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			
3-1-22	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))										
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31										
Accounting		20212 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.										
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
		Cass Cable TV, Inc.										
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)										
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM										
		PO Box 200 (Number, street, rural route, apartment, or suite number)										
		Virginia, IL 62691										
		(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 s already 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:										
	ı											
		MAILING ADDRESS OF CABLE SYSTEM:										
	2	(Number, street, rural route, apartment, or suite number)										
		(City, town, state, zip code)										
<u> </u>		Reserve to the contract of the										

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.

Accounting Period:	2021/2							
	LECAL NAME OF OWNER OF CARLE OVCTEM	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	3463						
	Cass Cable TV, Inc.							
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 as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
Served	city.							
	CITY OR TOWN	STATE						
First	Pittsfield	L						
Community	Griggsville	IL						
Add Rows as Necessary								

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cass Cable TV, Inc.

SYSTEM ID# 3463

E

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		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	821	21.45					
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	17.35	Motel, hotel	45.00	Pay cable - Add'l	12.95
 Pay cable—add'l channel 	13.95	Commercial		Pay cable - Add'l	12.35
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	45.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	45.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	35.00		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

3463

Name

Cass Cable TV, Inc.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KHQA	7	N	Hannibal, MO
KHQA2	7	N-M	Hannibal, MO
WGEM	10	N	Quincy, IL
WGEM2	10	I-M	Quincy, IL
WGEM3	10	N-M	Quincy, IL
WSEC	15	E	Jacksonville, IL
WSEC2	15	E-M	Jacksonville, IL
WTJR	32	l	Quincy, IL
KDNL	31	N	St. Louis, MO
KETC	39	E	St. Louis, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cass Cable TV, Inc.

3463

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: 2021/2 LEGAL NAME OF OWNER OF O	CABLE SYST	FM [.]					FOR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Cass Cable TV, Inc.								3463
•	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	3				
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former F	CC ru	les, regula	itions, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special Statement and	 During the accounting peri 	od, did you	r cable system	carry, on a substitute ba	sis, a	ny nonnet	work televi	<u>sion</u> progran	n
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	s," you mu	ıst complet	e the progra	m
	log in block 2.								
	2. LOG OF SUBSTITUTE			to line. Llee abbroviations	, who	rover nee	aible if the	ir maanina ia	
	In General: List each substiclear. If you need more space		•		WITE	ilevel pos	Sible, II lile	ii iiieaiiiig is	
	Column 1: Give the title	of every nor	nnetwork televi	sion program ("substitute					
	period, was broadcast by a under certain FCC rules, reg		•	•			•		
	Do not use general categori								
	"NBA Basketball: 76ers vs. I	Bulls."					•	•	
	Column 2: If the program Column 3: Give the call s								
	Column 4: Give the broa					tion is lice	nsed by the	FCC or, in	
	the case of Mexican or Cana								
	Column 5: Give the mon first. Example: for May 7 giv	,	when your syst	tem carried the substitute	prog	gram. Use	numerals,	with the mor	nth
	Column 6: State the time		substitute pro	gram was carried by you	cabl	e system.	List the tin	nes accurate	ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01	:15 p	.m. to 6:2	8:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	r "R" if the	listed program	was substituted for progr	ramm	ning that v	our svstem	was require	d
	to delete under FCC rules a		. •				-	•	
	was substituted for program	ming that y	our system wa	s permitted to delete und	er FC	CC rules a	nd regulati	ons in	
	effect on October 19, 1976.								
	SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO				7 DEACON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		1 1 -	. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	+	AND DAY	FROM	<u>то</u>	
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Accounting Period:	2021/2	FORM SA1	I-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cass Cable TV, Inc.	SY	STEM ID# 3463
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service nount, see	484.00 s receipts)
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 \$2 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th	is six-month	
	accounting period is \$52.00	¢	E2 00
	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 \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	Enter the amount of gross receipts from space K		
	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
	o. morest diage. Enter the amount formine 4, space Q, page 0		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 \$527,6	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	
	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	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	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF OV Cass Cable TV,	VNER OF CABLE SYSTEM: Inc.			SYSTEM ID# 3463					
M Channels	to its subscribers	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								
	on which the c	number of activated channe able system carried televisio cast services	n broadcast stations		12					
N Individual to Be Contacted										
for Further Information	Name <u>.</u>	Chad Winters		Telephone 217	-452-4105					
		100 Redbud Road (Number, street, rural route, apartr	nent, or suite number)							
		Virginia, IL 62691 (City, town, state, zip)								
	Email	cnad.winters@c	casscabletv.com	Fax (optional <u>217-452-7030</u>						
0	CERTIFICATION (T	his statement of account mu	ust be certified and signed in accordance with Co	opyright Office regulations)						
Certification	• I, the undersigned	, hereby certify that (Check or	ne, but only one, of the boxes.)							
	(Owner	other than corporation or p	artnership) I am the owner of the cable system as	s identified in line 1 of space B; or						
			tion or partnership) I am the duly authorized age e owner is not a corporation or partnership; or	nt of the owner of the cable system	as identified					
		r or partner) I am an officer (i n line 1 of space B.	f a corporation) or a partner (if a partnership) of the	e legal entity identified as owner of t	he cable system					
		e, and correct to the best of m	nereby declare under penalty of law that all stateme y knowledge, information, and belief, and are made							
			X /s/ Chad Winters							
			Enter an electronic signature on the line above to co Enter signature using an "/s/ signature" (e.g., /s/ Jo							
		Typed or printed	name: Chad Winters							
		Title:	Vice President le of official position held in corporation or partnership)							
		Date:		3/1/2022						

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counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ss Cable TV, Inc.	3463
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 actioning sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall rescribers and amounts collected from subscribers receiving secondary transmissions pursuant to selected in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?	or the basic not include subsection 119." Special Statement Concerning Gross Receipts Exclusion
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 a For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	(.)
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 2 Multiply line 1 by the interestrate and enter the summere	
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u> 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 \$	-
(inte	erest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further ass contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	sistance please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the contract of	-
Owner	
Address	
ID number	
ID number First community served	
Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

CONTROL #: REMITTANCE #:

Radio

 \square Accepted

C	Cable Workshee	Total amount of remittance	Number of SAs rec'd		'd Initials					
		Date of remittance	 □Check	□EFT	□FILING	FEES				
Cable ID#					Amount	Initials				
Examined by	Reviewed by	Date examination completed	Allocation n	umber						
Space A Accounting		(enter four digit year and	l /1 (for Jan-Jun perio	od) or /2 (for Jul-Dec	period) No spac	ces)				
Period	☐ Letter sent]	☐Information receive	d						
	□Accepted]	Phone call/Date/Co	ntact						
Space B Owner										
	☐ Letter sent	[☐Information receive	d						
	□Accepted	[☐Phone call/Date/Contact							
Space D Area Served										
	☐Letter sent]	Information receive	d						
	□Accepted		Phone call/Date/Co	ntact						
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 receive	ed						
	□Accepted	[Phone call/Date/Co	ntact						
Space H Primary Transmitters:										

 \square Phone call/Date/Contact

	☐Information received	Carriage
☐ Letter sent		
☐ 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	