U.S. COPYRIGHT OFFICE

INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT The SA1-2E is a U.S. Copyright Office Form

Email completed workbook to:

coplicsoa@copyright.gov

Submitting the form

- This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).
- When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

- · Alphabetization: Alphabetization is NOT required for any spaces.
- · Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.
- · Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.
- Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at:

https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

- · Space A fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., "2017/1").
- · Space B If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- · Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.
- Barcode Data In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.
- For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

 \cdot $\;$ Information can be manually entered into the highlighted areas.

Page 2 – Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 – Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- \cdot Space K input the total gross receipts for the cable system in the highlighted box.
- · Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- · Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

Page 7 – Spaces M-O

- · Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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			
	67.77 DL			
2/25/2020	ALLOCATION NUMBER			
	1022578			

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		oommon zaroz oo zaraz za amo omazaza (a a a a a a a a a a a a a a a a a						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20182 Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Family View Cablevision						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		217 Seagull Lane (Number, street, rural route, apartment, or suite number)						
		Anderson SC 29625						
		(City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the seal seal ready appear in space B. In line 2, give the mailing address of the system, if different from the address						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
	1	(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 suffciency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name		637					
	Family View Cablevision						
_	Instructions: List each separate community served by the cable system. A "community served by served by served by the cable system. A "community served by serve						
D	rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and						
	including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first continuous areas in the state of the stat						
	identification hereafter known as the "first community." Please use it as the first						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	ile home parks should be reported in parentheses below					
Served	identified city.						
	CITY OR TOWN	STATE					
First							
Community	Anderson	SC					
	Central	SC					
Rows as Necessary	Liberty	SC					
	Pendleton	SC					
	Williamston	SC					

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Family View Cablevision

SYSTEM ID#

63787

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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.

BLC	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	317	\$59.95				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
 Residential 						
 Non-residential 			***************************************			

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.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential				
• Pay cable	\$12.95	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	\$25.00	Burglar protection				
Additional set(s)		Other services:				
 FM radio (if separate rate) 		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		 Move to new address 				

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63787 **Family View Cablevision PRIMARY TRANSMITTERS: TELEVISION** In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary Transmitters:** substitute program basis, as explained in the next paragraph. **Television** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **WYFF** 4 Ν **GREENVILLE SC** Ε **GREENVILLE SC WNTV** 29 Add Rows as Necessary **WSPA** 7 Ν SPARTANBURG SC **WGGS** 16 ı **GREENVILLE SC WHNS** 21 **GREENVILLE SC** Ν **WLOS** 13 Ν **ASHEVILLE SC GREENVILLE SC WMYA** 40 ı **WUNF** 33 Ε **ASHEVILLE SC**

Accounting Period: 2018/2	FORM SA1-2E. PAGE 4.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Family View Cablevision	62797

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
								
						,		
e	<u>I</u>	<u> </u>	<u> </u>	Ц				

Accounting Perio	nd: 2018/2							FORM	1 SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					TORN	SYSTEM ID# 63787
Substitute Carriage: Special Special Statement and Statement and Statement and Substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.							evision pro	orizations. For a paper SA1-2 ogram X NO rogram	
							er station mation. ery" or or, in e month urately oe		
	SL 1. TITLE OF PROGRAM	SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S CALL SIGN 4. STATION'S LOCATION					N SUBSTIT AGE OCCU 6. TIN FROM —	RRED	7. REASON FOR DELETION

Accounting Period	: 2018/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:		STEM IC
Name	Family View Cablevision		6378
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to complete page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	y transmission	service
	during the accounting period	\$ 110,	,544.00
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)
L Copyright Royalty Fee	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 ed Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		00
	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 accounting period is \$52.00	pay for 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	. \$	0.77
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		52.77
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)	
	1. Base amount under statutory formula	-	
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount 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 \$5	27,600)	
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	TILINOTEL AND TOTAL REMITTANCE DOL		
Filing Fee and Fotal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.77	
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	\$	67.77
	EFT Trace # or TRANSACTION ID # 26NPQVJD]	
	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 and the Excel instructions tab for	., .	

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period	d: 2018/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Family View Cablevision	SYSTEM ID# 63787
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.	69
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Larry Waterman Telephone 864-	-885-9115
Information	Address 217 Seagull Lane (Number, street, rural route, apartment, or suite number) Anderson SC 29625 (City, town, state, zip)	
	Email larryw4881@aol.com Fax (optional	
Ocertification	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.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of the composition of 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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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 Larry Waterman Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	or stem as identified
	Typed or printed name: Larry Waterman Title: Owner (Title of official position held in corporation or partnership)	
	Date: 02/25/2020	

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
amily View Cablevision	63787
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	P Special Statement Concerning Gross Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) belo ¹	
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
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 421 days	
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	
* 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@copyright.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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CONTROL #: REMITTANCE #: 119934



Cable Worksheet

\$67.77	1	
Total amount of	Number of SAs rec'd	Initia
remittance		

02/26/20

			Date of remittance	☐ Check ✓ EFT	✓ FILING FEES	
Cable ID#	63787				Amount	
Examined by		Reviewed by	Date examination completed	Allocation number		
DL			05/06/20	1022578	\$67.77	
Space A Accounting Period						
	☐ Janua	ry 1 - June 30, 20	_	July 1 - December 31, 2018		
	Letter sent		☐ Information received			
	☐ Accep	ted		Phone call/Date/Contact		
Space B Owner						
	Letter	sent		Information received		
	Accep	ted		Phone call/Date/Contact		
Space D Area Served						
	Letter	sent		Information received		
	Accep	ted		Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers: and Rates	Letter	sent		Information received		
	Accep	ted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Letter	sent		Information received		
	Accep	ted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Accep	ted		Phone call/Date/Contact		

		Carriage
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Lo
Letter sent	☐ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Recei
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright F Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Recei
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐ Info/add'l fee received	
Accepted	Phone call/Date/Contact	

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Initials

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