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					
2-25-22	\$					
	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	ACCOUNTING 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.								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Yadkin Valley Telecom, Inc.								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		1421 Courtney Huntsville Road, P.O. Box 368 (Number, street, rural route, apartment, or suite number)								
		Yadkinville, NC 27055 (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 unless these	_							
С		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:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite number)								
		(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Yadkin Valley Telecom, Inc.	403
D	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	" is the same as a "community unit" as defined in FCC rules: "a inities within unincorporated areas and including single, discre e as a form of system identification hereafter known as the "fi
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the identif
Served	city.	
	CITY OR TOWN	STATE
First	Cooleemee	NC
Community	Davie County	NC NO
	Harmony	NC NC
Rows as Necessary	Iredell County Mocksville	NC NC
	Yadkinville	NC NC
	Yadkin County	NC NC
	East Bend	NC NC
	Boonville	NC NC
	Wilkes County	NC NC
	Rowan County	NC
	Bermuda Run	NC NC
	Alexander County	NC
	Lewisville	NC
	Pfafftown	NC

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Yadkin Valley Telecom, Inc.

SYSTEM ID# 40381

Secondary Transmission Service: Subscribers and Rates

E

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.

BL	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	191	32.00	HD Access	-	0.00
Service to additional set(s)			Yadtel Expanded Basic	867	110.00
• FM radio (if separate rate)			Yadtel Variety Tier	113	9.00
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		1			

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		НВО	21.00
Pay cable—add'l channel		Commercial		Cinemax	19.00
Fire protection		Pay cable		Showtime	19.00
•Burglar protection		Pay cable-add'l channel		Starz	16.00
Installation: Residential		Fire protection			
• First set	45.99	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name

40381

Yadkin Valley Telecom, 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
WBTV	23	N-M	Charlotte, NC
WBTV-HD	23.1	N	Charlotte, NC
WCCB	27	I	Kannapolis, NC
WCNC	22	N	Charlotte, NC
wcwg	19	I	Lexington, NC
WFMY	51	N-M	Greensboro, NC
WFMY-HD	51.1	N	Greensboro, NC
WGHP	8	I-M	High Point, NC
WGHP-HD	8.1	I	High Point, NC
WJZY	47	I	Belmont, NC
WLXI	43	I	Greensboro, NC
WMYT	39	i	Rock Hill, SC
WMYV	33	I	Greensboro, NC
wsoc	34	N	Charlotte, NC
WUNL	32	E-M	Winston-Salem, NC
WUNL-HD	32.1	Е	Winston-Salem, NC
WXII	31	N-M	Winston-Salem, NC
WXII-HD	31.1	N	Winston-Salem, NC
WXLV	29	N-M	Winston-Salem, NC
WXLV-HD	29.1	N	Winston-Salem, NC

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

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Yadkin Valley Telecom, Inc.

40381

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		DARLE OVOT	The second						FORI	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O		EIVI:							SYSTEM ID# 40381
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis 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.									For a further
Carriage:	Special • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.									
Special									1	
Statement and	broadcast by a distant stat	•	·	,,	,	,			1	
Program Log	Note: If your answer is "No"		rest of this pac	e blank. If vour answer is	s "Ye	es." vou mu	l st comple		YES e prograr	NO n
	log in block 2.	,	. cot of allo pag	, o z.a your amono		, you	p		o p. og. c	
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each subst			te line. Use abbreviations	s wh	erever pos	sible. if the	eir m	eaning is	
	clear. If you need more space						,		3	
	Column 1: Give the title									
	period, was broadcast by a		•	•			•			
	under certain FCC rules, req Do not use general categori									۱.
	"NBA Basketball: 76ers vs.		vies oi baske	ibali. List specific progra	aiii u	illes, ioi ex	ampie, i L	ove	Lucy of	
	Column 2: If the program		dcast live, ente	r "Yes." Otherwise enter '	"No.	"				
	Column 3: Give the call s	•								
	Column 4: Give the broa							e FC	CC or, in	
	the case of Mexican or Cana Column 5: Give the mon							va rith	the men	ath.
	first. Example: for May 7 giv	,	when your sys	tem camed the substitute	e pro	gram. Ose	numerais	, witi	i trie mor	iuri
	Column 6: State the time		substitute pro	gram was carried by you	r cat	ole system	List the tir	mes	accurate	lv
	to the nearest five minutes.					•				,
	stated as "6:00-6:30 p.m."									_
	Column 7: Enter the lette		. •				•			
	to delete under FCC rules a was substituted for program									am
	effect on October 19, 1976.	illing that y	our system wa	s permitted to delete and	101 1	OO Tulos e	ina regulat	10113		
	_						N SUBST			
			E PROGRAM 3. STATION'S			5. MONTH	AGE OCC	JURI TIME		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION		AND DAY	FROM	_	ТО	
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Accounting Period:	2021/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Yadkin Valley Telecom, Inc.			,	3YSTEM ID# 40381
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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.	system's s on of how	econdary transmi to compute this a	ssion service mount, see	35,703.00 ross 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$13	but less th	nan \$527,600 n.	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt			is six-month	
	accounting period is \$52.00	, ,	, ,		
	Line 1. Royalty fee for accounting period				
	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 li	ines 1 and	2	·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	nore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	·			
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K		· ·		
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (bu	t less than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	285,703.00		
	2. Base amount under statutory formula	\$	263,800.00	•	
	3. Subtract line 2 from line 1	\$	21,903.00		
	4. Multiply line 3 by .01		\$	219.03	
	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		\$	1,538.03
	FILING FEE AND TOTAL REMITTANCE DI	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,538.03	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,558.03
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				hts!

Accounting Period:	j: 2021/2 FORM:	SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Yadkin Valley Telecom, Inc.	SYSTEM ID# 40381
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	
N Individual to Be Contacted		
for Further Information	Name Butch Mabry Telephone 336-463-5050	
	Address 1421 Courtney Huntsville Road (Number, street, rural route, apartment, or suite number) Yadkinville, NC 27055 (City, town, state, zip)	
	Email butch.mabry@yadtel.com Fax (optional	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• 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; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized 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; or (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. • 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/ Seth Dunlap	
	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: Seth Dunlap	
	Title: VP Finance (Title of official position held in corporation or partnership)	
	Date: February 22, 2022	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
adkin Valley Telecom, Inc.	40381
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 addir lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sect. For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? NO	ne basic include sub-ion 119." Special Statement Concerning Gross Receipts Exclusion
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 und For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	
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 interest rate and enter the summere	
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	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	
(interes	st charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistate contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ance 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 Of list below the owner, address, first community served, ID number, and accounting period as given in the orig	
Owner	
Address	
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 #:

☐Letter sent

 $\square \mathsf{Accepted}$

 \square Accepted

Space H Primary Transmitters: Radio

C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'd Initials		
		Date of remittance	Check □EFT	☐FILING FEES		
Cable ID#				Amount Initials		
Examined by	Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period						
	☐ January 1 - June 30, 2017	[July 1 - December 31, 2017			
	☐ Letter sent]	Information received			
	□Accepted	☐Phone call/Date/Contact				
Space B Owner						
	Letter sent]	☐Information received			
	□Accepted]	Phone call/Date/Contact			
Space D Area Served						
	☐ Letter sent]	☐ Information received			
	□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						

 $\ \ \, \square \\ \ \, Information \ received$

☐ Phone call/Date/Contact

 \square Phone call/Date/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	