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	
8-14-20	\$ ALLOCATION NUMBER	

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))	
		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 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.	25408
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Swayzee Communications	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		214 S Washington St, PO Box 97 (Number, street, rural route, apartment, or suite number)	
		Swayzee, IN 46986 (City, town, state, zip)	
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	ınless these
C		s 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	1	(City, town, state, zip code)	

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

Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.			
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Swayzee Communications	25408			
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC 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 community that you list will serve as a form of system identification hereafter known				
Aroa	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.				
Served					
	CITY OR TOWN	STATE			
First	Summitville	IN			
Community					
Add Rows as Necessary					

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

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Swayzee Communications

System ID#

25408

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.

BLO	OCK 1		BLOC	< 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	27	31.98/mo.			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
• Residential					
 Non-residential 					
				1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

DI 001/4

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	79.95	• 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	20.00	Burglar protection			
 Additional set(s) 	50.00	Other services:			
 FM radio (if separate rate) 		• Reconnect	40.00		
 Converter 		Disconnect			
		 Outlet relocation 	50.00		
		 Move to new address 	20.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 25408 Swayzee Communications **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-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
	WFYI	20	E	INDIANAPOLIS
	WHMB	40		INDIANAPOLIS
у	WTTV	4	N	INDIANAPOLIS
	WRTV	6	N	INDIANAPOLIS
	WISH	8	N	INDIANAPOLIS
	WCLJ	42	<u> </u>	BLOOMINGTON
	WNDY	23	<u> </u>	INDIANAPOLIS
	WXIN	59	N	INDIANAPOLIS
	WTHR	13	N	INDIANAPOLIS

Add Rows as Necessary

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Swayzee Communications

25408

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.

H

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
		-					
		 				·	
		-					
l ====================================		l 					·

Accounting Perio	d: 2020/1								FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:							SYSTEM ID#
Name	Swayzee Communicat	ions								25408
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEI	NT AND PROGRAM LO	G					
ı	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.					em carried on a				
Substitute						s. For a further				
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBS	TITUTE CARRIAGE						
Special Statement and	 During the accounting per 	iod, did you	ur cable systen	n carry, on a substitute ba	asis	s, any nonr	etwork te	evis	ion progr	am
Program Log	broadcast by a distant sta	tion?							YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer	is "\	Yes," you r	nust comp	lete	the prog	ram
	log in block 2.									
	2. LOG OF SUBSTITUTE									
	In General: List each subst clear. If you need more spa				IS W	herever p	ossible, if	their	meaning) IS
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitut	•	,		•		•
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor	•								
	"NBA Basketball: 76ers vs.		-l	on "Voo" Otherwie enter	"N.L.	- "				
	Column 2: If the prograr Column 3: Give the call									
	Column 4: Give the broa	adcast stati	on's location (t	the community to which the	ne s	station is lic	•	the	FCC or, i	n
	the case of Mexican or Can Column 5: Give the mor			community with which th stem carried the substitut			,	ıls. v	with the m	nonth
	first. Example: for May 7 given	/e "5/7."								
	Column 6: State the time to the nearest five minutes.									ately
	stated as "6:00-6:30 p.m."	Lxample.	a program can	led by a system nom o.o	1.1	5 p.m. to 0	20.30 p.ii	11. 31	iodia be	
				n was substituted for prog	-	•			•	
	to delete under FCC rules a was substituted for progran	_		.					•	gram
	effect on October 19, 1976.	•	,	•			J			
						\/\HE	N SUBST	ıTı	ITE	
	SI	JBSTITUT	E PROGRAM	1			AGE OC			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	6. FROM	TIME	ES TO	DELETION
								_		
					11-					
								_		
					11			_		
					11			_		
					11-					
					11-					
					1					
					-		-			
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					4 -					
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					_					
								_		
								_		
					11-					

Accounting Period:	2020/1	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Swayzee Communications	SY	STEM ID# 25408
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service amount, see	755.17 s 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 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		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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 \$527,	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	0.00	
		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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me		

U.S. Copyright Office

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7		
Name	LEGAL NAME OF Swayzee Com	OWNER OF CABLE SYSTEM: munications	SYSTEM ID# 25408		
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				
		able system carried television broadcast stations ast services	49		
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identifabout this statement of account.)	y an individual to whom		
for Further Information	Name	Tim Miles	Telephone 765-922-7916		
	Address	214 S Washington St, PO Box 97 (Number, street, rural route, apartment, or suite number)			
		Swayzee, IN 46986			
		(City, town, state, zip)			
	Email		Fax (optional)		
	CERTIFICATION	(This statement of account must be certified and signed in accordanc	e with Copyright Office regulations)		
O Certification	• I, the undersign	ed, hereby certify that (Check one, but only one, of the boxes.)			
	(Own	er other than corporation or partnership) I am the owner of the cable s	ystem as identified in line 1 of space B; or		
	(Ager	t of owner other than corporation or partnership) I am the duly author	rized agent of the owner of the cable system as identified		
	in	line 1 of space B and that the owner is not a corporation or partnership; o	r		
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.				
		the statement of account and hereby declare under penalty of law that a e, and correct to the best of my knowledge, information, and belief, and a on 1001(1986)]			
		X /s/Audra Hicks			
		Enter an electronic signature on the line ab Enter signature using an "/s/ signature" (e.	·		
		Typed or printed name: AUDRA HICKS			
		Title: OFFICE MANAGER (Title of official position held in corporation or partnership)			
		(This of official position field in corporation of partnership)			
		Date:	8/7/20		

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U.S. Copyright Office

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

counting Period: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
wayzee Communications	25408
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Name 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@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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U.S. Copyright Office

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

Cable
Worksheet

	Cable Worksheet	Total amount of remittance	Number of SAs rec'd		Initials		
	Worksheet						
		Date of remittance	☐ Check	☐ EFT	☐ FILIN	G FEES	
Cable ID #					Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocation	n number			
Space A Accounting Period			1				
	☐ January 1 - June 30, 2017	2017					
	☐ Letter sent	ter sent					
	☐ Accepted	☐ Phone call/Date/Contact					
Space B Owner							
	☐ Letter sent	tter sent					
	☐ Accepted]	☐ Phone call/Date/Contact				
Space D Area Served							
	☐ Letter sent	☐ Information recei					
	☐ Accepted	☐ Accepted ☐ Phone call/Date/Contact					
Space E Secondary Transission							
Service Subscribers:	Letter sent	☐ Information received					
and Rates	☐ Accepted ☐ Phone call/Date/Contact						
Space G Primary Transmitters:							
Television	☐ Letter sent	☐ Information received					
	☐ Accepted		☐ Phone call/Date/Contact				
Space H Primary Transmitters: Radio							
NauiU	☐ Accepted ☐ Pho			/Contact			

		Space I Substitute Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ 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	
☐ Accepted	☐ Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ 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	