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	Γ OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2/27/2022	\$
	ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	20212 Barcode Data Filing Period (optional - see instructions)						
Accounting Period							
	Instructions:						
В	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						
	United Telephone Mutual Aid Corp						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	PO Box 729 (Number, street, rural route, apartment, or suite number)						
	(Number, street, rural route, apartment, or suite number) Langdon, ND 58249						
	(City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number street rural route, anartment, or suite number).						
	(Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office 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 Office'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 filing, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	United Telephone Mutual Aid Corp	tem. A "community" is the same as a "community unit" as defined in FCC rules: "a
_		item. A community is the same as a community unit as defined in FCC rules: a incorporated communities within unincorporated areas and including single, discre
D		incorporated communities within unincorporated areas and including single, discre at you list will serve as a form of system identification hereafter known as the "firs
	community." Please use it as the first community on all future filin	
		ngs. niums, or mobile home parks should be reported in parentheses below the identif
Area		ilums, or mobile home parks snould be reported in parentileses below the identi-
Served	city.	
	CITY OR TOWN	STATE
First	Munich	ND ND
Community	Calio	ND
	Milton	ND
Rows as Necessary	Langdon	ND
	Osnabrock	ND
	Rock Lake	ND
	Egeland	ND ND
	Calvin	ND
	Wales	ND ND
	St John	ND
	Souris	ND
	Bottineau	ND
	Rolette	ND
	Rolla	ND
	Alsen	ND ND
	Sarles	ND
	Walhalla	ND ND
	Willow City	ND
	Bisbee	ND
	Kramer	ND
	Dunseith	ND
	Belcourt	ND
	Deloour	

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

37039

Ε

Name

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

United Telephone Mutual Aid Corp

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	3,224	19.95	Expanded	2,816	74.90
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	146	50.00	Expanded	84	90.00
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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		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:

SYSTEM ID# 37039

United Telephone Mutual Aid Corp

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
KGFE	2	E	Grand Forks, ND
KXJB	5	N	Fargo, ND
WDAZ	8	N	Grand Forks, ND
WDAY	6	l	Fargo, ND
KNRR	12	l	Pembina, ND
KMOT	10	N	Minot, ND
KXMC	13	N	Minot, ND
KXND	24	l	Minot, ND
KVLY	11	N	Fargo, ND
KRDK	4	N	Fargo, ND
KNDB	7	N	Minot, ND
KXMY	14	I	Minot, ND

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

United Telephone Mutual Aid Corp

37039

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 EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
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Accounting Perio								SA1-2E. PAGE 5.	
Name	United Telephone Mut							37039	
	CURCUITUTE CARRIAGE	. CDECIA	CTATEMEN	T AND DOCCDAM I OC					
 Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non ecounting pe	network televisi	on program, broadcast by cific present and former FC	a <i>distant</i> stati CC rules, regul	ations, or author	izations. Fo	or a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special	During the accounting periods	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork television	program		
Statement and Program Log	broadcast by a distant stat	ion?					YES	NO	
	Note: If your answer is "No.	" leave the	rest of this pag	e blank If your answer is	"Vee " you m	ust complete the			
	log in block 2.	icave tric	rest of this pag	e blank. If your answer is	res, you iii	ust complete th	o program		
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the broa 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 lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o es like "mor 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 regulatio	m on a separal add additional ranetwork televion and that your authorizations vies" or "baske deast live, enter station broadca on's location (thins, if any, the cowhen your syst substitute program carried listed program ons in effect duitenal ranetwork to the company of the	ows to the tables. sion program ("substitute or cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "I sting the substitute prograe community to which the community with which the em carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	program") the defor the program titles, for example, a station is lice station is identified by the cable system 15 p.m. to 6:22 amming that the deformance of the cable system 15 p.m. to 6:22 amming that the left senter th	at, during the acgramming of and one for further in cample, "I Love bensed by the FC ntified). In the numerals, with the List the times are 28:30 p.m. should our system was tter "P" if the list	ecounting other station formation. Lucy" or economic or in the mont accurately lid be a required ged program	h ,	
	10, 1070.			WH	EN SUBSTITU	TE			
	S	UBSTITUT	E PROGRAM	<u> </u>	CARF	RIAGE OCCUR		7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME	S TO	DELETION	
		163 01 140	CALL SIGIN	4. STATION S LOCATION	ANDBAT	TROW —	10		
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Namo					SA1-2E. PAGE
	NAME OF OWNER OF CABLE SYSTEM:			5	YSTEM IC
Unite	d Telephone Mutual Aid Corp				3703
K Gross Receipts Instru all arm (as ide page (G	STRECEIPTS ctions: The figure you give in this space determines the form you file arounts (gross receipts) paid to your cable system by subscribers for the swiffied in space E) during the accounting period. For a further explanation of the general instructions located in the paper SA1-2 form. The pross receipts from subscribers for secondary transmission service(s) uring the accounting period.	system's se on of how to	econdary transm compute this a	nission service amount, see	
CORVE	IOUT POVALTY FFF	<u> </u>		, ,	
Copyright Royalty Fee Instruct Comp Use bl Use bl Use bl	IGHT ROYALTY FEE ions: To compute the royalty fee you owe: ete block 1, block 2, or block 3. ock 1 if the amount of gross receipts in space K is \$137,100 or less. ock 2 if the amount of gross receipts in space K is more than \$137,100 ock 3 if the amount of gross receipts in space K is more than \$263,800 (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha		263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR L	ESS		
	tions: As a cable system with gross receipts of \$137,100 or less, the royalt ting period is \$52.00.	y fee that yo	ou must pay for t	his six-month	
Line 1.	Royalty fee for accounting period				
Line 2.	Interest charge. Enter the amount from line 4, space Q, page 8				0.00
Line 3.	TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	00)	
1. Base	e amount under statutory formula	\$	263,800.00		
2. Ente	er amount of gross receipts from space K				
3. Sub	tract line 2 from line 1				
4. Ente	r the amount of gross receipts from space K				
5. Ente	er the amount from line 3				
6. Sub	tract line 5 from line 4				
7. Mult	iply line 6 by .005 (enter figure here)				
8. Inter	est charge. Enter the amount from line 4, space Q, page 8				0.00
9. TO 1	AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8	• • • • • • • • • • • • • • • • • • • •		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but I	ess than \$527,	,600)	
1. Ente	er the amount of gross receipts from space K	\$	435,637.00		
2. Bas	e amount under statutory formula	\$	263,800.00	•	
	tract line 2 from line 1	\$	171,837.00	•	
	iply line 3 by .01		•	1,718.37	
	alty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
5. Rov	,			,	
	est charge. Enter the amount from line 4, space Q, page 8			0.00	
6. Inter	est charge. Enter the amount from line 4, space Q, page 8			0.00	3,037.37
6. Inter		5, and 6			3,037.37
6. Inter	AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6			3,037.37
6. Intel 7. TOT Filling Fee and otal Remittance	AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6			3,037.37
Filling Fee and otal Remittance Due	FILING FEE AND TOTAL REMITTANCE DU	5, and 6	\$	\$	3,037.37
Filing Fee and otal Remittance Due 1. Roy 2. Filin	FILING FEE AND TOTAL REMITTANCE DU	5, and 6 E	\$	3,037.37	3,037.37
Filing Fee and Total Remittance Due 1. Roy 2. Filin	FILING FEE AND TOTAL REMITTANCE DU alty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	5, and 6 E	\$	\$ 3,037.37 20.00	

