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	ACCO	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)
	INSTR	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:
		NELSON TWP, OH
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
		(Oity, town, state, 2lp code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	033571
_	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	rist will serve us a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
Served	identified city.	
First	CITY OR TOWN NELSON TWP	STATE OH
Community	AUBURN TWP & AUBURN	OH
•	BLUE WATER MANOR	OH
Add Rows as Necessary	BRACEVILLE TWP	OH
·	BRAINBRIDGE TWP	ОН
	BURTON TWP & PUNDERSON	OH
	FARMINGTON TWP	ОН
	FREEDOM TWP	OH
	MIDDLEFIELD	OH
	NEWBURY NEWTON	OH OH
	PALMYRA	OH
	PARIS TWP	OH
	PARKMAN	OH
	SHALERSVILLE	ОН
	TROY TWP	OH

Accounting Period: 2017/1 FORM SA1-2F PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 033571

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CEQUEL COMMUNICATIONS LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:									
 Service to first set 	1,186	22.99							
 Service to additional set(s) 	2,111	0							
 FM radio (if separate rate) 									
Motel, hotel									
Commercial	3	46.28							
Converter									
 Residential 									
 Non-residential 									
		T		T	· · · · · · · · · · · · · · · · · · ·				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	17.00	Motel, hotel		
 Pay cable—add'l channel 		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# 033571

CEQUEL COMMUNICATIONS LLC

G

Primary
Transmitters:
Television

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
WBNX-TV	30	l	AKRON, OH
WBNX-HD	30	I-M	AKRON, OH
WDLI-TV	49		CANTON, OH
WEWS-TV	15	N	CLEVELAND, OH
WEWS-HD	15	N-M	CLEVELAND, OH
WFMJ-CW	20	I-M	YOUNGSTOWN, OH
WFMJ-HD	20	I-M	YOUNGSTOWN, OH
WFMJ-TV	20	N	YOUNGSTOWN, OH
WJW-ANTENNA	8	I-M	CLEVELAND, OH
WJW	8	l	CLEVELAND, OH
WJW-HD	8	I-M	CLEVELAND, OH
WKBN-TV	41	N	YOUNGSTOWN, OH
WKBN-HD	41	N-M	YOUNGSTOWN, OH
WKYC-WEATHER	17	I-M	CLEVELAND, OH
WKYC-HD	17	N-M	CLEVELAND, OH
WKYC-TV	17	N	CLEVELAND, OH
WNEO	45	Е	ALLIANCE, OH
WOIO	10	N	SHAKER HEIGHTS, OH
WOIO-HD	10	N-M	SHAKER HEIGHTS, OH
WQHS-TV	34	l	CLEVELAND, OH
WRLM	47	l	CANTON, OH
WUAB	28	l	LORAIN, OH
WVIZ	26	E	CLEVELAND, OH
WVIZ-HD	26	E-M	CLEVELAND, OH
WVPX-HD	23	I-M	AKRON, OH

Accounting Period: 2017/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#

033571

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WVPX	23	l	AKRON, OH
WYFX-HD	19	I-M	YOUNGSTOWN, OH
WYFX-LD	19	<u> </u>	YOUNGSTOWN, OH
WYTV	36	N	YOUNGSTOWN, OH
WYTV-BOUNCE	36	I-M	YOUNGSTOWN, OH
WYTV-HD	36	N-M	YOUNGSTOWN, OH

