

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**

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

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
2-23-23	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	<input type="text" value="2022/2"/>	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 <input type="text"/> Barcode Data Filing Period (optional - see instructions)
B Owner	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. 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.	
	<input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	<input type="text" value="665"/>
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Alliance Communications Cooperative, Inc.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) _____	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 349 <small>(Number, street, rural route, apartment, or suite number)</small> Garretson, SD 57030 <small>(City, town, state, zip)</small>	
C System	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.	
	1	IDENTIFICATION OF CABLE SYSTEM: _____
	2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> _____ <small>(City, town, state, zip code)</small>

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 665
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E Secondary Transmission Service: Subscribers and Rates	<p>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.</p>				
BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set			Basic	706	61.95
• Service to additional set(s)			Elite	505	15.00
• FM radio (if separate rate)			Limited	16	11.95
Motel, hotel	9	9.00			
Commercial					
Converter			Nursing Home	58	9.00
• Residential					
• Non-residential					

F Services Other Than Secondary Transmissions: Rates	<p>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.</p>				
BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: • Pay cable		Installation: Non-residential • Motel, hotel		Music	3.95
• Pay cable—add'l channel		• Commercial		HBO	16.95
• Fire protection		• Pay cable		Cinemax	9.95
• Burglar protection		• Pay cable-add'l channel		Showtime	13.95
Installation: Residential • First set	51.00	• Fire protection		Starz/Encore	9.95
• Additional set(s)	26.00	• Burglar protection			
• FM radio (if separate rate)		Other services:	40.00		
• Converter	8.00	• Reconnect			
		• Disconnect			
		• Outlet relocation			
		• Move to new address			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 665
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<p>G</p> <p>Primary Transmitters: Television</p>	<p>PRIMARY TRANSMITTERS: TELEVISION</p> <p>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, <i>except</i> (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.</p> <p>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:</p> <ul style="list-style-type: none"> • Do <i>not</i> 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 <i>only</i> 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. <p>Column 1: List each station's call sign. <i>Do not</i> 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>																																																																																																												
Add Rows as Necessary	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="width: 25%;">1. CALL SIGN</th> <th style="width: 25%;">2. B'CAST CHANNEL NUMBER</th> <th style="width: 25%;">3. TYPE OF STATION</th> <th style="width: 25%;">4. LOCATION OF STATION</th> </tr> </thead> <tbody> <tr><td>KELO-CBS</td><td style="text-align: center;">11.1</td><td style="text-align: center;">N</td><td>Sioux Falls, SD</td></tr> <tr><td>KELO-MyUTV</td><td style="text-align: center;">11.2</td><td style="text-align: center;">I-M</td><td>Sioux Falls, SD</td></tr> <tr><td>KTTW-Fox</td><td style="text-align: center;">7.1</td><td style="text-align: center;">N</td><td>Sioux Falls, SD</td></tr> <tr><td>KTTW-This TV</td><td style="text-align: center;">7.2</td><td style="text-align: center;">I-M</td><td>Sioux Falls, SD</td></tr> <tr><td>KTTW-Cozi</td><td style="text-align: center;">7.3</td><td style="text-align: center;">I-M</td><td>Sioux Falls, SD</td></tr> <tr><td>KDLT-NBC</td><td style="text-align: center;">46.1</td><td style="text-align: center;">N</td><td>Sioux Falls, SD</td></tr> <tr><td>KDLT-Antenna TV</td><td style="text-align: center;">46.2</td><td style="text-align: center;">I-M</td><td>Sioux Falls, SD</td></tr> <tr><td>KSFY-ABC</td><td style="text-align: center;">13.1</td><td style="text-align: center;">N</td><td>Sioux Falls, SD</td></tr> <tr><td>KSFY-CW</td><td style="text-align: center;">13.2</td><td style="text-align: center;">I-M</td><td>Sioux Falls, SD</td></tr> <tr><td>KSFY-Me TV</td><td style="text-align: center;">13.3</td><td style="text-align: center;">I-M</td><td>Sioux Falls, SD</td></tr> <tr><td>KCPO</td><td style="text-align: center;">26</td><td style="text-align: center;">I</td><td>Sioux Falls, SD</td></tr> <tr><td>KCSD</td><td style="text-align: center;">24.1</td><td style="text-align: center;">E</td><td>Sioux Falls, SD</td></tr> <tr><td>KCSD-EW</td><td style="text-align: center;">24.2</td><td style="text-align: center;">E-M</td><td>Sioux Falls, SD</td></tr> <tr><td>KCSD-EC</td><td style="text-align: center;">24.3</td><td style="text-align: center;">E-M</td><td>Sioux Falls, SD</td></tr> <tr><td>KSCB</td><td style="text-align: center;">53</td><td style="text-align: center;">I</td><td>Sioux Falls, SD</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	KELO-CBS	11.1	N	Sioux Falls, SD	KELO-MyUTV	11.2	I-M	Sioux Falls, SD	KTTW-Fox	7.1	N	Sioux Falls, SD	KTTW-This TV	7.2	I-M	Sioux Falls, SD	KTTW-Cozi	7.3	I-M	Sioux Falls, SD	KDLT-NBC	46.1	N	Sioux Falls, SD	KDLT-Antenna TV	46.2	I-M	Sioux Falls, SD	KSFY-ABC	13.1	N	Sioux Falls, SD	KSFY-CW	13.2	I-M	Sioux Falls, SD	KSFY-Me TV	13.3	I-M	Sioux Falls, SD	KCPO	26	I	Sioux Falls, SD	KCSD	24.1	E	Sioux Falls, SD	KCSD-EW	24.2	E-M	Sioux Falls, SD	KCSD-EC	24.3	E-M	Sioux Falls, SD	KSCB	53	I	Sioux Falls, SD																																												
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 665
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K Gross Receipts	<p>GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.</p> <div style="text-align: right; border: 1px solid black; padding: 2px;"> \$ 325,101.64 <small>(Amount of gross receipts)</small> </div> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>
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L Copyright Royalty Fee	<p>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 \$263,800. • 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.</p> <p style="text-align: center;">BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</p> <p>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.</p> <p>Line 1. Royalty fee for accounting period</p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2</p> <p style="text-align: center;">BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</p> <p>1. Base amount under statutory formula \$ 263,800.00</p> <p>2. Enter amount of gross receipts from space K</p> <p>3. Subtract line 2 from line 1</p> <p>4. Enter the amount of gross receipts from space K</p> <p>5. Enter the amount from line 3</p> <p>6. Subtract line 5 from line 4</p> <p>7. Multiply line 6 by .005 (enter figure here)</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8</p> <p style="text-align: center;">BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</p> <p>1. Enter the amount of gross receipts from space K \$ 325,101.64</p> <p>2. Base amount under statutory formula \$ 263,800.00</p> <p>3. Subtract line 2 from line 1 \$ 61,301.64</p> <p>4. Multiply line 3 by .01 \$ 613.02</p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00</p> <p>6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 1,932.02</p>
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FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	<p>1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 1,932.02</p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00</p> <p>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,952.02</p> <p style="text-align: center;">EFT Trace # or TRANSACTION ID # 2743E4F1</p> <p>Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.</p>

