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 COPYRIG	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook	\$ 10-11-21 ALLOCATION NUMBER		contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	1

A	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
	SALLISAW NMUNICIPAL AUTHORITY 62459
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 525 (Number, street, rural route, apartment, or suite number)
	SALLISAW OK 74955 (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:
	DIAMONDNET
	MAILING ADDRESS OF CABLE SYSTEM:
	2 PO BOX 525
	Z (Number, street, rural route, apartment, or suite number) SALLISAW OK 74955
	(City, town, state, zip code)
ļ	

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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	SALLISAW NMUNICIPAL AUTHORITY 62459	624					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification.						
Area Served	city.	r mobile nome parks should be reported in parentheses below the identif					
	CITY OR TOWN	STATE					
First	SALLISAW	OK					
Community							
d Rows as Necessary							

									1-2E. PAGE	
Name				450				SYS	6245 6	
	SALLISAW NMUNICIPA		Y 62	459						
F	SECONDARY TRANSMISSION									
E	In General: The information in s			-		•				
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Both						ble systen	n, broken		
scribers and		r transmission service. In general, you can compute the number of subscribers in								
Rates	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									
	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 category. Example: a residential									
	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 o	once again unde	er "Servi	ce to additiona	al set(s)."					
	Block 2: If your cable system	-								
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in the	right-ha	and block. A tv	o- or thre	e-word descript	ion of the	service is		
		DCK 1					BLOC	٢2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		922	57.95						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		72	57.95						
	Converter	3	,159	2.95						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
_	In General: Space F calls for rat					Il your cable sys	stem's ser	vices that were		
F	not covered in space E, that is, t	•	,		•	• •				
	service for a single fee. There are	•			•		υ.	,		
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	ollied. It any ra	tes are cr	larged on a vari	able per-p	rogram basis,		
ransmissions:			ne cable	system for ea	ch of the	applicable servi	ces listed.			
Rates	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				shed. List	these other ser	vices in th	e form of a		
	brief (two- or three-word) descrip	otion and include	e the rat	e for each.			1			
		BLOC	K 1					BLOCK 2		
			OATEO		105		CATEG	ORY OF SERVICE	RATE	
	CATEGORY OF SERVICE			ORY OF SER		RATE				
	Continuing Services:	-	Installa	tion: Non-resi		RATE				
	Continuing Services: • Pay cable	-	Installa • Mote	t ion: Non-resi el, hotel		RATE				
	Continuing Services: • Pay cable • Pay cable—add'l channel	-	• Mote • Corr	t ion: Non-resi el, hotel ımercial						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	-	• Mote • Com • Pay	t ion: Non-resi el, hotel Imercial cable	dential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	-	• Mote • Com • Pay • Pay	tion: Non-resi el, hotel mercial cable cable-add'l ch	dential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	-	• Mote • Com • Pay • Pay • Fire	tion: Non-resi el, hotel Imercial cable cable-add'l ch protection	dential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	-	• Mote • Com • Pay • Pay • Fire	tion: Non-resi el, hotel mercial cable cable-add'l ch	dential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Mote • Com • Pay • Pay • Fire • Burg	tion: Non-resi el, hotel Imercial cable cable-add'l ch protection	dential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		• Mote • Com • Pay • Pay • Fire • Burg Other s	tion: Non-resi el, hotel Imercial cable cable-add'l ch protection Ilar protection	dential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		Installa • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-resi el, hotel mercial cable cable-add'I ch protection glar protection ervices:	dential					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Installa • Mote • Corr • Pay • Pay • Fire • Burg Other s • Reco • Disc	tion: Non-resi el, hotel mercial cable cable-add'l ch protection plar protection ervices: onnect	dential					

ounting Period: 2	2021/1			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF			SYSTEM ID						
	SALLISAW NMUNICI			6245						
C	In General: In space G, ide	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)								
G	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									
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.61								
ansmitters: elevision	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 <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.									
	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									
		ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or								
	For the meaning of these te	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,						
		n of each station. For U.S. stations, list t dian stations, if any, give the name of th	-							
	1. CALL SIGN	4. LOCATION OF STATION								
	KJRH	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	TULSA OK						
	KFTA	24	N	FORT SMITH AR						
s as Necessary	KOTV	6	<u>N</u>							
	KFSM	5	<u>N</u>	FORT SMITH AR						
	DTUL	8	N	TULSA OK						
	KOED	11	E	TULSA OK						
	KHBS	10	N	FORT SMITH AR						
	KNWA	51	N	FORT SMITH AR						
	KHBS-CW	40.2	N	FORT SMITH AR						
	KXNW	34	N	FORT SMITH AR						

EGAL NAME OF			HORITY 62459					SYSTEM I 624
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which the the community with which the	the system's hear system's FM anten his point, see page ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2				-,-		