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

033571

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	LC					033571
ı	SUBSTITUTE CARRIAGE In General: In space I, identi		_			tion, that you	r cable syste	em carried on a
Substitute	substitute basis during the ac explanation of the programmi	ccounting pe ing that mus	eriod, under spe st be included in	ecific present and former F this log, see page (v) of the	CC rules, regu	lations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT							
Special Statement and	During the accounting peri	-	r cable system	carry, on a substitute ba	sis, any nonne	twork televis	sion program	
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust complete	the prograr	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, req Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 give Column 6: State the time	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s dcast static adian statio th and day be "5/7."	m on a separa add additional ranetwork televiton and that your authorizations vies" or "basked deast live, enterestation broadca on's location (thins, if any, the owhen your sys	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gestball." List specific program "Yes." Otherwise enter string the substitute programe community to which the community with which the tem carried the substitute	e program") thated for the program instruction in titles, for ex "No." e station is lice a station is idea a program. Use	at, during the gramming of ns for furthe ample, "I Lo ensed by the ntified).	e accounting another state r information ve Lucy" or FCC or, in with the mor	tion n. nth
	to the nearest five minutes.							ıy
	stated as "6:00-6:30 p.m."	·				•		4
	Column 7: Enter the letter to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
						EN SUBSTI		
	S		E PROGRAM	1 		IAGE OCCI	URRED IMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	— TO	
							_	
							_	
								·
							— 	
							_	
							_	
							_	
							_	

2017/1				SA1-2E. PAGE
LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC				SYSTEM ID 03357
all amounts (gross receipts) paid to your cable system by subscrit (as identified in space E) during the accounting period. For a furth page (vii) of the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmission so during the accounting period.	pers for the systemer explanation of orm. service(s)	m's secondary tran	nsmission serv his amount, se	rice
 Use block 2 if the amount of gross receipts in space K is more tha Use block 3 if the amount of gross receipts in space K is more tha 	an \$137,100 but le an \$263,800 but le	ess than \$527,600		
BLOCK 1: GROSS RECEIPT	S OF \$137,100	OR LESS		
	ss, the royalty fee t	that you must pay for	or this six-mont	h
Line 2. Interest charge. Enter the amount from line 4, space Q, page	8			0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER	RIOD Add lines 1 a	and 2		
BLOCK 2: GROSS RECEIPTS OF \$263,8	300 OR LESS (bi	ut more than \$13	7,100)	
Base amount under statutory formula	<u>\$</u>	263,800.00	<u>) </u>	
2. Enter amount of gross receipts from space K	<u>\$</u>	232,078.95	<u> </u>	
3. Subtract line 2 from line 1	<u>\$</u>	31,721.05	<u>5</u>	
4. Enter the amount of gross receipts from space K		<u>\$</u>	232,078.95	_
5. Enter the amount from line 3		\$	31,721.05	_
6. Subtract line 5 from line 4		\$	200,357.90	=
7. Multiply line 6 by .005 (enter figure here)			\$	1,001.79
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	3	\$	1,001.79
BLOCK 3: GROSS RECEIPTS OF MORE 1	THAN \$263,800	(but less than \$5	27,600)	
Enter the amount of gross receipts from space K				
Base amount under statutory formula	\$	263,800.00)	
			_	
			_	
5. Royalty due on the first \$263,800 of gross receipts (under statutory	r formula)	\$	1,319.00	=
				= '
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.	. Add lines 4, 5, an	nd 6		_
FILING EEE AND TOTAL DEMITT	TANCE DI IE			
TILING LE AND TOTAL NEWIT	TANGE DOL			
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, a	above)	\$	1,001.79	
2. Filing Fee (See the instructions for more information on filing fee ca	alculations)	\$	20.00	
2 TOTAL AMOUNT DUE FOR ACCOUNTING REDIOD. Add lines	2 and 2		¢	1 021 70
3. I THE AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	∠ anu 3		Ψ	1,021.79
	LIEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscriit (as identified in space E) during the accounting period. For a furth page (vii) of the general instructions located in the paper SA1-26 Gross receipts from subscribers for secondary transmission a during the accounting period. IMPORTANT: You must complete a statement in space P concer 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 Use block 1 if the amount of gross receipts in space K is more the Use block 3 if the amount of gross receipts in space K is more the See page (vi) of the general instructions located in the paper SA1-2 for See page (vi) of the general instructions located in the paper SA1-2 for See page (vi) of the general instructions located in the paper SA1-2 for BLOCK 1: GROSS RECEIPT Instructions: As a cable system with gross receipts of \$137,100 or les 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 BLOCK 2: GROSS RECEIPTS OF \$263,8 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 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. BLOCK 3: GROSS RECEIPTS OF MORE 1. Enter the 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 3. Subtract line 2 from line 1 4. Multiply line 3 by .01 5. Royalty Fee Payable FOR ACCOUNTING PERIOD. FILING FEE AND TOTAL REMIT	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipt 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 1 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but 1 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but 1 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but 1 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but 1 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but 1 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but 1 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but 1 Use 1	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tra (as identified in space 2) during the accounting period. For a further explanation of how to compute to page (vil) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmissions service(s) during the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 fithe amount of gross receipts in space K is more than \$137,100 but less than or equal 1 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than \$257,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts in \$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. 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 \$13 or the paper SA1-2 form formation or the paper SA1-2 form formation in the paper SA1-2 form formation or statutory formula \$ 263,800.00 2. Enter the amount of gross receipts from space K \$ 232,078.95 3. Subtract line 2 from line 1 4. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 6. Subtract line 2 from line 1 8. Line 3. Subtract line 5 from line 4 8. Line 4. Subtract line 5 from line 4 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.	CROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total instructions: The figure you give in this space of the property of the secondary transmission sense (as identified in space 5) during the accounting period. For a further explanation of how to compute this amount, se page (viii) of the general instructions located in the pager SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) MPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 file amount of gross receipts in space K is \$137,100 or less. Use block 2 file amount of gross receipts in space K is \$137,100 or less. 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 this six-mont accounting period is \$\$2,00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$283,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K \$ 232,078.95 3. Subtract line 2 from line 1 \$ 31,721.05 4. Enter the amount of gross receipts from space K \$ 232,078.95 5. Enter the amount of gross receipts from space K \$ 232,078.95 6. Subtract line 2 from line 1 4. Multiply line 6 by .005 (enter figure here) 5. Royalty Line 6 first \$263,800 of gross r

