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 COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	coplicsoa@copyright.gov For additional information,
General instructions are located in the first tab of this workbook	3-1-22	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY)	YY/(Period))	

_	-	
A	ACC	OUNTING 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		
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.
	х	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
		Three River Communications, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 66 (Number, street, rural route, apartment, or suite number)
		Lynch, NE 68746
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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	
	2	(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 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 ID
Italiio	Three River Communications, LLC	6388
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated communincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "firs
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	me parks should be reported in parentheses below the identifie
001704		
		STATE
First Community		NE
community		NE
	O'NEILL	NE
Rows as Necessary	NAPER	NE
	SPRINGVIEW	NE
	LYNCH	NE
	VERDEL	NE
	JOHNSTOWN	NE
	PIERCE	NE

									-2E. PAGE		
Name								SYS	TEM ID 6388		
	Three River Communica	ations, LLC							0300		
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIE	BERS AND RA	TES						
E	In General: The information in s			-		•					
Secondary	system, that is, the retransmission about other services (including particular services)										
Secondary Transmission	last day of the accounting period						those exis	ang on the			
Service: Sub-	Number of Subscribers: Both						ble system	n, broken			
scribers and	down by categories of secondary	s of secondary 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). <b>Rate:</b> 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.										
	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										
	that applies to your system. Not			-		-					
	categories, that person or entity subscriber who pays extra for ca					• •	•				
	first set" and would be counted of										
	Block 2: If your cable system					service that ar	e different	from those			
	printed in block 1 (for example, t	-									
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word descrip	tion of the	service is			
	sufficient.	2014						( )			
	BLC	OCK 1 NO. OF					BLOC	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		858	35.50							
	<ul> <li>Service to additional set(s)</li> </ul>										
	<ul> <li>FM radio (if separate rate)</li> </ul>										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	<ul> <li>Non-residential</li> </ul>										
	SERVICES OTHER THAN SEC				•				•		
_	In General: Space F calls for rat					ll your cable sy	stem's serv	vices that were			
F	not covered in space E, that is, t	those services	that are	not offered in	combinati	on with any sec	ondary trai	nsmission			
	service for a single fee. There ar	•			•		0 (	,			
Services Other Than	furnished at cost or (2) services										
Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ites are cr	larged on a var	lable per-p	rogram basis,			
Fransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the	applicable serv	ices listed.				
Rates											
	<b>Block 2:</b> 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	otion and includ	le the ra	te for each.			-				
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Installa	tion: Non-res	idential						
	• Pay cable		• Mot	el, hotel			Essent	tial	35.5		
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Con	nmercial			Expan		89.2		
	<ul> <li>Fire protection</li> </ul>		• Pay	cable			Expanded Plus		####		
	<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l ch	annel		Supren	ne	####		
	Installation: Residential		• Fire	protection			Starz/E	Incore	13.5		
	• First set		• Burg	glar protection			HBO		19.0		
	<ul> <li>Additional set(s)</li> </ul>		Other s	ervices:			Showti	ime/TMC	15.7		
	• FM radio (if separate rate)		• Rec	onnect			Cinema		15.7		
	• Converter		• Disc	connect							
			• Out	et relocation							
					ess		•••••				
				ve to new addr	ess						

ting Period: 2	2021/2			FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	Three River Commu	nications, LLC		638						
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Insmitters: Ievision	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations</b> : 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. <b>Column 1:</b> List each station's call sign. <i>Do not</i> report origination program services such as HBO. ESPN. etc. Identify each									
	<b>Column 1:</b> List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream									
	Column 2: Give the chann of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the locati	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. <b>Column 2:</b> 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. <b>Column 3:</b> 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. <b>Column 4:</b> 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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KMNE-DT	7.1	E	BASSETT, NE						
	KMNE-DT2	7.2	E-M	BASSETT, NE						
as Necessary	KFXL-DT	51.1	N	LINCOLN, NE						
Rows as Necessary	KSNB-DT	4.1	N	SUPERIOR, NE						
	NOND-DI			SUF LINDIN, NL						
	KOLN-DT	10.1	N	LINCOLN, NE						
	KOLN-DT	10.1	N	LINCOLN, NE						
	KOLN-DT	10.1	N	LINCOLN, NE						
	KOLN-DT	10.1	N	LINCOLN, NE						
	KOLN-DT	10.1	N	LINCOLN, NE						
	KOLN-DT	10.1	N	LINCOLN, NE						
	KOLN-DT	10.1	N	LINCOLN, NE						
	KOLN-DT	10.1	N	LINCOLN, NE						

