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

Accounting Period Instructions: Give the full legal name of the own of the subsidiary, not that of the particle Ust any other name or names under If there were different owners duri single statement of account and ro Check here if this is the system's fire LEGAL NAME OF OWNER/M CEQUEL COMMUNICATIONS BUSINESS NAME(S) OF OWN SUDDENLINK COMMUNICATIONS BUSINESS OF OWNE 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)	Period 1 = January 1 - June 30 D212 Barcode Data Filing Period (optional r of the cable system. If the owner is a sub- ent corporation.	Period 2 = July 1 - December 31							
Cable Systems (Short Form) General instructions are located in the first tab of this workbook. A Accounting Period B Owner List any other name or names under in the subsidiary, not that of the particular of the subsidiary	03/01/2022 ED BY THIS STATEMENT: (Y Period 1 = January 1 - June 30 D212 Barcode Data Filing Period (optiona r of the cable system. If the owner is a sub- rent corporation. which the owner conducts the business of g the accounting period, only the owner or	\$ ALLOCATION NUMBER (YYYY/(Period)) Period 2 = July 1 - December 31 al - see instructions) sidiary of another corporation, give the full corporation of the cable system. n the last day of the accounting period should so unting period.	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.						
General instructions are located in the first tab of this workbook. A Accounting Period B Owner Istructions: Give the full legal name of the own of the subsidiary, not that of the particle in the rame or names under if there were different owners during single statement of account and ro Check here if this is the system's fill LEGAL NAME OF OWNER/M EUSINESS NAME(S) OF OWN SUDDENLINK COMMUNICATI MAILING ADDRESS OF OWNER 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, rown, state, 20)	Period 1 = January 1 - June 30 Deriod 1 = January 1 - June 30	ALLOCATION NUMBER (YYYY/(Period)) Period 2 = July 1 - December 31 II - see instructions) sidiary of another corporation, give the full corporation, giv	contact the U.S. Copyright Office Licensing Division at (202) 707-8150.						
A ACCOUNTING PERIOD COVE 2021/2 2021/2 Accounting Period Instructions: Give the full legal name of the own of the subsidiary, not that of the particular Uist any other name or names under If there were different owners duri single statement of account and ro Check here if this is the system's ful Check here if this is the system's ful BUSINESS NAME(S) OF OWN SUDDENLINK COMMUNICATIONS BUSINESS NAME(S) OF OWN SUDDENLINK COMMUNICATIONS BUSINESS OF OWNER 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)	Period 1 = January 1 - June 30 Deriod 1 = January 1 - June 30	(YYY/(Period)) Period 2 = July 1 - December 31 II - see instructions) sidiary of another corporation, give the full corporatin, giv	Office Licensing Division at (202) 707-8150.						
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Check here if this is the system's fit LEGAL NAME OF OWNER/M CEQUEL COMMUNICATIONS BUSINESS NAME(S) OF OWN SUDDENLINK COMMUNICATI MAILING ADDRESS OF OWNE 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)	alty fee payment covering the entire accou								
LEGAL NAME OF OWNER/M CEQUEL COMMUNICATIONS BUSINESS NAME(S) OF OWN SUDDENLINK COMMUNICATI MAILING ADDRESS OF OWNE 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)		r assigned by the Licensing Division.							
CEQUEL COMMUNICATIONS BUSINESS NAME(S) OF OWN SUDDENLINK COMMUNICATI MAILING ADDRESS OF OWNE 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)	t filing. If not, enter the system's ID numbe	-	062658						
CEQUEL COMMUNICATIONS BUSINESS NAME(S) OF OWN SUDDENLINK COMMUNICATI MAILING ADDRESS OF OWNE 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)									
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SUDDENLINK COMMUNICATI MAILING ADDRESS OF OWNE 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)	CEQUEL COMMUNICATIONS LLC								
MAILING ADDRESS OF OWNE 3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)	R OF CABLE SYSTEM (IF DIFFEREN	T)							
3027 S SE LOOP 323 (Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)	NS								
(Number, street, rural route, apartment, or TYLER, TX 75701 (City, town, state, zip)	R OF CABLE SYSTEM								
TYLER, TX 75701 (City, town, state, zip)									
(City, town, state, zip)	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701								
INSTRUCTIONS: In line 1, give any									
names already appear in space B. I		entify the business and operation of the the system, if different from the address							
System	:M:								
¹ KINGMAN AZ PRISON									
MAILING ADDRESS OF CABLE SY	MAILING ADDRESS OF CABLE SYSTEM:								
2 (Number, street, rural route, apartment, or	TEM:	2							
(City, town, state, zip code)									
Privacy Act Notice: Section 111 of Title 17 of the United States (

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CEQUEL COMMUNICATIONS LLC	062
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including sing t will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GOLDEN VALLEY	AZ
Community	(KINGMAN AZ PRISON)	
dd Rows as Necessary		

