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						
3-2-22	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	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						
	COON RAPIDS MUNICIPAL CABLE SYSTEM						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	123 3RD AVENUE SOUTH; PO BOX 207 (Number, street, rural route, apartment, or suite number)						
	COON RAPIDS, IA 50058						
	(City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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.

Accounting Period:	2021/2	
	1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	COON RAPIDS MUNICIPAL CABLE SYSTEM	0
Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commununincorporated 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	COON RAPIDS	IOWA
Community		
Add Rows as Necessary		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

COON RAPIDS MUNICIPAL CABLE SYSTEM

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	23	86.95	Expanded Bundle	41	85.00
Service to additional set(s)					
• FM radio (if separate rate)			Family Choice Bundle	269	85.05
Motel, hotel					
Commercial	24	86.95			
Converter			Nursing Home	33	20.95
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	18.95	Motel, hotel		Pay Channel (C-Max)	15.95
 Pay cable—add'l channel 	11.00	Commercial	20.00		
Fire protection		• Pay cable		Pay additional	14.00
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	20.00	Burglar protection			
Additional set(s)		Other services:			
FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	20.00		
		Move to new address	20.00		

accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# EGAL NAME OF OWNER OF CABLE SYSTEM Name 0 COON RAPIDS MUNICIPAL CABLE SYSTEM RIMARY 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 G 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 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 Lift the station was carried both on a substitute basis and also on some other Last use satural meter, and used in space it, in the station was carried both of a substitute basis and asso in some oriented 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 nulticast stream associated with a station according to its over-the-air designation. For example, report multistrear "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 4. LOCATION OF STATION 3. TYPE OF STATION WOI N DES MOINES, IOWA **KDSM** 17 N DES MOINES, IOWA KCCI N DES MOINES, IOWA 8 KDIN 11 JOHNSTON, IOWA WHO 13 N DES MOINES, IOWA KCWI 23 ANKENY, IOWA N KDSM DT 17.1 N DES MOINES, IOWA WOI DT 5.1 N DES MOINES, IOWA DES MOINES, IOWA KCCI DT 8.1 N NBC DT 13.1 Ν DES MOINES, IOWA KDIN DT 11.1 JOHNSTON, IOWA cw 23.1 N ANKENY, IOWA LAFF 5.2 N DES MOINES, IOWA GRIT 5.3 DES MOINES, IOWA COZI DES MOINES, IOWA 5.4

DES MOINES, IOWA

DES MOINES, IOWA

JOHNSTON, IOWA

JOHNSTON, IOWA JOHNSTON, IOWA

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23.2

23.3

13.2

13.3

13.4

23.4

ME TV

IPTV KIDS

IPTV SD3

COMET

TBD

KDMI

ESCAPE

BOUNCE

IPTV WORLD

KDSM CHARGE!

WHO WEATHER

WHO NBCSD

QUEST

WHO ANTENNA TV

HNI

U.S. Copyright Office

COON RAPIDS MUNICIPAL CABLE SYSTEM

SYSTEM ID#

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).