EGAL NAME OF								SYSTEM II
Three River	Communic	ations	, LLC					638
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					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 idgnal, indicate Column 4: G	it is carried by monitoring, to mation 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 on's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which the	t the system's hea system's FM ante his point, see pag ed by the cable s le station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC	) it can t ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5			
Name	LEGAL NAME OF OWNER OF ( Three River Communic							SYSTEM ID# 63888			
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Substitute Carriage: Special Statement and Program Log	<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>YES NO</li> <li>Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.</li> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>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.</li> <li>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 substitute 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: Toers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 4: 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."</li> <li>Column 5: Give the month and day when your system 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."</li> <li>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</li> </ul>										
	was substituted for program effect on October 19, 1976.	iming that y		s permitted to delete unde	FCC rules a		TUTE	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. T FROM	1MES — TO —	DELETION			
						· · · · ·	 				
						· · · · · · · · · · · · · · · · · · ·					
						· · · · · · · · · · · · · · · · · · ·	 				

Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Three River Communications, LLC	S	YSTEM ID# 63888
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 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 mount, see	<b>0,351.00</b> sss receipts)
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. 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 t		
	accounting period is \$52.00         Line 1. Royalty fee for accounting period         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8         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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 190,351.00		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	90,351.00	
	5. Enter the amount from line 3	73,449.00	
		16,902.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	584.51
	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	\$	584.51
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)	
	1. 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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	584.51	
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	\$	604.51
	EFT Trace # or TRANSACTION ID # 26V4TUF8		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNE Three River Comm					SYSTEM ID# 63888
M Channels	to its subscribers, ar 1. Enter the total nur	nd (2) the cable system's mber of channels on whic	total num h the cab		counting period.	6
	2. Enter the total nur on which the cabl	mber of activated channe e system carried televisio	ls In broadca	ist stations		246
N Individual to Be Contacted		CONTACTED IF FURTH to this statement of accou		RMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name <u>St</u>	even Dorf			Telephone	402-569-2666
	(Nui Ly	D Box 66 mber, street, rural route, apartr mch, NE 68746 y, town, state, zip)	ment, or suit	e number)		
	Email	info@threeriver	.net		Fax (optional	
ο	CERTIFICATION (This	statement of account mu	ust be cer	ified and signed in accordance with Cop	pyright Office regulations)	
Certification		ereby certify that (Check or				
				b) I am the owner of the cable system as i		
	in lin	ne 1 of space B and that the	e owner is	<b>irtnership</b> ) I am the duly authorized agen not a corporation or partnership; or ation) or a partner (if a partnership) of the		
	in lin	ne 1 of space B.		and it is a partner (if a partnership) of the		
		nd correct to the best of m		ge, information, and belief, and are made		
			Х	/s/ Steven Dorf		
				electronic signature on the line above to cer aature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	I name:	Steven Dorf		
		Title: ( <sup>Tit</sup>		al Manager position held in corporation or partnership)		
		Date:			2/28/22	

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bunting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ree River Communications, LLC	6388
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment - ys -
Line 1 Enter the amount of late payment or underpayment	
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Cable Workshee		ble rksheet	Total amount of remittance	Number of SAs rec'	d Initials
			Date of remittance	Check	□ FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	□Janua	ry 1 - June 30, 2017		]July 1 - December 31, 2017	
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space B Owner					
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space D Area Served					
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Letter	sent		Information received	
and Rates	Accep	ted		]Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Letter	sent	Γ	Information received	
	Accep	ted	C	Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Accep	ted	Γ	Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
☑Letter sent	☐ Information received	(SAS 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 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	
Accepted	Phone call/Date/Contact	