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

Return completed workbook

STATEM	STATEMENT OF ACCOUNT FOR COPYRIGHT OFFICE USE ONLY					
	ary Transmissions by	DATE RECEIVED	AMOUNT			
Cable Syste	ems (Short Form) uctions are located o of this workbook	8/27/2019	\$ ALLOCATION NUMBER	coplicsoa@copyright.go For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))			
	2019/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	2019	Barcode Data Filing Period (optiona	al - see instructions)			
Accounting Period						
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		sidiary of another corporation, give the full co	prporate title		
Owner	List any other name or names under wh	ich 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 fili	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	063544		
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM	1			
	CEQUEL COMMUNICATIONS LLC					
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFEREN	Г)			
	SUDDENLINK COMMUNICATIONS					
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM				
	3015 S SE LOOP 323 (Number, street, rural route, apartment, or suite	a number)				
	(Number, state, rula rode, apartment, or state TYLER, TX 75701 (City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any bus					
System	names already appear in space B. In line			os given in space D.		
System	1 INDIANA STATE PRISON					
	MAILING ADDRESS OF CABLE SYSTE	EM:				
	2 (Number, street, rural route, apartment, or suite					
	2 (Number, street, rural route, apartment, or suite	e number)				
1	(City, town, state, zip code)					

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 Office'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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
Name	CEQUEL COMMUNICATIONS LLC	063544				
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t	orated communities within unincorporated areas and including single,				
	as the "first community." Please use it as the first community on all future	filings.				
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the				
First	CITY OR TOWN MICHIGAN CITY	STATE IN				
Community	(INDIANA ST PRISON)					
dd Rows as Necessary						

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name									06354
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	d (June 30 or D	ecember	31, as the ca	se may be	e).		0	
Service: Sub-	Number of Subscribers: Bot	•							
scribers and	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								
Rates	0,,,		<i>,</i>	0,0			,	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	-	-	•				-	
	category, but do not include discounts allowed for advance payment.								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	able service to	additiona	l sets would b	e include	d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t with the number of subscribers a						,.		
	sufficient.	and fales, in th	e nym-na	INU DIOCK. A U	vo- or the	e-word descript		Service is	
	BLOCK 1						BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODCOTUD	LIKO	TUTE	0,111			OODOONIDENO	
	Service to first set		0	-					
	Service to additional set(s)		Ō	0					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		50	42.53					
	Converter			-2.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	te (not subscril	ber) infori	mation with re	spect to a	all your cable sys	stem's serv	vices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There a furnished at cost or (2) services		,		0		0.0	·	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			···· · · · · · · · · · · · · · · · · ·				,	
ransmissions:	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	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) descri				sned. List	Linese otner ser	vices in the	e form of a	
							1		
		BLO			105			BLOCK 2	
	CATEGORY OF SERVICE	RATE		DRY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:				uentiai				
	Continuing Services:	_							
	• Pay cable	-	• Mote	,					
	• Pay cable • Pay cable—add'l channel		• Com	mercial					
	Pay cable Pay cable Pay cable—add'l channel Fire protection		• Com • Pay	mercial cable	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 		• Com • Pay • Pay	mercial cable cable-add'l ch	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	-	• Com • Pay • Pay • Fire	mercial cable cable-add'l ch protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Com • Pay • Pay • Fire • Burg	mercial cable cable-add'l ch protection lar protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Com • Pay • Pay • Fire • Burg Other se	mercial cable cable-add'l ch protection lar protection ervices:	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Com • Pay • Pay • Fire • Burg Other so • Reco	mercial cable cable-add'l ch protection lar protection ervices: onnect	annel	······			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Com • Pay • Pay • Fire • Burg Other so • Reco	mercial cable cable-add'l ch protection lar protection ervices: onnect	annel	· · · · · · · · · · · · · · · · · · ·			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Com • Pay • Pay • Fire • Burg Other se • Reco • Disco	mercial cable cable-add'l ch protection lar protection ervices: onnect					

ounting Period:		E CABLE SYSTEM		FORM SA1-2E			
Name	LEGAL NAME OF OWNER O				6354		
	PRIMARY TRANSMITTERS:						
-			translator stations and low nower	television stations)			
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						
Primary	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a						
Transmitters:	substitute program basis, a	s explained in the next paragraph.					
Television		: With respect to any distant stations ca	arried by your cable system on a s	ubstitute program			
	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 <i>only</i> 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	on concerning substitute basis stations,	see page (v) of the general instru-	ctions.			
		n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	-	-			
	"WETA-2" as the same on t	he form.	.				
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	vision station for broadcasting ove	r the air in its community			
	Column 3: Indicate in each	case whether the station is a network	•				
		ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c					
	For the meaning of these te	erms, see page (iv) of the general instru	ctions in the paper SA1-2 form.				
		n of each station. For U.S. stations, list dian stations, if any, give the name of tl					
		, ,,,,	,				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WBBM-1	2	N	CHICAGO, IL			
	WCHU-1	61	Ι	CHICAGO, IL			
ld Rows as Necessary	WCIU-3	26	l	CHICAGO, IL			
	WCPX-1	38	I	CHICAGO, IL			
	WFLD-1	32		CHICAGO, IL			
	WGBO-1	66		-			
				JOLIET, IL			
	WHME-1	46	I	SOUTH BEND, IN			
	WJYS-1	62	l	HAMMOND, IN			
	WLS-1	7	Ν	CHICAGO, IL			
	WMAQ-1	5	Ν	CHICAGO, IL			
	WPWR-1	50	I	GARY, IN			
	WSNS-1	44	I	CHICAGO, IL			
	WTTW-1	11	E	CHICAGO, IL			
	WXFT-1	60		AURORA, IL			
	WYCC-1		Ē				
		20		CHICAGO, IL			
	WYIN-1	56	E	GARY, IN			
	WGN-1	9	l	CHICAGO, IL			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC			06
	PRIMARY TRANSMITTERS			
			g translator stations and low power tele	avision stations)
G			of (1) stations carried only on a part-tim	,
			the carriage of certain network program	
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76. as explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain station	ons carried on a
ransmitters: Television			carried by your cable system on a subs	stitute program
	basis under specific FCC r	ules, regulations, or authorizations:		
	 Do not list the station her station was carried only or 		the Special Statement and Program Lo	og)—if the
	-		ed both on a substitute basis and also	on some other
	basis. For further informati	on concerning substitute basis stations	s, see page (v) of the general instructio	ins.
			program services such as HBO, ESPN	· · · · · · · · · · · · · · · · · · ·
	"WETA-2" as the same on		ne-air designation. For example, repor	t multistream
			evision station for broadcasting over th	ne air in its community
		/RC is channel 4 in Washington, D.C.	_	-
			station, an independent station, or a r	
			 (for network multicast), "I" (for indeper or "E-M" (for noncommercial education 	
		erms, see page (iv) of the general insti		
			at the community to which the station is	s licensed by the
	FCC. For Mexican or Cana	idian 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

ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:						
	station was carried only on • List the station here, and a basis. For further informatio 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 location	a substitute basis. Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th ne form. I number the FCC assigned to the tell 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), rms, see page (iv) of the general instrin of each station. For U.S. stations, lis	the Special Statement and Program Lo ed both on a substitute basis and also is, see page (v) of the general instructio program services such as HBO, ESPN re-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station is the community with which the station is	on some other ns. I, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). : licensed by the			
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Name	CEQUEL COMMUNIC			06
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			evision station for broadcasting over th	ne air in its community
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			station, an independent station, or a r	
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			at the community to which the station is	s licensed by the
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC			06
	PRIMARY TRANSMITTERS:			
			g translator stations and low power tele	avision stations)
G			of (1) stations carried only on a part-tim	,
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ransmitters: Television			carried by your cable system on a subs	stitute program
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	-		ed both on a substitute basis and also	on some other
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			evision station for broadcasting over th	ne air in its community
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			 (for network multicast), "I" (for indeper or "E-M" (for noncommercial education 	
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
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	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC			06
	PRIMARY TRANSMITTERS			
			g translator stations and low power tele	avision stations)
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			the carriage of certain network program	
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ransmitters: Television			carried by your cable system on a subs	stitute program
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE			
Name	CEQUEL COMMUNIC			06			
	PRIMARY TRANSMITTERS						
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					
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	 Do not list the station her station was carried only or 		the Special Statement and Program Lo	og)—if the			
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	basis. For further informati	on concerning substitute basis stations	s, see page (v) of the general instructio	ins.			
			program services such as HBO, ESPN	· · · · · · · · · · · · · · · · · · ·			
	"WETA-2" as the same on		ne-air designation. For example, repor	t multistream			
			evision station for broadcasting over th	ne air in its community			
		/RC is channel 4 in Washington, D.C.	_	-			
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru	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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, regulations, or authorizations:					
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE			
Name	CEQUEL COMMUNIC			06			
	PRIMARY TRANSMITTERS						
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	CEQUEL COMMUNIC			06			
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE			
Name	CEQUEL COMMUNIC			06			
	PRIMARY TRANSMITTERS						
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			program services such as HBO, ESPN	· · · · · · · · · · · · · · · · · · ·			
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			evision station for broadcasting over th	ne air in its community			
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru	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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, regulations, or authorizations:					
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE			
Name	CEQUEL COMMUNIC			06			
	PRIMARY TRANSMITTERS						
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
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	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
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	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE			
Name	CEQUEL COMMUNIC			06			
	PRIMARY TRANSMITTERS						
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					
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	 Do not list the station her station was carried only or 		the Special Statement and Program Lo	og)—if the			
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			program services such as HBO, ESPN	· · · · · · · · · · · · · · · · · · ·			
	"WETA-2" as the same on		ne-air designation. For example, repor	t multistream			
			evision station for broadcasting over th	ne air in its community			
		/RC is channel 4 in Washington, D.C.	_	-			
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru	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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, regulations, or authorizations:					
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE			
Name	CEQUEL COMMUNIC			06			
	PRIMARY TRANSMITTERS:						
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	CEQUEL COMMUNIC			06			
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE			
Name	CEQUEL COMMUNIC			06			
	PRIMARY TRANSMITTERS						
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					
			the carriage of certain network program				
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76. as explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain station	ons carried on a			
ransmitters: Television			carried by your cable system on a subs	stitute program			
	basis under specific FCC r	ules, regulations, or authorizations:					
	 Do not list the station her station was carried only or 		the Special Statement and Program Lo	og)—if the			
	-		ed both on a substitute basis and also	on some other			
	basis. For further informati	on concerning substitute basis stations	s, see page (v) of the general instructio	ins.			
			program services such as HBO, ESPN	· · · · · · · · · · · · · · · · · · ·			
	"WETA-2" as the same on		ne-air designation. For example, repor	t multistream			
			evision station for broadcasting over th	ne air in its community			
		/RC is channel 4 in Washington, D.C.	_	-			
			station, an independent station, or a r				
			 (for network multicast), "I" (for indeper or "E-M" (for noncommercial education 				
		erms, see page (iv) of the general insti					
			at the community to which the station is	s licensed by the			
	FCC. For Mexican or Cana	idian 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			

ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru	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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, regulations, or authorizations:					
	station was carried only on • List the station here, and a basis. For further informatio 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 location	a substitute basis. Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th ne form. I number the FCC assigned to the tell 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), rms, see page (iv) of the general instrin of each station. For U.S. stations, lis	the Special Statement and Program Lo ed both on a substitute basis and also is, see page (v) of the general instructio program services such as HBO, ESPN re-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station is the community with which the station is	on some other ns. I, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). : licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

