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			
8/28/2019	\$			
	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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20191 Barcode Data Filing Period (optional - see instructions)
Accounting 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:
	'	HENRYETTA, OK
		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.

	2019/1	FORM SA1-2E. PAGI				
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI				
Name	CEQUEL COMMUNICATIONS LLC	0039				
	Instructions: List each separate community served by the cable system. A "comm					
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single u list will serve as a form of system identification hereafter kno				
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the					
Served	identified city.					
	CITY OR TOWN	STATE				
First	HENRYETTA	OK				
Community	DEWAR	OK OK				
	DEWAIN					
l Rows as Necessary						
Nows as Necessary						

Accounting Period: 2019/1 FORM SA1-2E, PAGE 2. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 003912

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CEQUEL COMMUNICATIONS LLC

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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	735	34.99			
 Service to additional set(s) 	1,447	0			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	28	34.99			
Converter					
 Residential 					
Non-residential					
		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.

	BLOCK 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	19.00	Motel, hotel			
 Pay cable—add'l channel 	19.00	Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	99.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00	\(\text{\tint{\text{\tiny{\tint{\text{\tiny{\tint{\tint{\tint{\tint{\tiny{\tint{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\titil\tiny{\tin	
		Move to new address	99.00		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 003912

CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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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:

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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
KDOR-1	17	l	BARTLESVILLE, OK
KGEB-1	53	<u> </u>	TULSA, OK
KGEB-HD1	53	I-M	TULSA, OK
KJRH-1	2	N	TULSA, OK
KJRH-HD1	2	N-M	TULSA, OK
KMYT-1	41	1	TULSA, OK
KMYT-2	41.2	I-M	TULSA, OK
KMYT-3	41.3	I-M	TULSA, OK
KMYT-HD1	41	I-M	TULSA, OK
KOED-1	11	E	TULSA, OK
KOED-HD1	11	E-M	TULSA, OK
KOKI-1	23	I	TULSA, OK
KOKI-2	23.2	I-M	TULSA, OK
KOKI-3	23.3	I-M	TULSA, OK
KOKI-HD1	23	I-M	TULSA, OK
KOTV-1	6	N	TULSA, OK
KOTV-3	6.3	I-M	TULSA, OK
KOTV-HD1	6	N-M	TULSA, OK
KQCW-1	19	1	MUSKOGEE, OK
KQCW-HD1	19	I-M	MUSKOGEE, OK
KTPX-1	44	I	OKMULGEE, OK
KTPX-HD1	44	I-M	OKMULGEE, OK
KTUL-1	8	N	TULSA, OK
KTUL-2	8.2	I-M	TULSA, OK
KTUL-3	8.3	I-M	TULSA, OK
KTUL-4	8.4	I-M	TULSA, OK
KTUL-HD1	8	N-M	TULSA, OK
KWHB-1	47	l	TULSA, OK

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 003912

CEQUEL COMMUNICATIONS LLC

G

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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.

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 003912

CEQUEL COMMUNICATIONS LLC

G

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CEQUEL COMMUNICATIONS LLC

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

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CEQUEL COMMUNICATIONS LLC

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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CEQUEL COMMUNICATIONS LLC

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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CEQUEL COMMUNICATIONS LLC

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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.

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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CEQUEL COMMUNICATIONS LLC

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 003912

CEQUEL COMMUNICATIONS LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

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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.

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			<u></u>						

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC
PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#

003912

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			,

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

003912

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	d: 2019/1						FOR	M SA1-2E. PAGE 5.					
-	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#					
Name	CEQUEL COMMUNICA	TIONS LI	_C					003912					
l	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> state CC rules, regu	lations, or au	ıthorizations.	For a further					
Substitute Carriage:	explanation of the programm				ne general insti	ructions in th	е рарег ЗАТ	-2 101111.					
Special	1. SPECIAL STATEMENT					. 6		_					
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?												
Program Log	broadcast by a distant stat	ion?					YES	X NO					
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program												
	log in block 2.												
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in												
	effect on October 19, 1976.				11			1					
		LIDOTITLIT				EN SUBSTI		7 DEACON FOR					
	5		E PROGRAM			IAGE OCC	TIMES	7. REASON FOR DELETION					
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO						
			0										
							_						
						-							
							_						
							_						
							_						
							_ _						
						-							
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Accounting Period:	2019/1		FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	YSTEM ID# 003912
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how to page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	econdary transm to compute this	ission service amount, see	7 405 55
	during the accounting period		\$ 207 (Amount of gro	7,405.55 ess receipts)
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 th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600 n.	263,800	
	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 y accounting period is \$52.00 Line 1. Royalty fee for accounting period			0.00
	Line 2 TOTAL DOVALTY FEE DAVABLE FOR ACCOUNTING BERIOD. Add lines 4 and	0		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m.			
	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		207,405.55	
	5. Enter the amount from line 3		56,394.45	
	6. Subtract line 5 from line 4		151,011.10	
	7. Multiply line 6 by .005 (enter figure here)		\$	755.06
	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		\$	755.06
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	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)	. \$	755.06	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	775.06
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form and the Excel inst			

Accounting Period:	2019/1																		FOF	RM SA1-	2E. P.	AGE 7
Name	CEQUEL COMMUNIC																			SY	-	M ID#
M Channels	CHANNELS Instructions: You must to its subscribers, and (2 1. Enter the total number system carried television 2. Enter the total number on which the cable system and nonbroadcast service.	the cable system's to of channels on which on broadcast stations of activated channels tem carried television	otal numb	mbe able 	ble	f activa	ted ch	annels	during	the ac	ccour	nting	period	d.	itions				28 438			
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi			FOR	ORMA	ATION	S NEI	EDED (dentify	/ an ind	divid	lual to	who	m								
for Further Information	Name SAR.	AH BOGUE												Teler	phone	(903) 579	-312′	1			
		S SE LOOP 323		suite	uite nur	mber)																
		ER, TX 75701 wn, state, zip)																				
	Email	SARAH.BOGUE	E@ALTI	TICI	ICEU	ISA.CC	M				" Fa	ах (ор	otiona	l)								
	CERTIFICATION (This sta	atement of account mu	ust be ce	certif	ertified	d and si	gned i	n accoi	dance	with C	Сору	right (Office	regula	tions)							
O Certification	• I, the undersigned, hereb	y certify that (Check or	ne, <i>but on</i>	only	nly one	e, of the	boxe	s.)														
	(Owner other t	han corporation or pa	artnershi	hip)	ip) I aı	m the o	wner o	of the ca	ble sys	stem as	s ider	ntified	in line	e 1 of sp	oace B	; or						
		er other than corpora								ed age	ent of	f the o	wner	of the c	able sy	rstem a	ıs ident	tified				
		space B and that the overtner) I am an officer (if								o) of the	e leg	jal ent	ity ide	ntified a	as own	er of th	e cable	e syste	em			
	in line 1 of I have examined the state		nerehy de	decla	eclare	under r	nenalty	of law	hat all	statem	nents	of fac	et con	tained h	nerein							
	are true, complete, and co	rrect to the best of my													.0.0							
			<u>X</u>		/s/	/ Alan	Dan	nenba	um													
			Enter an Enter sig											ment.								
		Typed or printed	name:	: ,	Al	LAN [DANI	NENB	AUM													
		Title: (Title of o	SVP,						ership)													
		Date:										08/	18/20	19								

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

counting Period: 2019/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	003912
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 www.copyright.gov/licensing/interest-rate.pdf . 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 First community served	
Accounting period	

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