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 by
	ENT OF ACCOUNT	FOR COPYRIGE	IT OFFICE USE ONLY	email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
-	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
	of this workbook	08/28/2017	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
	2017/1	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 th of the subsidiary, not that of the parent co		iary of another corporation, give the full corpor	rate title
Owner	List any other name or names under which	n the owner conducts the business of the	e cable system.	
	If there were different owners during the single statement of account and royalty fe		e last day of the accounting period should subr ng period.	nit a
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	023607
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		

		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)
		(Uii), towi, state, zlp)
		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:
	Ι	PAHRUMP, NV
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Name		SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	023607
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that known as the "first community." Please use it as the first community on all futu Note: Entities and properties such as hotels, apartments, condominiums, or mo	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter rre filings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	PAHRUMP	NV
Community		
ows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:								SYS	TEM IC
Name	CEQUEL COMMUNICAT	IONS LLC									02360
E	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmiss	ion se	ervice of t	ne cable		
	system, that is, the retransmission										
Secondary	about other services (including p	ay cable) in spa	ce F, not	here. All the	e facts you	i state must					
Transmission	last day of the accounting period	<b>`</b>		,	,	,					
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary										
Rates	each category by counting the n										
nuioo	separately for the particular serv								onargoa		
	Rate: Give the standard rate c										
	unit in which it is generally billed				ny standai	rd rate varia	ations	within a p	particular rat	te	
	category, but do not include disc Block 1: In the left-hand block				ries of serv	ondary tran	emiee	sion servic	e that cable	<b>`</b>	
	systems most commonly provide										
	that applies to your system. Note									,	
	categories, that person or entity									al	
	subscriber who pays extra for ca					d in the cour	nt und	der "Servie	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that	t are	different f	om those		
	printed in block 1 (for example, t									r	
	with the number of subscribers a	and rates, in the	right-hand	l block. A tv	vo- or thre	e-word des	criptio	on of the s	ervice is		
	sufficient.	OCK 1						BLOC	()		
		NO. OF							NO. (		
	CATEGORY OF SERVICE	SUBSCRIBEI	RS	RATE	CAT	EGORY OF	SEF	RVICE	SUBSCR	IBERS	RATI
	Residential:		483	20.45							
	Service to first set		403 620	29.45 0							
	Service to additional set(s)		020	U							
	• FM radio (if separate rate)										
	Motel, hotel Commercial		95	45.79							
			95	43.79							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSIC	NS: RATE	s						
F	In General: Space F calls for rat	•	,		•	•	•			re	
	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services										
Other Than	amount of the charge and the un									S,	
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			•		
ransmissions:									wara nat		
Rates	Block 2: List any services that listed in block 1 and for which a										
	brief (two- or three-word) descrip				Shea. List		3017				
	, , ,	BLOC							BLOO	CK 2	
	CATEGORY OF SERVICE			RY OF SER	VICE	RATE		CATEG	ORY OF SE	-	RATE
	Continuing Services:	1	nstallatio	n: Non-res	idential						
	• Pay cable	17.00	• Motel,	hotel							
	<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	• Comm	ercial							
	Fire protection		• Pay ca	ble							
	<ul> <li>Burglar protection</li> </ul>		• Pay ca	ble-add'l ch	nannel						
			<ul> <li>Fire pr</li> </ul>	otection							
	Installation: Residential			010011011							
	ů i	40.00	•	r protection							
	Installation: Residential		•	r protection							
	Installation: Residential • First set		• Burgla	r protection <b>/ices:</b>		40	.00				
	Installation: Residential • First set • Additional set(s)		• Burgla Other ser	r protection <b>/ices:</b> nect		40	.00				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burgla Dther ser • Recon • Discor	r protection <b>/ices:</b> nect		40.					

