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 COPYRIGI	HT OFFICE USE ONLY	email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/28/2017	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (Y	YYY/(Period))	

Return completed workbook by

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20171 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	006786
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CEQUEL COMMUNICATIONS LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		SUDENLINK COMMUNICATIONS	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		3015 S SE LOOP 323	
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in the addr	
System	1	IDENTIFICATION OF CABLE SYSTEM: BRENHAM, TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
1			

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 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	006786
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li known as the "first community." Please use it as the first community on all future fil	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile l identified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BRENHAM	TX
Community	WASHINGTON COUNTY	ТХ
	NAVASOTA	ТХ
dd Rows as Necessary	GRIMES COUNTY	TX

	านการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	CEQUEL COMMUNICAT	TONS LLC							00678
	SECONDARY TRANSMISSION		Becdie		ATES				
E	In General: The information in s			-	-	v transmission s	ervice of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose exist	ing on the	
Transmission	last day of the accounting period						la avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate in	ndicated	-not the num	nber of set	s receiving serv	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variations	s within a p	particular rate	
	Block 1: In the left-hand block				ries of seco	ondarv transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					i in the count un	der "Servio	ce to the	
	Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, the								
	with the number of subscribers a	and rates, in the	right-ha	nd block. A tv	vo- or thre	e-word descripti	on of the s	service is	
	sufficient.	OCK 1					BLOC	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		601	20.45					
	Service to first set Service to additional act/a)		,691 8,742	28.45 0					
	Service to additional set(s)	3	o,142	U					
	• FM radio (if separate rate)								
	Motel, hotel Commercial		549	25.06					
			349	35.96					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	IONS: RATE	s				
F	In General: Space F calls for rat	•	,		•				
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services	•	,		0				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rat							wara not	
Rates	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.								
	, , ,	BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installat	ion: Non-res	idential				
	• Pay cable	17.00	• Mote	el, hotel					
	 Pay cable—add'l channel 	19.00	• Com	mercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l ch	nannel				
			• Fire	protection					
	Installation: Residential								
	U 1	40.00	 Burg 	lar protection		l			
	Installation: Residential		• Burg Other se						
	Installation: Residential • First set		Other se			40.00			
	Installation: Residential • First set • Additional set(s)		Other so • Reco	ervices:		40.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other so • Reco • Disc	ervices: onnect		40.00 25.00			

NI	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	CEQUEL COMMUNIC	ATIONS LLC		006					
	PRIMARY TRANSMITTERS: TELEVISION								
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 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								
Primary ansmitters: elevision	substitute program basis, as Substitute Basis Stations:	 (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca iles, regulations, or authorizations: 							
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th							
	basis. For further informatio Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	, see page (v) of the general instruct program services such as HBO, ESI	tions. PN, etc. Identify each					
	Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s ring the letter "N" (for network), "N-M" (station, an independent station, or a	a noncommercial					
	(for independent multicast), For the meaning of these te Column 4: Give the location	ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c rms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	ional multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAMU-TV	12	E	COLLEGE STATION, TX					
	KAMO-TV KBTX-TV	50	N	BRYAN, TX					
•••	KETH-TV	24	۲۱ ۱	HOUSTON, TX					
ows as Necessary	KETH-IV	36	I-M	ALVIN, TX					
	KFTH-TV	36	I-141	ALVIN, TX ALVIN, TX					
	KHOU-BOUNCE	11	I-M	HOUSTON, TX					
	KHOU-HD	11	N-M	HOUSTON, TX					
	KHOU-JUSTICE	11	I-M	HOUSTON, TX					
			I_IAI						
		11	Ν	LOUISTON TY					
	KHOU-TV	11	<u>N</u>	HOUSTON, TX					
	KIAH	38	<u>l</u>	HOUSTON, TX					
	KIAH KIAH-ANTENNA	38 38	l I-M	HOUSTON, TX HOUSTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD	38 38 38	I I-M I-M	HOUSTON, TX HOUSTON, TX HOUSTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ	38 38 38 23	I I-M I-M E	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ KPRC-HD	38 38 38 23 35	I I-M I-M E N-M	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX HOUSTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ KPRC-HD KPRC-HEROS	38 38 38 23 35 35 35	I I-M I-M E N-M I-M	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ KPRC-HD KPRC-HEROS KPRC-THIS	38 38 38 23 35 35 35 35 35	I I-M I-M E N-M I-M I-M	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ KPRC-HD KPRC-HEROS KPRC-THIS KPRC-TV	38 38 38 23 35 35 35 35 35 35	I I-M I-M E N-M I-M	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ KPRC-HD KPRC-HEROS KPRC-THIS KPRC-TV KPXB	38 38 38 23 35 35 35 35 35 35 32	I I-M I-M E N-M I-M I-M I-M I I	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ KPRC-HD KPRC-HEROS KPRC-THIS KPRC-TV KPXB KPXB-HD	38 38 38 38 23 35 35 35 35 35 35 35 35 35 35 32 32	I I-M I-M E N-M I-M I-M I I I I I I I	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ KPRC-HD KPRC-HEROS KPRC-THIS KPRC-TV KPXB KPXB-HD KRIV	38 38 38 38 38 38 38 38 38 38 38 38 35 35 35 35 35 35 32 26	I I-M I-M E N-M I-M I-M I I I I I	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX HOUSTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ KPRC-HD KPRC-HEROS KPRC-THIS KPRC-TV KPXB KPXB-HD KRIV KRIV-HD	38 38 38 38 38 23 35 35 35 35 35 35 35 32 26 26	I I-M I-M E N-M I-M I-M I I I I I I I I I I I I I I I	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX HOUSTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ KPRC-HD KPRC-HEROS KPRC-THIS KPRC-TV KPXB KPXB-HD KRIV KRIV-HD KTBU	38 38 38 38 38 38 38 38 38 38 38 38 35 35 35 35 35 35 32 26 26 42	I I-M I-M E N-M I-M I-M I I I I I I I I I I	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX					
	KIAH KIAH-ANTENNA KIAH-HD KLTJ KPRC-HD KPRC-HEROS KPRC-THIS KPRC-TV KPXB KPXB-HD KRIV KRIV-HD	38 38 38 38 38 23 35 35 35 35 35 35 35 32 26 26	I I-M I-M E N-M I-M I-M I I I I I I I I I I I I I I I	HOUSTON, TX HOUSTON, TX HOUSTON, TX GALVESTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX CONROE, TX CONROE, TX HOUSTON, TX HOUSTON, TX					

