Ŭ		in effect on June 24, 1981, permitting		
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ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television		s: With respect to any distant stations	carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I	the Special Statement and Program I	oa)—if the
	station was carried only or			
		also in space I, if the station was carri		
		on concerning substitute basis stations on's call sign. <i>Do not</i> report origination		
		d with a station according to its over-th		
	"WETA-2" as the same on	the form.	-	
		nel number the FCC assigned to the te	evision station for broadcasting over the	ne air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network	estation on independent station or a	noncommercial
		ering the letter "N" (for network), "N-M"		
), "E" (for noncommercial educational),		
	For the meaning of these t	erms, see page (iv) of the general inst	ructions in the paper SA1-2 form.	
		on of each station. For U.S. stations, li	,	,
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				T

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				00
	PRIMARY TRANSMITTERS:			
G		entify every television station (includin em during the accounting period, exception		
Ŭ		in effect on June 24, 1981, permitting		
Primary		(e)(2) and (4), or 76.63 (referring to 76		
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television		s: With respect to any distant stations	carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I	the Special Statement and Program I	oa)—if the
	station was carried only or			
		also in space I, if the station was carri		
		on concerning substitute basis stations on's call sign. <i>Do not</i> report origination		
		d with a station according to its over-th		
	"WETA-2" as the same on	the form.	-	
		nel number the FCC assigned to the te	evision station for broadcasting over the	ne air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network	estation on independent station or a	noncommercial
		ering the letter "N" (for network), "N-M"		
), "E" (for noncommercial educational),		
	For the meaning of these t	erms, see page (iv) of the general inst	ructions in the paper SA1-2 form.	
		on of each station. For U.S. stations, li	,	,
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				T

	LEGAL NAME OF OWNER C	E CABLE SYSTEM		SYSTE
Name				00
	PRIMARY TRANSMITTERS: TELEVISION			
G	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, <i>except</i> (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]			
Ŭ				
Primary	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			
ransmitters:	substitute program basis, as explained in the next paragraph.			
Television	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. <i>Do not</i> 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.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1	-		

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				00
	PRIMARY TRANSMITTERS:			
G		entify every television station (includin em during the accounting period, exception		
Ŭ		in effect on June 24, 1981, permitting		
Primary		(e)(2) and (4), or 76.63 (referring to 76		
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television		s: With respect to any distant stations	carried by your cable system on a subs	stitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I	the Special Statement and Program I	oa)—if the
	station was carried only or			
		also in space I, if the station was carri		
		on concerning substitute basis stations on's call sign. <i>Do not</i> report origination		
		d with a station according to its over-th		
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		nel number the FCC assigned to the te	evision station for broadcasting over the	ne air in its community
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		ering the letter "N" (for network), "N-M"		
), "E" (for noncommercial educational),		
	For the meaning of these t	erms, see page (iv) of the general inst	ructions in the paper SA1-2 form.	
		on of each station. For U.S. stations, li	,	,
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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), "E" (for noncommercial educational),		
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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		on of each station. For U.S. stations, li	,	,
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				T

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				00
	PRIMARY TRANSMITTERS:			
G		entify every television station (includin em during the accounting period, exception		
Ŭ		in effect on June 24, 1981, permitting		
Primary		(e)(2) and (4), or 76.63 (referring to 76		
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
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		also in space I, if the station was carri		
		on concerning substitute basis stations on's call sign. <i>Do not</i> report origination		
		d with a station according to its over-th		
	"WETA-2" as the same on	the form.	-	
		nel number the FCC assigned to the te	evision station for broadcasting over the	ne air in its community
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		nel number the FCC assigned to the te	evision station for broadcasting over the	ne air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network	estation on independent station or a	noncommercial
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	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	s identified.
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				T

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTE
Name				00
	CEQUEL COMMUNIC			00
	PRIMARY TRANSMITTERS:			
G			g translator stations and low power tele of (1) stations carried only on a part-tir	
U			the carriage of certain network program	
Primary			61(e)(2) and (4))]; and (2) certain stati	
ransmitters:		s explained in the next paragraph.		
Television		: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a sub	stitute program
			the Special Statement and Program L	og)—if the
	station was carried only or			
			ed both on a substitute basis and also s, see page (v) of the general instruction	
			program services such as HBO, ESPI	
			ne-air designation. For example, repor	tmultistream
	"WETA-2" as the same on		evision station for broadcasting over t	a air in its community
		/RC is channel 4 in Washington, D.C.		
			station, an independent station, or a	noncommercial
			(for network multicast), "I" (for indepe	
			or "E-M" (for noncommercial educatio	nal multicast).
		erms, see page (iv) of the general inst	ructions in the paper SA1-2 form.	s licensed by the
			the community with which the station i	,
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	.	+		

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	CEQUEL COMMUNIC	ATIONS LLC		00013
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	n during the accounting period, except n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of iles, regulations, or authorizations: a in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations of call sign. <i>Do not</i> report origination d with a station according to its over-the he form. al number the FCC assigned to the tel 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) n of each station. For U.S. stations, list	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs (the Special Statement and Program Lo ed both on a substitute basis and also s, see page (v) of the general instructio program services such as HBO, ESPN ne-air designation. For example, repor levision station for broadcasting over th k station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial education ructions in the paper SA1-2 form. the community to which the station is the community with which the station is	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
			·	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	Z. B CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	Z. D CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	Z. B CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
			3. TYPE OF STATION	4. LOCATION OF STATION
			3. TYPE OF STATION	4. LOCATION OF STATION
				4. LOCATION OF STATION
			3. TYPE OF STATION	4. LOCATION OF STATION
			3. TYPE OF STATION	

EGAL NAME OI								SYSTEM II 0001
n General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing	y the sys be recein at the Co l sign of the static tion's sig g a check	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process of mark in the "S/D" column.	It the system's he system's FM ante this point, see pa sed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
			on (the community to which 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	
		0.0				2.2		
		+						
		<u> </u>						
	+	+						
							t	
				 	·	 		

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					000139
	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 progran	<u>1</u>
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	Notes If your energy is "No?		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		incuring 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	ntormatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
				"Yes." Otherwise enter "N				
				sting the substitute progra			500 au in	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas 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 progr	
	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	UTE	
	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 –	MES – TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	1110	10	
							_	
						_	_	
						-	-	
							-	
						-	_	
						_	_	
							-	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SI	STEM ID# 000139
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	,921.35 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	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this 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 group requires from anona l		
	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	4 240 00	
	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)	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:	2019/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 000139
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. Enter the total number of channels on which the cable system carried television broadcast stations Enter the total number of activated channels 2. Enter the total number of activated channels	10
	on which the cable system carried television broadcast stations and nonbroadcast services	59
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name SARAH BOGUE Telephone	(903) 579-3121
	Address 3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email SARAH.BOGUE@ALTICEUSA.COM Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name:	istem as identified
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 08/18/2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

unting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
QUEL COMMUNICATIONS LLC	0001
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessm
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