counting Period:	2017/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM II 02360
	CEQUEL COMMUNIC			02360
G Primary Transmitters: Television	carried by your cable systel FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on a <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	tt (1) stations carried only on a part- he carriage of certain network progra S1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such the Special Statement and Program and both on a substitute basis and also see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. iPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KINC	16	I	LAS VEGAS, NV
	KLAS-TV	7	Ν	LAS VEGAS, NV
Add Rows as Necessary	KLVX	11	Е	LAS VEGAS, NV
	KLVX-CREATE	11	E-M	LAS VEGAS, NV
	KLVX-HD	11	E-M	LAS VEGAS, NV
	KLVX-V ME	11	E-M	LAS VEGAS, NV
	KPVM-LD	46	Ι	PAHRUMP, NV
	KSNV	22	Ν	LAS VEGAS, NV
	KTNV-GRIT	13	I-M	LAS VEGAS, NV
	KTNV-HD	13	N-M	LAS VEGAS, NV
	KTNV-MX	13	I-M	LAS VEGAS, NV
	κτην-τν	13	Ν	LAS VEGAS, NV
	KVCW	29	Ι	LAS VEGAS, NV
	KVCW-MNT	29	I-M	LAS VEGAS, NV
	KVVU-BOUNCE	9	I-M	HENDERSON, NV
	KVVU-BOUNCE KVVU-HD	9	I-M	HENDERSON, NV
	KVVU-HD	9	I-M	HENDERSON, NV
	KVVU-HD KVVU-TV	9 9	i-M I	HENDERSON, NV HENDERSON, NV

LEGAL NAME O								SYSTEM 023
	t every radio s	station c	) arried on a separate and dis enerally receivable by your c					н
eccivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the call state whether the radio stat this by placing	y the sy be rece it the C I sign of the stati- tion's sig g a chec	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations of each station carried. on is AM or FM. gnal was electronically proce ck mark in the "S/D" column. tion (the community to which	I at the system's e system's FM a n this point, see ssed by the cab	headend, and antenna, during page (v) of the le system as a	(2) it ca g certain e genera separat	an be expected, stated intervals. al instructions in the. te and discrete	Primary Transmitters Radio
Mexican or Car	nadian station:		, the community with which th	he station is ide	ntified).	,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					023607
	SUBSTITUTE CARRIAGE				G			
	In General: In space I, identi				-	ion that you	r cable svete	m carried on a
-	substitute basis during the ad							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televis	sion program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No"	. leave the	rest of this pag	e blank. If vour answer is	"Yes." vou mu	ist complete	the program	
	log in block 2.	,		,,	, <b>j</b>	···· [· ···	F - <b>5</b> -	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more space				program") the	t during the	accounting	
	period, was broadcast by a			sion program ("substitute ur cable system substitute				
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instruction	ns for furthe	r informatior	
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live enter	"Yes." Otherwise enter "	lo "			
	Column 3: Give the call s							
	Column 4: Give the broa						FCC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			with the mor	oth
	first. Example: for May 7 giv		when your syst		piogram. Use	numerais, v		
	Column 6: State the time	es when the						ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sł	nould be	
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	amming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ns in	
	effect on October 19, 1976.							
					WHE	EN SUBSTI	TUTE	
	S		E PROGRAM			IAGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM ·	IMES — TO	DELETION
			+		-			
					-			
						·		
			+					
			+					
			+		-			
			+		-			
					-			
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1			1				—	

Accounting Period:	2017/1		FORM S	A1-2E. PAGE 6.
Name			S	YSTEM ID#
	CEQUEL COMMUNICATIONS LLC			023607
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the a 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 ho 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.	secondary trans w to compute thi	mission servic s amount, see	2,126.16
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 • 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 informat	than \$527,600	\$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 that 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	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r	nore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	212,126.16		
	3. Subtract line 2 from line 1	51,673.84		
	4. Enter the amount of gross receipts from space K		212,126.16	
	5. Enter the amount from line 3		51,673.84	
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			802.26
	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			802.26
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	it less than \$527	7,600)	
	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		•	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	802.26	
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		\$	822.26
	Important: 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 for	-		ghts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 023607
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 on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	. 18 . 69
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	e <u>(903) 579-3121</u>
	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	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul>	5)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
	(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	
	<ul> <li>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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	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: SABRINA WARR	
	Title: VICE PRESIDENT OF ACCOUNTING (Title of official position held in corporation or partnership)	
	Date: 08/18/2017	

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unting Period: 2017/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	02360
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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