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O			59				SYSTEM ID# 62459
J Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	fy every non	network televisi riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or au	thorizations.	For a further
Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "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 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." Column 7: Enter the letter to delete under FCC rules a was substituted for program 	od, did you ion? , leave the PROGRA itute progra cc, please a of every noi distant stati gulations, o es like "moi Bulls." n was broac sign of the s dcast static adian statio th and day e "5/7." es when the Example: a er "R" if the nd regulatic	r cable system rest of this pag mon a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske dcast live, enter station broadca n's location (th ns, if any, the of when your syst substitute pro- program carrie listed program ons in effect du	carry, on a substitute bas the blank. If your answer is te line. Use abbreviations ows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "I isting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing ring the accounting period	"Yes," you mo wherever pos program") tha d for the prog eral instructio n titles, for ex No." um. station is lice station is lice station is lice cable system 15 p.m. to 6:2 amming that y l; enter the left	ust complete ssible, if the at, during the gramming of ns for furthe cample, "I Lo ensed by the tample, "I Lo ensed by the tample, "I co ensed by the cample, so the the tim 28:30 p.m. so your system tter "P" if the	YES e the program ir meaning is e accounting f another sta er information ove Lucy" or e FCC or, in with the mon mes accurate should be was <i>require</i> e listed progr	X NO m s tion n.
	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7.			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	6. 1 FROM	TIMES — TO	DELETION
							_ _	
							_	
					· · · · · · · · · · · · · · · · · · ·			
							_ _	
							_ _	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SALLISAW NMUNICIPAL AUTHORITY 62459	SYSTEM ID# 62459
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis: (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion service
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 but less than or equal to \$26 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this	
	accounting period is \$52.00 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 LESS (but more than \$137,100	0)
	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	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	00)
	1. Enter the amount of gross receipts from space K \$ 413,237.00 2. Data support and a statistic formula \$ 263,800,00	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	4 404 07
		1,494.37
		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	\$ 2,813.37
	FILING FEE AND TOTAL REMITTANCE DUE	
Elling Free and		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,813.37
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	\$ 2,833.37
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:	62459			SYSTEM ID# 62459
M Channels	to its subscribe 1. Enter the tota system carrie	rs, and (2) the cable system's to al number of channels on which ed television broadcast stations	otal numb n the cabl	s on which the cable system carried tel per of activated channels during the acc e	counting period.	10
	on which the	al number of activated channels cable system carried televisior dcast services	n broadca			227
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an indi	ividual to whom	
for Further Information	Name	ROBIN HAGGARD			Telephone	918-775-6241
	Address	PO BOX 525 (Number, street, rural route, apartm SALLISAW OK 74955 (City, town, state, zip)		e number)		
	Email	FINANCE@SAL	LISAWC	OK.ORG	Fax (optional 918-775-419	4
ο	CERTIFICATION	(This statement of account mus	st be cert	ified and signed in accordance with Co	pyright Office regulations)	
Certification		ed, hereby certify that (Check on er other than corporation or pa		<i>y one</i> , of the boxes.)) I am the owner of the cable system as	identified in line 1 of space E	; or
	(Agen			rtnership) I am the duly authorized agen not a corporation or partnership; or	it of the owner of the cable s	ystem as identified
		in line 1 of space B.		ation) or a partner (if a partnership) of the		er of the cable system
		te, and correct to the best of my		lare under penalty of law that all statemen ge, information, and belief, and are made		
			Х	/s/ Robin Haggard		
				electronic signature on the line above to centric signature on the line above to centric the using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	name:	ROBIN HAGGARD		
				TOR OF FINANCE position held in corporation or partnership)		
		Date:			10/11/2021	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
LISAW NMUNICIPAL AUTHORITY 62459	6245
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 Mailing Address Mailing Address	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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Cab Work		Cable Total amount of remittance		Number of SAs rec'd In			nitials
			Date of remittance	_ Check	EFT	FILIN	G FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocatio	n number		
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun p	period) or /2 (for Jul-De	ec period) No spa	ices)
Period	Letter	rsent	C	Information rec	eived		
		oted	C	Phone call/Date	/Contact		
Space B Owner							
	Letter	rsent	□ Information received				
		oted	Phone call/Date/Contact				
Space D Area Served							
	Letter	rsent	C	Information rec	eived		
		oted	Phone call/Date/Contact				
Space E Secondary Transission							
Service Subscribers:	Letter	rsent	C	Information rec	eived		
and Rates		oted	C	Phone call/Date	/Contact		
Space G Primary Transmitters:							
Television	Letter	r sent	[Information rec	eived		
		oted	[Phone call/Date	e/Contact		
Space H Primary Transmitters:							
Radio	Accep	oted	[Phone call/Date	e/Contact		

		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	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
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	
	Phone call/Date/Contact	