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communications Cooperative, Inc.	SYSTEM ID# 665
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M Channels	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 16</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 284</p>
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N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)</p> <p>Name Kari J. Flanagan Telephone 605-594-8228</p> <p>Address PO Box 349, 612 3rd Street <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>Garretson, SD 47030 <small>(City, town, state, zip)</small></p> <p>Email karif@alliance.coop Fax (optional) </p>
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O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</p> <p>• I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</p> <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (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</p> <p><input checked="" type="checkbox"/> (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.</p> <p>• 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)]</p> <p style="text-align: center;"> X /s/Kari J. Flanagan</p> <p style="text-align: center;">Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p> <p>Typed or printed name: Kari J. Flanagan</p> <p>Title: CFO <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: 2/22/2023</p>
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Alliance Communications Cooperative, Inc.

665

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?

NO

YES. Enter the total here and list the satellite carrier(s) below. \$ _____

P

Special Statement Concerning Gross Receipts Exclusion

Name _____
Mailing Address _____

Name _____
Mailing Address _____

INTEREST ASSESSMENT

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.

Line 1 Enter the amount of late payment or underpayment _____

x _____

Line 2 Multiply line 1 by the interest rate* and enter the sum here -

x _____ days

Line 3 Multiply line 2 by the number of days late and enter the sum here -

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 \$ -

(interest charge)

* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.

Owner _____
Address _____

ID number _____

First community served _____

Accounting period _____

Q

Interest Assessment

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CONTROL #:

REMITTANCE #:



Cable Worksheet

Total amount of remittance

Number of SAs rec'd

Initials

Date of remittance

Check

EFT

FILING FEES

Cable ID #	Amount	Initials
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Examined by	Reviewed by	Date examination completed	Allocation number	
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Space A Accounting Period	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space B Owner	
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space D Area Served	
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space E Secondary Transission Service Subscribers: and Rates	
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space G Primary Transmitters: Television	
	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space H Primary Transmitters: Radio	
	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact

Space I
Substitute

	Carriage
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space K Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phoe call/Date/Contact
	Space M Channels
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space O Certification
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space Q Interest Assessment
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact