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					
8/29/2018	\$ 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
		20181 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.
	Х	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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	'	CLAYTON WORK CAMP
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, fown, 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM I
Name		SISIEWI
	CEQUEL COMMUNICATIONS LLC	
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future f	orated communities within unincorporated areas and including single nat you list will serve as a form of system identification hereafter kno illings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CLAYTON	<u>L</u>
Community	(CLAYTON WORK CAMP)	
d Rows as Necessary		
	P	

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

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 	0	-			
 Service to additional set(s) 	0	0			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	17	39.33			
Converter					
 Residential 					
 Non-residential 					
	1		1		I

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	-	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	-	Burglar protection			
Additional set(s)	-	Other services:			
• FM radio (if separate rate)		Reconnect	-		
Converter		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

ccounting Period:	2018/1			FORM SA	A1-2E. PAGE 3			
Nama	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		s	YSTEM ID#			
Name	CEQUEL COMMUNI	CATIONS LLC			C			
	PRIMARY TRANSMITTERS	: TELEVISION						
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-N" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 for							
	1. CALL SIGN	4. LOCATION OF STATI	ON					
	KHQA-CBS	2. B'CAST CHANNEL NUMBER 7	3. TYPE OF STATION N	HANNIBAL, MO				
	WGEM-NBC	10	N	QUINCY, IL				
Add Rows as Necessary	WHOI-ABC	19	N	PEORIA, IL				
,								

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

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: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LI	-C					0
Contractions	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every nor ecounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	by a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further
Substitute					ine general inst	i uctions in ti	ne paper SAT	-2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	During the accounting peri-	-	r cable system	carry, on a substitute ba	isis, any nonne	etwork telev	ision progran	
Program Log	broadcast by a distant stat	ion?					YES	X NO
	Note: If your answer is "No"	leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	te the prograi	m
	log in block 2.			•		•		
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							
	effect on October 19, 1976.				11			
	0.0	IDOTITLIT	E DDOCDAM	•		EN SUBST		7. REASON FOR
	TITLE OF PROGRAM		E PROGRAM 3. STATION'S		5. MONTH	RIAGE OCC	TIMES	DELETION
	1. THEE OF TROOTAIN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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SS RECEIPTS Inctions: The figure you give in this space determines the form you file and the amount yo counts (gross receipts) paid to your cable system by subscribers for the system's seconda entified in space E) during the accounting period. For a further explanation of how to compounts (vii) of the general instructions located in the paper SA1-2 form. For service(s) curing the accounting period. RTANT: You must complete a statement in space P concerning gross receipts. RIGHT ROYALTY FEE compounds the royalty fee you owe: lete block 1, block 2, or block 3. lock 1 if the amount of gross receipts in space K is more than \$137,100 or less lock 1 if the amount of gross receipts in space K is more than \$263,800 but less than or elock 3 if the amount of gross receipts in space K is more than \$263,800 but less than or elock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$26 (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS citions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must nating period is \$52.00 Royalty fee for accounting period	ry transmission service pute this amount, see \$\\ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	52.00 0.00
inctions: The figure you give in this space determines the form you file and the amount you counts (gross receipts) paid to your cable system by subscribers for the system's secondarithed in space E) during the accounting period. For a further explanation of how to come (vii) of the general instructions located in the paper SA1-2 form. Foress receipts from subscribers for secondary transmission service(s) urring the accounting period. RTANT: You must complete a statement in space P concerning gross receipts. RIGHT ROYALTY FEE Lions: To compute the royalty fee you owe: Lete block 1, block 2, or block 3. Lock 1 if the amount of gross receipts in space K is \$137,100 or less Lock 2 if the amount of gross receipts in space K is more than \$137,100 but less than or elock 3 if the amount of gross receipts in space K is more than \$263,800 but less than or elock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 evi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Citions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must nating period is \$52.00 Royalty fee for accounting period ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than the amount under statutory formula	ry transmission service pute this amount, see \$\\ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	52.00 0.00
RIGHT ROYALTY FEE Itions: To compute the royalty fee you owe: Islete block 1, block 2, or block 3. Islete block 1, block 2 gross receipts in space K is \$137,100 or less Islete block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or elock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 elock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 elock 3 if the amount of gross receipts of the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Cotions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must not not gross second in the paper SA1-2 form for more information. Royalty fee for accounting period	pay for this six-month \$ \$ 137,100) 00.00	52.00 0.00 52.00
idens: To compute the royalty fee you owe: lete block 1, block 2, or block 3. lock 1 if the amount of gross receipts in space K is \$137,100 or less lock 2 if the amount of gross receipts in space K is more than \$137,100 but less than or elock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 elock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 elock 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 elock 3 if the amount of gross receipts in space K is more than \$137,100 or less than \$52 elock 3 if the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS ctions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must niting period is \$52.00 Royalty fee for accounting period Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than the amount under statutory formula \$263,800 or less (but more than the amount of gross receipts from space K space In the amount of gross receipts from space K space In the amount from line 3 Stract line 2 from line 4 tiply line 6 by .005 (enter figure here)	pay for this six-month\$ \$ \$ 0.000	52.00 0.00 52.00
ctions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must niting period is \$52.00 Royalty fee for accounting period	\$\$\$\$	52.00 0.00 52.00
Interest charge. Enter the amount from line 4, space Q, page 8	\$\$\$\$	52.00 0.00 52.00
Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than the amount under statutory formula	\$ \$137,100) 00.00	52.00
Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than the amount under statutory formula	\$ \$137,100) 00.00	52.00
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than the amount under statutory formula	n \$137,100) 00.00	
se amount under statutory formula	00.00	
er amount of gross receipts from space K		
er the amount of gross receipts from space K		
er the amount of gross receipts from space K		
otract line 5 from line 4		
tiply line 6 by .005 (enter figure here)		
tiply line 6 by .005 (enter figure here)		
rest charge. Enter the amount from line 4, space Q, page 8		
		0.00
TAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less that	an \$527,600)	
er the amount of gross receipts from space K		
	00.00	
otract line 2 from line 1		
<u> </u>		
FILING FEE AND TOTAL REMITTANCE DUE		
valty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
ng Fee (See the instructions for more information on filing fee calculations)	15.00	
TAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	. \$	67.00
	syalty due on the first \$263,800 of gross receipts (under statutory formula)	tiply line 3 by .01

Accounting Period:	: 2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 0
M 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.	49
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)	
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, but only one, 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 sys in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne 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/ Alan Dannenbaum 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: ALAN DANNENBAUM Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)	stem as identified

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counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	0
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
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 Exclusion
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	
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	

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