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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by 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	11/29/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		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 circle statement of account and revely for payment counting the active accounting period.	
		single statement of account and royalty fee payment covering the entire accounting period.	7086
		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	
		Zito Graham LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915	
	INICIT		
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	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Throckmorton	
		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 sufficiency of the fling, a determination that would be made by a court of law.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Graham LLC	7086
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c 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.	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Throckmorton	TX
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I
Name	Zito Graham LLC	ADEL OTOTENI.						010	70
Е	SECONDARY TRANSMISSION In General: The information in s	pace E should	cover all	categories of	secondar				
Secondary	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ole system	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h catego	ry of service.	nclude bo	th the amount of	of the charg	ge and the	
	unit in which it is generally billed	· · ·	,		ny standai	rd rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	sion sonvir	se that cable	
	systems most commonly provide								
	that applies to your system. Note	e: Where an ind	dividual c	or organizatior	is receivi	ng service that f	falls under	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					I in the count un	der "Servi	ce to the	
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	nd block. A tv	o- or thre	e-word descripti	on of the s	service is	
		OCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		66	25.00					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	6				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un		usually b	oilled. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	svstem for ea	ch of the a	applicable servio	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List	these other serv	vices in the	e form of a	
	brief (two- or three-word) descrip			e for each.		[1		
		BLO RATE		ORY OF SER	//05	RATE		BLOCK 2 ORY OF SERVICE	RA
	CATECODY OF SEDVICE		CATEGO			RAIL	CATEG	ORT OF SERVICE	RA
	CATEGORY OF SERVICE	RAIL	Installat	ion: Non-res					
	CATEGORY OF SERVICE Continuing Services: • Pay cable	16.50		t ion: Non-res el, hotel	aentiai				
	Continuing Services:		• Mote		acitiai				
	Continuing Services: • Pay cable		• Mote	el, hotel Imercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mote • Com • Pay	el, hotel Imercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mote • Com • Pay • Pay	el, hotel Imercial cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Mote • Com • Pay • Pay • Fire	el, hotel imercial cable cable-add'l ch					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	16.50	• Mote • Com • Pay • Pay • Fire	el, hotel imercial cable cable-add'l ch protection lar protection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	16.50	• Mote • Com • Pay • Pay • Fire • Burg Other se	el, hotel imercial cable cable-add'l ch protection lar protection		30.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	16.50	• Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	el, hotel Imercial cable cable-add'l ch protection Ilar protection ervices:		30.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	16.50	• Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	el, hotel imercial cable cable-add'l ch protection lar protection ervices: onnect		30.00			

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O Zito Graham LLC	F CABLE SYSTEM:		SYSTEM ID 708
	PRIMARY TRANSMITTERS:	ΤΕΙ Ε\/ISION		
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p of with a station according to its over-the	t (1) stations carried only on a part-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep proff "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUZ	6	N	Wichita Falls TX
	KAUZ	6.1	N	Wichita Falls TX
vs as Necessary	KFDX	3	N	Wichita Falls TX
	КЈВО	35	l	Wichita Falls TX
	KJTL	15	Ν	Wichita Falls TX
	KSWO	7	Ν	Lawton OK
	КТХА	21	I	Fort Worth TX
	KTXS	12	Ν	Abilene TX
	KTXS KTEN	12 10.2	N I	
			N I E	Abilene TX
	KTEN	10.2	<u>I</u>	Abilene TX Ada OK
	KTEN KWET	10.2 12	<u>I</u>	Abilene TX Ada OK Oklahoma City OK
	KTEN KWET	10.2 12	<u>I</u>	Abilene TX Ada OK Oklahoma City OK
	KTEN KWET	10.2 12	<u>I</u>	Abilene TX Ada OK Oklahoma City OK
	KTEN KWET	10.2 12	<u>I</u>	Abilene TX Ada OK Oklahoma City OK
	KTEN KWET	10.2 12	<u>I</u>	Abilene TX Ada OK Oklahoma City OK
	KTEN KWET	10.2 12	<u>I</u>	Abilene TX Ada OK Oklahoma City OK
	KTEN KWET	10.2 12	<u>I</u>	Abilene TX Ada OK Oklahoma City OK
	KTEN KWET WGN	10.2 12 9	<u>I</u>	Abilene TX Ada OK Oklahoma City OK Chicago IL
	KTEN KWET	10.2 12	<u>I</u>	Abilene TX Ada OK Oklahoma City OK
	KTEN KWET WGN	10.2 12 9	<u>I</u>	Abilene TX Ada OK Oklahoma City OK Chicago IL
	KTEN KWET WGN	10.2 12 9	<u>I</u>	Abilene TX Ada OK Oklahoma City OK Chicago IL