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Name	CEQUEL COMMUNIC			06			
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ransmitters: Television			carried by your cable system on a subs	stitute program			
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	"WETA-2" as the same on		ne-air designation. For example, repor	t multistream			
			evision station for broadcasting over th	ne air in its community			
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru	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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, regulations, or authorizations:					
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Name	CEQUEL COMMUNIC			06			
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			evision station for broadcasting over th	ne air in its community			
		/RC is channel 4 in Washington, D.C.	_	-			
			station, an independent station, or a r				
			 (for network multicast), "I" (for indeper or "E-M" (for noncommercial education 				
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ounting Period:	2019/1			FORM SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Name	CEQUEL COMMUNIC	ATIONS LLC		06354			
	PRIMARY TRANSMITTERS:	TELEVISION					
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	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC			06
	PRIMARY TRANSMITTERS			
			g translator stations and low power tele	avision stations)
G			of (1) stations carried only on a part-tim	,
			the carriage of certain network program	
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76. as explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain station	ons carried on a
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			program services such as HBO, ESPN	· · · · · · · · · · · · · · · · · · ·
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	CEQUEL COMMUNIC	ATIONS LLC		06354
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru	n during the accounting period, except n effect on June 24, 1981, permitting y(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations:	g translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	ne basis under ns [sections ons carried on a stitute program
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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	OF CABLE SYSTEM:		SYSTE
Name	CEQUEL COMMUNIC			06
	PRIMARY TRANSMITTERS			
			g translator stations and low power tele	avision stations)
G			of (1) stations carried only on a part-tim	,
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ransmitters: Television			carried by your cable system on a subs	stitute program
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			program services such as HBO, ESPN	· · · · · · · · · · · · · · · · · · ·
	"WETA-2" as the same on		ne-air designation. For example, repor	t multistream
			evision station for broadcasting over th	ne air in its community
		/RC is channel 4 in Washington, D.C.	_	-
			station, an independent station, or a r	
			 (for network multicast), "I" (for indeper or "E-M" (for noncommercial education 	
		erms, see page (iv) of the general insti		na mulicast).
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Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	CEQUEL COMMUNIC	ATIONS LLC		06354
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations : basis under specific FCC ru	n during the accounting period, except n effect on June 24, 1981, permitting y(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations:	g translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	ne basis under ns [sections ons carried on a stitute program
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			••••••••••••••••••••••••••••••••••••••	
			• • • • • • • • • • • • • • • • • • • •	

	LEGAL NAME OF OWNER (DE CABLE SYSTEM		SYSTEN					
Name				063					
	PRIMARY TRANSMITTERS								
G		entify every television station (including	•	,					
•	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								
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ansmitters: Television		as explained in the next paragraph.	arried by your cable system on a sub	stitute program					
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 of List the station here and 	n a substitute basis. also in space I, if the station was carrie	ed both on a substitute basis and also	on some other					
		on concerning substitute basis stations							
		on's call sign. <i>Do not</i> report origination	•						
	"WETA-2" as the same on	ed with a station according to its over-th the form	e-air designation. For example, repor	rt multistream					
		nel number the FCC assigned to the tel	evision station for broadcasting over th	he air in its community					
		VRC is channel 4 in Washington, D.C.	station on independent station	noncommorpial					
		h case whether the station is a network ering the letter "N" (for network), "N-M"	•						
), "E" (for noncommercial educational),							
		erms, see page (iv) of the general instr		a licensed by the					
		on of each station. For U.S. stations, lis adian stations, if any, give the name of t							
		adan otationo, il any, give the hame of							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
				4. LOCATION OF STATION					
				4. LOOATION OF STATION					
				- LOOKINGI CI SIXION					

EGAL NAME OF								SYSTEM 063
	every radio s	station ca	arried on a separate and discrence of the second					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE OIOIN		0,0		ONLE OIGH		0/0		

Accounting Perio	od: 2019/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS L	LC					063544
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			sis anv noni	network telev	rision nroa	ram
Statement and		-		n ouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,					
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
								Γ
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- то	
							• <u>•</u>	
						_		
						_		
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Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 063544
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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.	nission service amount, se	,883.20
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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-month	
	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 \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	1. 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)	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 Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063544
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels	17
	on which the cable system carried television broadcast stations and nonbroadcast services	54
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow 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 hereir 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)] 	system as identified vner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: ALAN DANNENBAUM	
	Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	
	Date: 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 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 Office'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.

ounting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06354
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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