Accounting Period:	2017/1																		FO	RM SA1	-2E. P	AGE 7
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICAT																			S		M ID#
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the subscribers, and (2) the subscribers of	ne cable system's to f channels on which broadcast stations. f activated channels n carried television b	the cable	nber ble 	er of a	activate 	ed cha	nnels d	uring th	he acc	coun	nting p	period	d.	ations				32 94			
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			ORM	RMAT	TON IS	S NEE	DED (Id	entify a	an ind	dividu	ual to	whor	m								
for Further Information	Name SARAI	H BOGUE												Tele	phone	(903	579	9-312	21			
	(Number, s	SE LOOP 323 treet, rural route, apartm	nent, or suit	uite n	e numb	per)																
	(City, town	state, zip) SARAH.BOGUE	:@AI TIC	ICE	`EU S	· A CO	N/I				Ea	(on	tiona	1)								
	Lillali	SAIVAI I.BOGOL	-WALTIC	ICL		7.00	IVI				, I a	ах (Ор	liona									
O Certification	(Agent of owner in line 1 of sp.	certify that (Check on n corporation or pa other than corporat ace B and that the ov er) I am an officer (if ace B.	e, but only rtnership ion or pa vner is not a corpora	nly of nip) I partn not a pration	one, I am rtners t a cor tion) c	of the the own	boxes. vner of am the on or pa tner (if) the cab duly au artnersh a partn	le syste thorized ip; or ership) at all st	em as d ager of the	iden nt of e lega	the oral enti	in line wner ity ide	e 1 of sport of the contified a	pace B able sy as own	rstem a			em			
		Typed or printed Title: (Title of of	Enter and Enter sign name:	n elerignati	electronature SA	BRIN	nature an "/s/	on the li signatur ARR	e" (e.g.,	, /s/ Jo	lohn s			ment.								
		Date:										08/1	18/20	17								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2017/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	033571
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 Receipts Exclusion
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.	Receipte Exelucion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@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 Accounting period	

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