								FORM SA1-		
Name	LEGAL NAME OF OWNER OF C		SYSTEM ID#							
	CEQUEL COMMUNICA	FIONS LLC							06265	
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
Ε	In General: The information in space E should cover all categories of secondary transmission service of the cable									
<u> </u>	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									
Secondary Fransmission	last day of the accounting period						hose exist	ing on the		
Service: Sub-	Number of Subscribers: Bot						ole system	, broken		
scribers and	down by categories of secondar									
Rates	each category by counting the n		0	0,0				charged		
	separately for the particular serv Rate: Give the standard rate of					•	,	ro and the		
	unit in which it is generally billed	-	-	•			-			
	category, but do not include disc	· ·			ny standa		5 within a			
	Block 1: In the left-hand block				ies of sec	condary transmis	sion servi	ce that cable		
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			•		-				
	subscriber who pays extra for ca					0,	•			
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t						,.			
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-n	Iand Diock. A lu	o- or thre	e-word descripti	on or the s	service is		
		DCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE	
	Residential:	SUBSCRIB	LNG	INATE	0A11		VICL	SUBSCRIBERS	IVA II	
	Service to first set		0	-						
	Service to additional set(s)		Ĭ							
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		150	42.41						
	Converter			-2.71						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATES	S					
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were									
I	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									
Services	furnished at cost or (2) services	•	,		0		0 ()	·		
Other Than										
Secondary	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.									
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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) descrip									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEGO	ORY OF SERVICE	RATE	
	Continuing Services:		Installa	ation: Non-resi	dential					
	• Pay cable	-	• Mot	tel, hotel						
	 Pay cable—add'l channel 	-	• Cor	mmercial						
	Fire protection		• Pay	/ cable						
	 Burglar protection 		• Pay	/ cable-add'l ch	annel					
	Installation: Residential		• Fire	e protection						
	• First set	-	• Bur	glar protection						
	 Additional set(s) 	-	Other s	services:						
	• FM radio (if separate rate)		• Red	connect		-				
	Converter		• Dis	connect						
		1					I			
			• Out	let relocation		-				
				tlet relocation ve to new addre	ess	-				

counting Period:	2021/2			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 062658					
	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, WF Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination I with a station according to its over-th	t (1) stations carried only on a part-tii he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF ST							
	KAET-1	8	E	PHOENIX, AZ					
	KNXV-1	15	N	PHOENIX, AZ					
	KPHO-1	5	N	PHOENIX, AZ					
Rows as Necessary			N	MESA, AZ					
	KPNX-1 KSAZ-1	12 10	N 	PHOENIX, AZ					
	KTVW-1	33	•	PHOENIX, AZ					
	KTAZ-1	39		PHOENIX, AZ					

LEGAL NAME O									SYSTEM 062
	t every radio s	tation ca	arried on a separate and disc nerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: Column 4: Colum	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	y the sys be recein the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which the	at e s th	the system's he ystem's FM antr is point, see page ed by the cable s e station is licen	eadend, and (2 enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s leneral ii eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitter Radio
				ie			e/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	F	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								·	

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS L	LC					062658
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion that vo	ur cable svst	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of th	he general ins	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network tele	evision prog	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tho	rost of this pa	ao blank. If your answor is	"Voc" vou			
	-	, leave the	rest of this pa	ge blank. If your answer is	s res, your	nust compr	ete the prog	Iani
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subs			ate line. Use abbreviations	wherever p	ossible. if th	neir meaning	ı is
	clear. If you need more spa				· · · · · · · · · · · · · · · ·			,
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				1 /	,	
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		concod by t	he ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			s, with the m	nonth
	first. Example: for May 7 give							
	to the nearest five minutes.			ogram was carried by your				ately
	stated as "6:00–6:30 p.m."		a program can	led by a system norm 0.01	. 15 p.m. to t	.20.00 p.m.		
	Column 7: Enter the lett			n was substituted for progr				
	to delete under FCC rules a							ogram
	was substituted for programe ffect on October 19, 1976.		your system wa	as permitted to delete und	er FCC rules	and regula	ations in	
		•						
						N SUBSTI		
	S	1	E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	IMES — TO	DELETION
		100 01 110	ONEE OFOIT		THE BITT	TROM	10	
			·			·		
							_	
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						· · · · · · · · · · · · · · · · · · ·		

Accounting Period:	2021/2	FORM SA1-2E.	PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		EM ID#							
Name		0	62658							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enial 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 a 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								
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 \$2 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 thi accounting period is \$52.00.	is six-month								
	Line 1. Royalty fee for accounting period	\$ 52	2.00							
	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		2.00							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)								
	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							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	00)								
	1. Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula \$ 263,800.00									
	3. Subtract line 2 from line 1									
	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									
	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	1. 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	7.00							
	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:	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: IUNICATIONS LLC			SYSTEM ID# 062658
M Channels	to its subscribers, 1. Enter the total system carried t	and (2) the cable system's number of channels on whic	total numl h the cab	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	. 7
		ble system carried television ast services		st stations	26
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou		PRMATION IS NEEDED (Identify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone	9 (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apart TYLER, TX 75701 (City, town, state, zip)		te number)	
	Email	RODNEY.HAS	KINS@A	LTICEUSA.COM Fax (optional)	
O Certification	I, the undersigne (Owner (Agent	d, hereby certify that (Check other than corporation or p of owner other than corpor	one, <i>but or</i> partnersh ation or p	rtified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space partnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or	e B; or
	I have examined	ne 1 of space B. the statement of account and a, and correct to the best of m	l hereby d	ration) or a partner (if a partnership) of the legal entity identified as c eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	d name:	ALAN DANNENBAUM	
		Title: (Title of o		PROGRAMMING on held in corporation or partnership)	
		Date:		2/1/2022	

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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	062658
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
 * 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	

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