				SYSTEM
Name				0067
	CEQUEL COMMUNIC			0001
G	In General: In space G, id	dentify every television station (including		
Ŭ		em during the accounting period, <i>excep</i> is in effect on June 24, 1981, permitting t		
Primary Fransmitters: Television	substitute program basis, i Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and	l also in space I, if the station was carrie	carried by your cable system on a si the Special Statement and Program ed both on a substitute basis and als	ubstitute program n Log)—if the so on some other
	Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	ion concerning substitute basis stations on's call sign. <i>Do not</i> report origination ed with a station according to its over-th in the form. nel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C. th case whether the station is a network tering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), terms, see page (iv) of the general instri on of each station. For U.S. stations, lis adian stations, if any, give the name of the	program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove a station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa ructions in the paper SA1-2 form. at the community to which the station	SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" itional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN KTRK-HD	2. B'CAST CHANNEL NUMBER 13	3. TYPE OF STATION N-M	4. LOCATION OF STATION HOUSTON, TX
	KTRK-HD	13	N-M	HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV	13 13	N-M I-M	HOUSTON, TX HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE	13 13 13	N-M I-M I-M	HOUSTON, TX HOUSTON, TX HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV	13 13 13 13 13	N-M I-M I-M	HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH	13 13 13 13 13 13 19	N-M I-M I-M N I	HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH KTXH-BUZZR	13 13 13 13 13 13 19 19 19	N-M I-M I-M I I I	HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH- KTXH-BUZZR KTXH-HD	13 13 13 13 13 13 19 19 19 19 19	N-M I-M N I I I I-M I-M	HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-MOVIES	13 13 13 13 13 13 19 19 19 19 19 19	N-M I-M N I I I I-M I-M	HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH- KTXH-BUZZR KTXH-HD KTXH-HD KTXH-MOVIES KUBE-TV	13 13 13 13 13 13 19 19 19 19 19 19 19 19 41	N-M I-M I-M I I I-M I-M I-M I I	HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-HD KTXH-MOVIES KUBE-TV KUHT	13 13 13 13 13 13 19 19 19 19 19 19 19 19 41 8	N-M I-M I-M I I I-M I-M I-M I E	HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-HD KTXH-MOVIES KUBE-TV KUHT KUHT-CREATE	13 13 13 13 13 13 19 19 19 19 19 19 19 19 19 41 41 8 8 8	N-M I-M I-M I I I-M I-M I-M I E E E-M	HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX HOUSTON, TX BAYTOWN, TX HOUSTON, TX HOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-HD KTXH-MOVIES KUBE-TV KUHT KUHT-CREATE KUHT-HD	13 13 13 13 13 19 19 19 19 19 19 19 41 8 8 8 8 8	N-M I-M I-M I I I I-M I-M I-M I E E E-M E-M	HOUSTON, TXHOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-HD KTXH-MOVIES KUBE-TV KUHT KUHT-CREATE KUHT-HD KUHT-VME	13 13 13 13 13 13 19 19 19 19 19 19 41 8 8 8 8 8 8 8	N-M I-M I-M I I I I-M I-M I I E E E-M E-M E-M	HOUSTON, TXHOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-HD KUBE-TV KUBE-TV KUHT-CREATE KUHT-CREATE KUHT-HD KUHT-VME KXLN-HD	13 13 13 13 13 13 19 19 19 19 19 19 41 8 8 8 8 8 8 8 8 8 8 8 8 8	N-M I-M I-M N I I I-M I-M I-M I E E E-M E-M E-M I-M	HOUSTON, TXHOUSTON, TX
	KTRK-HD KTRK-LAFF-TV KTRK-LIVE KTRK-TV KTXH KTXH-BUZZR KTXH-HD KTXH-MOVIES KUBE-TV KUHT KUHT-CREATE KUHT-HD KUHT-VME KXLN-HD KXLN-TV	13 19 19	N-M I-M I-M I-M I I I-M I-M I E E E-M E-M E-M I I I I I I I I I I I I I	HOUSTON, TXHOUSTON, TXROSENBERG, TXROSENBERG, TX