Accounting P							FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF Zito Graham		CABLE SY	/STEM:					SYSTEM ID 708
								700
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
ecceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the call tate whether f the radio stat this by placing tive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under 0 stem whenever it is received a ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		T	·			[
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
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito Graham LLC							7086
<u> </u>	SUBSTITUTE CARRIAG				G			
	In General: In space I, identi					ion that you	r ochlo ovoto	m corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per				s any nonne	twork televi	sion program	n
Statement and		-	cable system	carry, on a substitute basi	is, any nonne			
Program Log	broadcast by a distant sta	lion?				L	YES	X NO
	Note: If your answer is "No"	, leave the r	rest of this pag	e blank. If your answer is '	'Yes," you mι	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	6
	clear. If you need more spa							
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				"Yes." Otherwise enter "N				
				sting the substitute progra				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			tem carried the substitute			with the mor	oth
	first. Example: for May 7 giv		when your sys		program. Ose	numerais,		iu i
			substitute pro	gram was carried by your o	cable system.	List the tim	nes accurate	ly
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulatio		
						IN SUBSTI		
		1	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
								"
							_	
								"
							_	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Graham LLC	S	*STEM ID 7086
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 2,257.97
Copyright	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	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.13
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.13
	BLOCK 2: GROSS RECEIPTS OF \$263,800 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		
	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	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.13	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.13
	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		hts!

Accounting Period:	2017/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME C	DF OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 7086
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ied television broadcast stations cotal number of activated channels e cable system carried television broadcast stations adcast services	10 127
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 81	14-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
0	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersi	igned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ov	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Ag	pent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste in line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
	X (O1	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B.	of the cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. action 1001(1986)]	
		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: James Rigas	
		Title: President (Title of official position held in corporation or partnership)	
		Date:	

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counting Period: 20	17/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNE	R OF CABLE SYSTEM:	SYSTEM ID#
ito Graham LLC		7086
The Satellite Hor lowing sentence. "In detern service of scribers a For more informa located in the pa	nining the total number of subscribers and the gross amounts paid to the cable system for the basic providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." ation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
made by satellite	he total here and list the satellite carrier(s) below.	
Name Mailing Address	Name Mailing Address	
INTEREST A		
You must comple	ete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. on 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	x 1% ine 1 by the interest rate* and enter the sum here	
Line 3 Multiply	ine 2 by the number of days late and enter the sum here	
	ine 3 by 0.00274** and enter here L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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.	
•	filing this worksheet covering a statement of account already submitted to the Copyright Office, please ner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community Accounting peric		
	Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (DII) reque	

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.

œ	Ca	ble rksheet	Total amount of remittance	Number of SAs rea	c'd	Initials
	VVO	rksneet	Date of remittance	Check EFT	F	ILING FEES
Cable ID #					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Ja	nuary 1 - June 30, 2017	[July 1 - December 31, 2017		
	Le	tter sent		Information received		
	Ac	cepted		Phone call/Date/Contact		
Space B Owner						
	Le	tter sent		Information received		<u>_</u>
	Ac	cepted		Phone call/Date/Contact		
Space D Area Served						
	Le	tter sent		Information received		
	Ac	cepted	C	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	🗌 Le	tter sent	C	Information received		
and Rates	Ac	cepted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Le	tter sent	[Information received		
	Ac	cepted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Ac	cepted		Phone call/Date/Contact		

	Carriage
Letter sent Information received	
Accepted Phone call/Date/Contact	
Letter sent	Space J Part-time Carriage Log (SA3 only)
Accepted Phone call/Date/Contact	Space K Gross Receipts
Letter sent	
Letter sent Phone call/Date/Contact	
	Space L Copyright Filing and Royalty Fees
Royalty Fee should be Refund request to fiscal	
Letter sent Information received	
Accepted Phoe call/Date/Contact	
	Space M Channels
Letter sent Information received	
Letter sent Information received Accepted Phone call/Date/Contact	
	Channels Space O
Accepted Phone call/Date/Contact	Channels Space O
Accepted Phone call/Date/Contact Letter sent Information received	Channels Space O
Accepted Phone call/Date/Contact Letter sent Information received	Channels Channels Space O Certification Space P Statement of
Accepted Phone call/Date/Contact Letter sent Accepted Phone call/Date/Contact Accepted Phone call/Date/Contact	Channels Channels Space O Certification Space P Statement of
Accepted Phone call/Date/Contact Letter sent Accepted Phone call/Date/Contact Accepted Phone call/Date/Contact Letter sent Information received Information received	Channels Channels Space O Certification Space P Statement of
Accepted Phone call/Date/Contact Letter sent Accepted Phone call/Date/Contact Accepted Phone call/Date/Contact Letter sent Information received Information received	Channels Cha