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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))				
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20191 Barcode Data Filing Period (optional - see instructions)				
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 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:				
		POTEAU, 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.

Accounting Period:	2019/1	FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name							
	CEQUEL COMMUNICATIONS LLC	004235					
	Instructions: List each separate community served by the cable system. A "commun						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,						
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know						
	as the "first community." Please use it as the first community on all future filings.						
Aron	Note: Entities and properties such as hotels, apartments, condominiums, or mobile l	nome parks should be reported in parentheses below the					
Area Served	identified city.	· · ·					
Serveu							
	OLTY OR TOWN	OTATE					
	CITY OR TOWN	STATE					
First	POTEAU	OK					
Community	LEFLORE COUNTY(PORTION)	OK					
Add Rows as Necessary							
,							

Accounting Period: 2019/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004235

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	RATE	CATEGORY OF SERVICE	NO. OF	RATE
	SUBSCRIBERS	RAIE	CATEGORT OF SERVICE	SUBSCRIBERS	RAIE
Residential:					
Service to first set	580	34.99			
 Service to additional set(s) 	284	0			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	34	34.99			
Converter					
Residential					
Non-residential					
		T			· · · · · · · · · · · · · · · · · · ·

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			BLOCK 2		
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		
		Move to new address	99.00		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 004235

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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Add Rows as Necessary

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KAFT-1	9	E	FAYETTEVILLE, AR
KFSM-1	5	N	FORT SMITH, AR
KFTA-1	24	l	FORT SMITH, AR
KHBS-1	40	N	FORT SMITH, AR
KHBS-2	40.2	I-M	FORT SMITH, AR
KNWA-1	51	N	ROGERS, AR
KOET-1	3	Е	EUFAULA, OK
KTUL-1	8	N	TULSA, OK
KXNW-1	34	I-M	EUREKA SPRINGS, AR

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 004235

CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

G

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CEQUEL COMMUNICATIONS LLC

G

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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 004235

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CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

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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
I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION

Accounting Period: 2019/1 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004235 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **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 Transmitters: 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. 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. 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#

CEQUEL COMMUNICATIONS LLC

004235

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 LEGAL NAME OF OWNER OF	CADI E SVST	TEM:				FOR	M SA1-2E. PAGE 5.
Name	CEQUEL COMMUNICA							SYSTEM ID# 004235
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identification in the programming of the programming the acceptanation of the programming the accounting periphroadcast by a distant state that the state of the programming of the product of the product of the period, was broadcast by a sunder certain FCC rules, result of the program column 1: Give the title of the period, was broadcast by a sunder certain FCC rules, result of the period, was broadcast by a sunder certain FCC rules, result of the call of the program column 2: If the program column 3: Give the call of the case of Mexican or Canter the case of Mexican or Canter the case of the	fy every nor counting pering that must reconcern for concern for concern for counting pering that must reconcern for concern f	AL STATEMEI Innetwork televis eriod, under spe et be included in ENING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televition and that yo r authorizations vies" or "baske dcast live, enter estation broadca on's location (the ons, if any, the of when your system estation program carrie listed program listed program	sion program, broadcast becific present and former For this log, see page (v) of the program, on a substitute base blank. If your answer is the line. Use abbreviations tows to the tables. It is specific program ("substitute ur cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute program to community to which the community with which the tem carried the substitute gram was carried by you as substituted for program was substituted for	by a distant star CC rules, regulate the general instructions wherever poster program") that the distriction of the program instruction titles, for example, a station is lice to program. Use the program. Use the program. Use the program. Use the program instruction is lice to program. Use the program in t	lations, or au ructions in the ructions for further ructions for further ructions, which is a second of the ruction of t	thorizations. e paper SA1 sion prograr YES the progra r meaning is accounting another sta r informatio ve Lucy" or FCC or, in with the more es accurate nould be was require	em carried on a For a further -2 form. NO m S S S tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976. S 1. TITLE OF PROGRAM	ming that y		s permitted to delete und	ler FCC rules a	and regulation	TUTE	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM		

Accounting Period:	2019/1		FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		S	YSTEM ID# 004235
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	secondary transm v to compute this	nission service amount, see	7 255 74
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.		\$ 147 (Amount of gro	7,255.74 oss 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: • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less: See page (vi) of the general instructions located in the paper SA1-2 form for more informati	than \$527,600 on.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	Line 2 TOTAL DOVALTY FEE DAYABLE FOR ACCOUNTING DEDICE A LITT	10		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but it			
	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	•	- 147,255.74	
	5. Enter the amount from line 3		116,544.26	
	6. Subtract line 5 from line 4		30,711.48	
	7. Multiply line 6 by .005 (enter figure here)			153.56
	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		\$	153.56
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	ut 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	3		
	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)	\$	153.56	
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		\$	173.56
	EFT Trace # or TRANSACTION ID #]	
	<u>Important:</u> Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form and the Excel in			

Accounting Period:	2019/1																				F	ORM S	A1-2E	. PA	GE 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT																						SYS		1 ID# 235
M 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.	he cable system's total f channels on which the broadcast stations f activated channels m carried television broa	al numbe	ole	r of ac	ctivate 	ed ch	annel	s duri	ng the	e acc	coun	nting	perio	od.		ns				9				
N Individual to Be Contacted	INDIVIDUAL TO BE CON- we can contact about this s			ORMA	MATIO	ON IS	S NE	EDED	(Iden	tify ar	n indi	ividu	ual t	o wh	om										
for Further Information	Name SARAI	H BOGUE													Т	elepho	one (903	579	9-31	21				
	l	S SE LOOP 323 street, rural route, apartment	nt, or suite	uite nu	numbe	er)																			
		R , TX 75701 , state, zip)																							
	Email	SARAH.BOGUE@	DALTIC	ICEU	EUSA	A.CO	M					Fa	ax (o	ption	nal)										
	CERTIFICATION (This state	ment of account must be	be certi	ertified	ied ar	nd sig	gned	in acc	ordan	ice wit	th Co	opyr	right	Offic	ce reg	ulatio	ns)								
O Certification	• I, the undersigned, hereby	certify that (Check one, b	but only	nly one	one, o	of the	boxe	s.)																	
	(Owner other tha	an corporation or partne	nership)	ір) I а	I am t	he ov	vner (of the	cable s	systen	n as i	iden	ntifie	d in li	ine 1 o	of spac	ce B; c	or							
		other than corporation ace B and that the owner									agen	nt of	the	owne	er of th	ne cabl	le syst	tem a	ıs idei	ntified					
	X (Officer or partn	ner) I am an officer (if a co									f the	lega	al en	itity ic	dentifi	ed as	owner	of th	e cab	le sys	tem				
	in line 1 of sp I have examined the statem are true, complete, and corre [18 U.S.C., Section 1001(19)]	nent of account and herelect to the best of my know													ontaine	ed here	ein								
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		Title: S\ (Title of officia	SVP, P						tnershi	p)															
		Date:											08	/18/2	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 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

ccounting Period: 2019/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	004235
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 Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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
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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