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						
08/28/2017	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20171 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)
	INICTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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:
	•	PAOLA, KS
		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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/1										
Accounting Ferioa.	2017/1	FORM SA1-2E. PAGE 1b.									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	CEQUEL COMMUNICATIONS LLC	010962									
	Instructions: List each separate community served by the cable system. A "commun										
D Area	"a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you liknown as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or mobile lidentified city.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter ings.									
Served											
	CITY OR TOWN	STATE									
First	PAOLA	KS									
Community	JOHNSON COUNTY (PORTION)	KS									
	MIAMI COUNTY (PORTION)	KS									
Add Rows as Necessary	OSAWATOMIE	KS									
	SPRING HILL	KS									

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

010962

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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.

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	2,051	28.45				
 Service to additional set(s) 	3,455	0				
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	178	34.51				
Converter						
 Residential 						
Non-residential						

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	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	40.00	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	40.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 010962

CEQUEL COMMUNICATIONS LLC

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, *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 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:

- 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
КСРТ	18	E	KANSAS CITY, MO
KCPT-CREATE	18	E-M	KANSAS CITY, MO
KCPT-HD	18	E-M	KANSAS CITY, MO
KCPT-HD2	18	E-M	KANSAS CITY, MO
KCTV	24	N	KANSAS CITY, MO
KCTV-HD	24	N-M	KANSAS CITY, MO
KCWE	31	I	KANSAS CITY, MO
KCWE-HD	31	I-M	KANSAS CITY, MO
KCWE-MOVIES	31	I-M	KANSAS CITY, MO
KMBC-HD	29	N-M	KANSAS CITY, MO
KMBC-METV	29	I-M	KANSAS CITY, MO
KMBC-TV	29	N	KANSAS CITY, MO
KMCI	41	I	LAWRENCE, KS
KMCI-HD	41	I-M	LAWRENCE, KS
KMCI-LIVE	41	I-M	LAWRENCE, KS
KPXE	51	I	KANSAS CITY, MO
KPXE-HD	51	I-M	KANSAS CITY, MO
KSHB-COZI	42	I-M	KANSAS CITY, MO
KSHB-HD	42	N-M	KANSAS CITY, MO
KSHB-TV	42	N	KANSAS CITY, MO
KSMO-HD	47	I-M	KANSAS CITY, MO
KSMO-TV	47	l	KANSAS CITY, MO
KTWU	11	E	TOPEKA, KS
WDAF-ANTENNA	34	I-M	KANSAS CITY, MO
WDAF-HD	34	I-M	KANSAS CITY, MO

Accounting Period:	2017/1			FORM SA1-2E. PAGE 3.							
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION										
	PRIMARY TRANSMITTERS:	TELEVISION									
G	carried by your cable system	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tir	ne basis under							
Primary Transmitters:	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.										
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:										
			the Special Statement and Program L	og)—if the							
	station was carried only on										
	,	• •	ed both on a substitute basis and also s, see page (v) of the general instruction								
			program services such as HBO, ESPI								
			e-air designation. For example, repor								
	"WETA-2" as the same on the										
		I number the FCC assigned to the tell RC is channel 4 in Washington, D.C.	evision station for broadcasting over the	ne air in its community							
		3 ,	station, an independent station, or a	noncommercial							
			(for network multicast), "I" (for independent								
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial education								
		rms, see page (iv) of the general instr									
			t the community to which the station is the community with which the station i	•							
	FCC. FOI MEXICALI OI CALIAC	nan 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							
	WDAF-TV	34	<u> </u>	KANSAS CITY, MO							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 010962

CEQUEL COMMUNICATIONS LLC

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

Primary Transmitters: Radio

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.

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		04515000					FOR	M SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#			
	CEQUEL COMMUNICA	TIONS LI						010962			
	SUBSTITUTE CARRIAGE	- SPECIA	LSTATEMEN	NT AND PROGRAM I C	ng.						
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:											
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and	broadcast by a distant station?										
Program Log	-	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
		, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complet	e tne prograr	n			
	log in block 2. 2. LOG OF SUBSTITUTE										
	ir meaning is e accounting f another state information ove Lucy" or e FCC or, in with the mornes accurate should be was require e listed progrons in	ion n. hth dy									
	effect on October 19, 1976.										
					WHE	WHEN SUBSTITUTE					
	S	UBSTITUT	E PROGRAM		CARRIAGE OCCURRED 7. REAS						
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION			
	1. THEE OF THOOFWIN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то				
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Accounting Period:	2017/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC		010962
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. It all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute thi 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	smission servi s amount, see \$ 48	ce
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 \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$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 you must pay for accounting period is \$52.00 Line 1. Royalty fee for accounting period		
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	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)	',600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	2,222.09	
	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	\$	3,541.09
	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)	3,541.09	
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	\$	3,561.09
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		ghts!

Accounting Period:	2017/1								FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT								SYSTEM ID 01096
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the subscribers of the system carried television of the subscriber of the system carried television on which the cable system.	the cable system's to f channels on which broadcast stations f activated channels	otal num	ber of activated	d channels duri	ing the ac	ccounting period.	t stations	26
	and nonbroadcast service	es							144
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s	statement of accoun		DRMATION IS	NEEDED (Iden	ntify an inc			
for Further Information	Name SARAI	1 BOGUE					Te	elephone ((903) 579-3121
	(Number, s	SE LOOP 323 treet, rural route, apartin 2, TX 75701 state, zip)		iite number)					
	Email	SARAH.BOGUE	E@ALTI	CEUSA.COM	1		Fax (optional)		
O Certification	(Agent of owner of in line 1 of spa	certify that (Check or in corporation or particles and that the over er) I am an officer (if ace B.	artnershi tion or pa wher is not f a corpor hereby de knowledo	artnership) I am the own artnership) I am the own artnership) I are tot a corporation artion) or a particle clare under perge, information,	mer of the cable something the duly author or partnership; there (if a partnership) and belief, and something the duly of law that and belief, and something the duly of law that and belief, and something the duly of law that and belief, and something the duly of law that and belief, and something the duly of law that and belief, and something the duly of law that and belief.	system as orized age or ship) of the all statem are made	ent of the owner of the legal entity identification in good faith.	of space B; ne cable sys ed as owne ed herein	
		Typed or printed Title: (Title of of	name:	SABRINA PRESIDEN	"/s/ signature" (OUNTIN			

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 t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lav

EGAL NAME OF OWNER OF CABLE SYSTEM: EQUEL COMMUNICATIONS LLC	SYSTEM ID# 010962
	010962
OREGIAL OTATEMENT CONGERNING OR COORESTING TWO WAS AND	
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	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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@loc.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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