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	IT 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

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		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	
		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 Alabama 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 (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 unless the es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	se
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Clanton	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fing, 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 Alabama LLC	6203
D	Instructions: List each separate community served by the cable system. A "communi "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 as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Clanton	AL
Community	Chilton County	AL
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I
Name	Zito Alabama LLC	BLE OF OF LIM.						010	62
Е	SECONDARY TRANSMISSION			-	-		an iaa af th	a aabla	
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
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 i	ndicated	-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	· · ·	,		ny Stanuai		s within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	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 o	once again und	er "Servi	ce to additiona	al set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		0						
	BLO	OCK 1 NO. OF					BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:		104	04.04					
	Service to first set Service to additional act/a		194	24.91					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
					<u> </u>				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat					l vour cable svst	em's servi	ces that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar		,		0		0()		
Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.				-		- <u>-</u>	
ransmissions:	Block 1: Give the standard rat							vere not	
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
			CK 1					BLOCK 2	
		BLOG					CATEGO	ORY OF SERVICE	RA
	CATEGORY OF SERVICE	RATE		DRY OF SER		RATE			
	Continuing Services:	RATE	Installat	ion: Non-res		RATE			
	Continuing Services: • Pay cable		Installat • Mote	ion: Non-res el, hotel		RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installat • Mote • Com	ion: Non-res el, hotel mercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installat • Mote • Com • Pay	ion: Non-res el, hotel mercial cable	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installat • Mote • Com • Pay • Pay	ion: Non-res el, hotel mercial cable cable-add'l ch	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 16.50	Installat • Mote • Com • Pay • Pay • Fire	ion: Non-res II, hotel mercial cable cable-add'l ch protection	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installat • Mote • Com • Pay • Pay • Fire • Burg	ion: Non-res el, hotel mercial cable cable-add'l ch	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 16.50	Installat • Mote • Com • Pay • Pay • Fire • Burg Other se	ion: Non-res II, hotel mercial cable cable-add'I ch protection lar protection	idential	30.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 16.50	Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices:	idential				
	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)	RATE 16.50	Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	idential				

	LEGAL NAME OF OWNER O			SYSTEM
ne	Zito Alabama LLC	F CABLE STSTEINI.		6 STSTEM
	PRIMARY TRANSMITTERS:	TELEVISION		-
ary itters: sion	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 informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by entr (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-the carriage of certain network progra a(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 pr "E-M" (for noncommercial education actions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bostitute 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
	WVUA	7		Tuscaloosa AL
	WAIQ	26	E	Montgomery AL
essary	WVTM	13	N	Birmingham AL
154.7	WABM	4	I	Birmingham AL
	WBRC	4.1	N	Birmingham AL
	WIAT	23	N	Birmingham AL
			-	
	WTTO	23.1		Birmingham AL
	WSES	23.3	I	Birmingham AL Birmingham AL
			I I	

Accounting P							FORM	I SA1-2E. PAGE
		CABLE SY	/STEM:					SYSTEM ID
Zito Alabam	a LLC							620
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the cal state whether the radio stat this by placing	y the sys be recein at the Co l sign of e the static ion's sign g a check	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			on (the community to which the the community with which the			C or, in	the case of	
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 Alabama LLC							6203
	SUBSTITUTE CARRIAGI	: SPECIA		NT AND PROGRAM LOO	G			
	In General: In space I, identi					ion that you	ır cable syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must	be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did your	cable system	carry, on a substitute basi	s, any nonne	twork televi	sion progran	n
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log			ant of this non	o block. If your onowor is "	Waa " wax mu	∟ st complet	-	
	Note: If your answer is "No"	, leave the h	est of this pag	e Diarik. Il your answer is	res, you mu	ist complete	e the program	11
	log in block 2.		Me					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sible if thei	r meaning is	3
	clear. If you need more spa						r mouning ie	
	Column 1: Give the title	of every non	network televi	sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							n.
	"NBA Basketball: 76ers vs.		les ui baske	ibali. Lisi specific prografi		ampie, i Lu	We Lucy Of	
			cast live, enter	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
				e community to which the			FCC or, in	
	the case of Mexican or Can Column 5: Give the mon			tem carried the substitute			with the mor	hth
	first. Example: for May 7 giv		Jean eye					
				gram was carried by your o				ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m."	or "D" if the li	istod program	was substituted for progra	mming that y	our evetom	was require	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
						N SUBSTI	тите	
	s	UBSTITUTI	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S	4. STATION'S LOCATION	5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION S LOCATION	AND DAY	FROM	— то	
							<u> </u>	
								"
							_	
								"
							_	
							_]
1				·				1

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Alabama LLC	S	STEM ID#
			6203
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	, 379.79
	COPYRIGHT ROYALTY FEE		
Copyright	 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		nts!

Accounting Period:	2017/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito Alabam	OF OWNER OF CABLE SYSTEM: a LLC	SYSTEM ID 6203
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. botal number of channels on which the cable ied television broadcast stations botal number of activated channels e cable system carried television broadcast stations	16 195
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)	
		(Number, street, fural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersi (Ow (Ag X (Of I have examinare true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) where other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent 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 fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein oblete, and correct to the best of my knowledge, information, and belief, and are made in good faith. uction 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	em as identified
		Title: President (Title of official position held in corporation or partnership)	
		Date:	

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	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Alabama LLC	620
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusior
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?	
YES. Enter the total here and list the satellite carrier(s) below.	-
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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 Assessmen
40/	
x 1%	-
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 0.52 x 93 days Line 3 Multiply line 2 by the number of days late 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 0.52 x 93 days Line 3 Multiply line 2 by the number of days late 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	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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C	Ca Wo	ble rksheet	Total amount of remittance		Number of SAs rea	c'd	Initials
			Date of remittance		Check 🗌 EFT		FILING FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	A	Allocation number		
Space A Accounting Period							
	🗌 Ja	nuary 1 - June 30, 2017	[🗌 Ju	ly 1 - December 31, 2017		
	🗌 Le	tter sent	[Int	formation received		
	Ac	cepted	[Ph	one call/Date/Contact		
Space B Owner							
	Le	tter sent	[🗌 Ini	formation received		
	Ac	cepted	[Ph	one call/Date/Contact		<u>.</u>
Space D Area Served							
	Le	tter sent	[lni	formation received		,
	Ac	cepted	[Ph	one call/Date/Contact		
Space E Secondary Transission							
Service Subscribers:	Le	tter sent	[🗌 Ini	formation received		
and Rates	Ao	cepted	[Ph	one call/Date/Contact		
Space G Primary Transmitters:							
Television	Le	tter sent		🗌 In	formation received		
	A0	cepted		D Ph	none call/Date/Contact		
Space H Primary Transmitters:							
Radio	Ac	cepted		Ph	none call/Date/Contact		

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