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					
2-21-22	\$ 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	ACCO	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting		20212 Barcode Data Filling 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								
		Computer Techniques, Inc.								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		1100 N. Sportsman Dr (Number, street, rural route, apartment, or suite number)								
		Taylorville, IL 62568								
		(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 salready 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)								
<u> </u>		Description of the contract of								

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	Computer Techniques, Inc.	6383
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated communiunincorporated 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 nities within unincorporated areas and including single, discre as a form of system identification hereafter known as the "fi
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the identif
Served	city.	
	CITY OR TOWN	STATE
First	Taylorville	IL
Community	Langleyville	IL
	Hillsboro	IL
Rows as Necessary	Nokomis	IL
	Edinburg	IL
	Pana	IL
	Witt	IL

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Computer Techniques, Inc.

SYSTEM ID# 63831

# 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	716	49.95			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

# F

## Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		Starz/Encore	19.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Showtime	19.95
<ul> <li>Fire protection</li> </ul>		• Pay cable		НВО	19.95
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Cinemax	19.95
Installation: Residential		Fire protection		Deluxe	20.00
<ul> <li>First set</li> </ul>		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Computer Techniques, Inc.

FORM SA1-2E. PAGE 3.

SYSTEM ID#

Camputer Techniques, 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
WILL	9.3	E	Urbana, IL
WILL.5	9.5	E-M	Urbana, IL
WCIX	11.3	I-M	Springfield, IL
WRJK-LP	11.3	l	Arlington Heights, IL
WICS	15.3	N	Springfield, IL
WICS.4	15.4	I-M	Springfield, IL
WICS.5	15.5	I-M	Springfield, IL
WRSP	16.3	N	Springfield, IL
WRSP.4	16.4	I-M	Springfield, IL
WRSP.5	16.5	I-M	Springfield, IL
WAND	20.3	N	Decatur, IL
WAND.4	20.4	I-M	Decatur, IL
WBUI	22.3	I	Decatur, IL
WCIA	34	N	Champaign, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63831

Computer Techniques, Inc.

## 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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A	J. 2024 /2							101105 5:05 - 1
Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CABLE SYST	·FM·				FORM	SYSTEM ID#
Name	Computer Techniques							63831
Substitute Carriage: Special Statement and Program Log  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.  Log of Substitute Program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting program on the page of the program of the prog						or a further form.		
	period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							ith
	S	SUBSTITUT	E PROGRAM			EN SUBSTITU		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			DELETION
						<u> </u>		

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN Computer Technic	IER OF CABLE SYSTEM: ques, Inc.			SYSTEM ID# 63831
M Channels	to its subscribers, a	• , ,	channels on which the cable system carried te otal number of activated channels during the ac		
					15
	on which the cab	umber of activated channel ole system carried television st services			270
N Individual to Be Contacted		E CONTACTED IF FURTH but this statement of account	ER INFORMATION IS NEEDED (Identify an ind t.)	ividual to whom	
for Further Information	Name B	illy Williams		Telephone 217-8	24-6398
	(Ni	100 N Sportsman Di			
		aylorville, IL 62568 ity, town, state, zip)			
	Email	billy.williams@ct	computers.com	Fax (optional	
0	CERTIFICATION (This	is statement of account mu	st be certified and signed in accordance with Co	pyright Office regulations)	
Certification	• I, the undersigned, h	nereby certify that (Check on	e, but only one, of the boxes.)		
	(Owner ot	ther than corporation or pa	rtnership) I am the owner of the cable system as	identified in line 1 of space B; or	
			ion or partnership) I am the duly authorized ager owner is not a corporation or partnership; or	nt of the owner of the cable system as	s identified
		or partner) I am an officer (if ine 1 of space B.	a corporation) or a partner (if a partnership) of the	legal entity identified as owner of the	e cable system
		and correct to the best of my	ereby declare under penalty of law that all stateme knowledge, information, and belief, and are made		
			X /s/ Billy Williams		
		- 0	Enter an electronic signature on the line above to ce Enter signature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name: Billy Williams		
		Title:	President of official position held in corporation or partnership)		
		Date:		February 22, 2022	

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Accounting Period:	2021/2			FORM	SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Computer Techniques, Inc.			,	SYSTEM ID 6383				
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fil all amounts (gross receipts) paid to your cable system by subscribers for t (as identified in space E) during the accounting period. For a further explain page (viii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(sequing the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross	the system's s nation of how	secondary transm to compute this a	ission service imount, see					
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 or less Use block 3 if the amount of gross receipts in space K is more than \$263,800 or less See page (vi) of the general instructions located in the paper SA1-2 form for more	100 but less t 800 but less t	han \$527,600	263,800					
	BLOCK 1: GROSS RECEIPTS OF	\$137,100 OF	R LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roaccounting period is \$52.00	yalty fee that y	you must pay for th	is six-month					
	Line 1. Royalty fee for accounting period				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR								
	Base amount under statutory formula	\$	263,800.00	<u> </u>					
	Enter amount of gross receipts from space K	· · · · · <u> </u>		-					
	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				<u>-</u>				
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN S	\$263,800 (bu	ut less than \$527	,600)					
	Enter the amount of gross receipts from space K	<u>\$</u>	316,091.00	_					
	Base amount under statutory formula	\$	263,800.00	-					
	3. Subtract line 2 from line 1	\$	52,291.00	-					
	4. Multiply line 3 by .01		\$	522.91	-				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula	ι)	\$	1,319.00	-				
	6. Interest charge. Enter the amount from line 4, space Q, page 8		-	0.00	<u>-</u>				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 4, 5, and 6	i	\$	1,841.91				
	FILING FEE AND TOTAL REMITTANCE	DUE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) .		<u>\$</u>	1,841.91	-				
Due	2. Filing Fee (See the instructions for more information on filing fee calculation	าร)	\$	20.00	<del>-</del>				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,861.91				
	Important: Your remittance must be in the form of an electronic See page i of the general instructions in the paper				ghts!				

counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
omputer Techniques, Inc.	63831
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?	P 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 underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q 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	-
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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CONTROL #: REMITTANCE #:

☐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	]		
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	