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					
3/1/2022	\$					
	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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	20212 Barcode Data Filing Period (optional - see instructions)							
Period								
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	NEX-TECH LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	145 N MAIN							
	(Number, street, rural route, apartment, or suite number)							
	LENORA, KS 67645 (City, town, state, zip)							
	Programme and the programme an							
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these imes 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)							
-	(Oily, total, Julius, Jup total)							

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.

Accounting Period:	2021/2						
	LEGAL NAME OF OWNER OF OARLE OVOTEN	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	NEX-TECH LLC	11496					
_	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun						
D	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						
	community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	e parks should be reported in parentheses below the identified					
Served							
	CITY OR TOWN	OTATE					
First	CITY OR TOWN BURR OAK	STATE KS					
Community	DOM OAK	NO NO					
•							
Add Rows as Necessary							
,							

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEX-TECH LLC

SYSTEM ID# 11496

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.

BLG	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	3020.1.22.10		0,112001110110211102	00000111001110		
Service to first set	75	30.00	DELUXE	53	50.00	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
				1		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
• Pay cable	80.00	Motel, hotel		Sports & Entertain.	13.95		
 Pay cable—add'l channel 		Commercial		Cinemax	11.95		
 Fire protection 		• Pay cable		НВО	17.95		
•Burglar protection		Pay cable-add'l channel		Showtime & TMC	10.99		
Installation: Residential		Fire protection		Starz! Encore	12.95		
• First set	99.00	Burglar protection		NFL RedZone	49.95		
Additional set(s)	110.00	Other services:					
• FM radio (if separate rate)		Reconnect	30.00				
Converter		Disconnect					
		Outlet relocation	110.00				
		Move to new address	99.00				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 11496

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

NEX-TECH LLC

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
KSNC	2	N	GREAT BEND, KS
KLNE	3	E	LEXINGTON, NE
KSNB	5	N	SUPERIOR, NE
KBSH	7	N	HAYS, KS
KOOD	9	E	HAYS, KS
KGIN	11	N	GRAND ISLAND, NE
KHGI	13	N	KEARNEY, NE
KFXL	14	N	LINCOLN, NE
KSNB-DT2	15	N-M	LINCOLN, NE
KCWH	16	l	LINCOLN, NE
KSCW	23	I	WICHITA, KS
KSAS	24	N	WICHITA, KS
KWCH-DT2	110	N-M	WICHITA, KS
KSCW-DT3	182	I-M	WICHITA, KS
KOOD-DT3	183	E-M	HAYS, KS
KSAS-DT3	185	N-M	WICHITA, KS
KMTW-DT3	186	I-M	WICHITA, KS
KMTW-DT4	187	I-M	WICHITA, KS
KOOD-DT2	189	E-M	HAYS, KS
KSCW-DT4	190	I-M	WICHITA, KS
KGIN-DT5	191	I-M	GRAND ISLAND, NE
KWCH-DT3	194	I-M	WICHITA, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

NEX-TECH LLC 11496

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).

0.44.4.016	T =	I 0/5				0.5	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KQMA	FM		PHILLIPSBURG, KS				
KKDT	FM		BURDETT, KS				
KREP	FM		BELLEVILLE, KS				
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Accounting Period	eriod: 2021/2 FORM SA1-2E. PAGE 5.							
-	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	NEX-TECH LLC							11496
1	In General: In space I, identificulties substitute basis during the ac	UBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a abstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further splanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Substitute					ine general ins	ructions in t	ne paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting peri 	iod, did you	ır cable system	n carry, on a substitute ba	asis, any nonr	etwork tele	vision progra	am
Program Log	broadcast by a distant stati	on?					YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer	is "Yes," you r	nust comple	ete the progr	am
	log in block 2.			,		•		
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each 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 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 substituted for Crules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in							
					II wh	EN SUBST	TITUTE	
						7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. FROM	TIMES TO	DELETION
							_	
]			
							_	
							_	
							_	
							_=	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S'	YSTEM ID#					
	NEX-TECH LLC		11496					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 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 amount, see	6,957.78 ss 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 \$ 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 this accounting period is \$52.00	s six-month						
	Line 1. Royalty fee for accounting period	\$	52.00					
	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	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1							
	1. Base amount under statutory formula	-						
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1	-						
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)						
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		s!					

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:				SYSTEM ID# 11496
M Channels	to its subscribe 1. Enter the total system carrie 2. Enter the total on which the	You must give (1) the number of rs, and (2) the cable system's to all number of channels on which and television broadcast stations all number of activated channels cable system carried television dcast services	otal number of acti n the cable s	vated channels during the a	accounting period.	333
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accour		N IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	Scott Roe			Telephone	785-625-7070
	Address	2418 Vine Street (Number, street, rural route, apartn Hays, KS 67601 (City, town, state, zip)	nent, or suite number)			
	Email	sroe@nex-tech.	com		Fax (optional	
O Certification	I, the undersigned (Owned) (Agent) X (Office) I have examined	(This statement of account mued, hereby certify that (Check one or other than corporation or part of owner other than corporation line 1 of space B and that the er or partner) I am an officer (if in line 1 of space B. It he statement of account and he te, and correct to the best of my ion 1001(1986)]	e, but only one, of the rtnership) I am the ion or partnership) owner is not a corporation) or a pareby declare under	e boxes.) owner of the cable system as I am the duly authorized age oration or partnership; or partner (if a partnership) of th	s identified in line 1 of space B; ent of the owner of the cable sy e legal entity identified as owner ents of fact contained herein	or stem as identified
			Enter an electronic	onda S. Goddard signature on the line above to g an "/s/ signature" (e.g., /s/	•	-
		Typed or printed	Chief Financi			
		(Title	e of official position hel	d in corporation or partnership)	02/22/2022	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
X-TECH LLC	11496
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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 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	
* 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@loc.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	

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CONTROL #: REMITTANCE #:

Reviewed by

_____January 1 - June 30, 2017

Letter sent

Accepted

Letter sent

Accepted

Letter sent

Accepted

___Letter sent

Accepted

Letter sent

Accepted

Accepted

Cable
Worksheet

Cable ID#

Space A
Accounting
Period

Space B Owner

Space D Area Served

Space E Secondary Transission Service

Subscribers: and Rates

Space G Primary Transmitters: Television

Space H Primary Transmitters: Radio

Examined by

Total amount of remittance	Number of SAs rec'd		lı	Initials	
Date of remittance	_ □Check □EFT		FILIN	FILING FEES	
			Amount	Initia	
Date examination completed	Allocati	on number			
		<u>'</u>			
	July 1 - Decer	mber 31, 2017			
	Information r	eceived			
	Phone call/Da	ite/Contact			
	Information r				
L	Phone call/Da	ite/Contact			
	Information r	eceived			
	Phone call/Da	ite/Contact			
	Information r	eceived			
	Phone call/Da	ite/Contact			
	Information r	eceived			
	Phone call/Da	ate/Contact			

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	