Accounting Period: 2	2021/2				FORM SA1-2	E. PAGE 7.
Name	LEGAL NAME OF OWNER United Telephone Mu				SYS	37039
M Channels	1. Enter the total numb system carried telev 2. Enter the total numb on which the cable s	(2) the cable system's per of channels on whic rision broadcast station per of activated channe system carried television	total num h the cab s ls n broadca		12 405	
N Individual to Be Contacted	we can contact about t	this statement of accou		DRMATION IS NEEDED (Identify an individual	(704)070 4440	
for Further Information		Mikkelsen	700	I elep	hone (701)256-1112	
	(Numb	7th Ave, PO Box er, street, rural route, apartn gdon, ND 58249	nent, or suit	te number)		
	(City, to	own, state, zip) taram@corp.utn	na.com	Fax (optional		
O Certification	I, the undersigned, here (Owner other (Agent of own	than corporation or pa	ne, <i>but on</i> artnershi _l	tified and signed in accordance with Copyright Office regular ly one, of the boxes.) p) I am the owner of the cable system as identified in line 1 of s artnership) I am the duly authorized agent of the owner of the o	pace B; or	
		artner) I am an officer (i 1 of space B.	f a corpora	ation) or a partner (if a partnership) of the legal entity identified	as owner of the cable system	
		correct to the best of my	-	clare under penalty of law that all statements of fact contained l ge, information, and belief, and are made in good faith.	nerein	
				/s/Stephen Swanson electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	_	
		Typed or printed	name:	Stephen Swanson		
		Title:		al Manager/CEO position held in corporation or partnership)		
		Date:		02/27/2022		

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unting Period: 2021/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ted Telephone Mutual Aid Corp	37039
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	
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	Interest Assessment
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	

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CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	☐ Check	□EFT	□ FILING I	FEES	
Cable ID #						Amount	Initials	
Examined by	Rev	iewed by	Date examination completed	Allocation nu	ımber			
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun perioo	d) or /2 (for Jul-I	Dec period) No space	es)	
Period	□ Letter sent □ Information received							
	□ Accepted □ Phone call/Date/Contact							
Space B Owner								
	□ Letter sent			Information received	l			
	□ Accepted □ Phone call/Date/Contact							
Space D Area Served								
	☐ Letter sent			Information received				
	□Accepted			Phone call/Date/Cont	tact			
Space E Secondary Transission								
Service Subscribers:	☐ Letter sent			Information received	ı			
and Rates	□Accepted			☐ Phone call/Date/Contact				
Space G Primary Transmitters:								
Television	☐ Letter sent			Information received	ı			
	☐ Accepted		Г	☐Phone call/Date/Con	tact			
Space H Primary Transmitters:								
Radio	□Accepted			Phone call/Date/Con	tact			

		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 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	