	1		T	1	T	_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio							M SA1-2E. PAGE 5.			
Name	COON RAPIDS MUNIC			I						SYSTEM ID#
	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.									
Carriage:										
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									1
	tatement and								V	
Program Log broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program.										
	log in block 2.	, icave tric	rest of this pag	je blank. II your answer i	10 1	co, you iii	or comple	to the	c prograi	!!
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori	itute progra ce, please a of every no distant stati gulations, o	m on a separa add additional r nnetwork televi on and that yor r authorizations	rows to the tables. ision program ("substitut ur cable system substitu s. See page (v) of the ge	te protect	ogram") tha for the prog al instructio	it, during th ramming c ns for furth	ne ac of and er in	counting other stat	tion
	"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can	Bulls." n was broad sign of the s dcast statio	lcast live, enter station broadca on's location (th	r "Yes." Otherwise enter sting the substitute prog e community to which the	"No gram he st	o." I. tation is lice	nsed by th		·	
	Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	e "5/7." s when the	substitute pro	gram was carried by you	ır ca	ible system	List the tir	mes	accurate	
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting perio	od; e	enter the let	ter "P" if th	e list	ted progra	
		I IBSTITI IT	E PROGRAM				N SUBST	_		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY		TIME		DELETION
		100 01 110	O/ LEE GIGIT	1. 37/1101/3 233/1101		THE BITT	TITOM	_	10	
								_		
								_		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 6.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S'	YSTEM ID#					
Name	COON RAPIDS MUNICIPAL CABLE SYSTEM		0					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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.	ission service mount, see	5,779.05 pss 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 \$200. 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 traccounting period is \$52.00	his six-month						
	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 lines 1 and 2							
	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							
		96 770 0E						
		86,779.05						
		77,020.95						
	6. Subtract line 5 from line 4	09,758.10						
	7. Multiply line 6 by .005 (enter figure here)	\$	548.79					
	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	\$	548.79					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)						
	4 Fatada ananta fara ananta fara ananta							
	1. 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	548.79						
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	\$	568.79					
	EFT Trace # or TRANSACTION ID # 26V6FMIA							
	<u>Important:</u> 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 more							

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: MUNICIPAL CABLE SYS	ГЕМ			SYSTEM ID# 0
M Channels	to its subscribers	s, and (2) the cable system's number of channels on which	total number of a	which the cable system carried activated channels during the	accounting period.	. 21
	on which the	number of activated channe cable system carried televisio cast services	n broadcast stat			119
N Individual to Be Contacted		BE CONTACTED IF FURTH		ION IS NEEDED (Identify an	individual to whom	
for Further Information		Kari Woodard			Telephone	712-999-2225
	Address	123 3rd Avenue Sout (Number, street, rural route, apartr Coon Rapids, IA 5009 (City, town, state, zip)	nent, or suite numb	er)		
	Email	kari.woodard@o	crmu.net		Fax (optional	
•	CERTIFICATION (This statement of account mu	ıst be certified a	nd signed in accordance with	Copyright Office regulations)	
O Certification	• I, the undersigned	d, 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 identified in line 1 of space	B; or
		of owner other than corpora n line 1 of space B and that the		hip) I am the duly authorized a corporation or partnership; or	gent 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) c	or a partner (if a partnership) of	the legal entity identified as ow	rner of the cable system
		e, and correct to the best of m	-	nder penalty of law that all state rmation, and belief, and are ma		
			X /s/ k	Kari Woodard		_
				nic signature on the line above to using an "/s/ signature" (e.g., /s/		
		Typed or printed	name: Kar	i Woodard		
		Title:		Finance & Accounting held in corporation or partnership)	g	
		Date:			3/2/2022	

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 0 **COON RAPIDS MUNICIPAL CABLE SYSTEM** 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 fol-P lowing 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** 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? NO 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. വ For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment days 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

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First community served Accounting period

CONTROL #: REMITTANCE #:

Radio

 \square Accepted

C	Cable Workshe	Total amount of remittance	Number of SAs r	ec'd Initials				
		Date of remittance	- □Check □EFT	☐FILING FEES				
Cable ID#				Amount Initials				
Examined by	Reviewed b	Date examination completed	Allocation number					
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period) or /2 (for	Jul-Dec period) No spaces)				
Period	☐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	С	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	☐Letter sent		☐Information received					
	□Accepted	[Phone call/Date/Contact					
Space H Primary Transmitters:								

 \square Phone call/Date/Contact

		Carriage
	☐ Information received	Carriage
☐ Accepted		
	☐Phone call/Date/Contact	Space J
		Part-time Carriage Log
	☐ Information received	(SA3 only)
□Accepted	□Phone call/Date/Contact	
_, коортов		Space K
		Gross Receipts
	☐ Information received	
	☐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
		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	