CEQUEL CO	F OWNER OF							SYSTEM 006
	t every radio s	station c) arried on a separate and dis enerally receivable by your ca					н
eccivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf 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 ut the C I sign of the stati tion's sig g a chee	III-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 proces ck mark in the "S/D" column. tion (the community to which	at the system's e system's FM a n this point, see ssed by the cable	headend, and ntenna, during page (v) of the e system as a	(2) it ca genera genera	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
		-	, the community with which th	-		0.0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
					1	1	1	

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	_C					006786
	SUBSTITUTE CARRIAGE				G			
	In General: In space I, identi				•	ion that you	ir cahla sveta	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 th	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special	 During the accounting peri 	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televis	<u>sion</u> program	1 <u></u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log	Noto: If your answor is "No"	loovo tho	roct of this pag	o blank. If your answor is	"Voc " vou mi		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	e the program	п
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if thei	r meaning is	
	clear. If you need more space						i mouning io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg	es like "mo	vies" or "basket	ball " List specific program	n titles for example	ample "I I o	ve Lucv" or	1.
	"NBA Basketball: 76ers vs.			prog.a.		p.o, . <u>-</u> o		
	Column 2: If the program							
	Column 3: Give the call s Column 4: Give the broa					neod by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day					with the mor	nth
	first. Example: for May 7 giv							
	Column 6: State the time to the nearest five minutes.							ly
	stated as "6:00–6:30 p.m."	Example. a	program came	eu by a system nom 0.01.	15 p.m. to 0.2	o.ou p.m. si		
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete unde	er FCC rules a	nd regulation	ons in	
						EN SUBSTI		
	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. I FROM	TIMES — TO	DELETION
							_	
			+					
							<u> </u>	
			+		-		<u> </u>	
			+		-		<u> </u>	
			+		-		<u> </u>	
			+		-		<u> </u>	
							<u> </u>	
			+		-			
			+		-		<u> </u>	
						·	<u> </u>	
					-		_	
					-			
					-			
					-		_	
1								

Accounting Period:	2017/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC			\$	6YSTEM ID# 006786
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's s tion of how	secondary trans to compute this	mission servi s amount, sec \$ 51	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	1
	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 lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	510,202.21		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	246,402.21		
	4. Multiply line 3 by .01		\$	2,464.02	
	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 .		\$	3,783.02
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,783.02	
	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			\$	3,803.02
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 006786
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 and nonbroadcast services	43 183
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 B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 own 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 herein 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)] X (S/ Sabrina Warr Typed or printed name: SABRINA WARR Title: VICE PRESIDENT OF ACCOUNTING (The of official position held in corporation or partnership)	ystem as identified
	Date: 08/18/2017	

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 law

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
UEL COMMUNICATIONS LLC	0067
 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? X NO 	P Special Statemen Concerning Gros: Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
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 days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td>-</td>	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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 th 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.