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

 8-24-22
 \$

 ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
		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.	
owner			
		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.	
			4 4 2 2 2
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	14299
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		GCI Communication Corp	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2550 Denali Street, Ste. 1000	
		(Number, street, rural route, apartment, or suite number)	
		Anchorage, AK 99503-2751 (City, town, state, zip)	
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	ess these
С	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	ace B.
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		GCI Cable, Inc Supervision	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	2550 Denali Street, Ste. 1000 (Number, street, rural route, apartment, or sulte number)	
		Anchorage, AK 99503-2751	
		(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#			
Nume	GCI Communication Corp	14299			
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified				
Area Served	city.				
	CITY OR TOWN	STATE			
First	Tanana	AK			
Community					
Rows as Necessary					

	LEGAL NAME OF OWNER OF C/	ABLE SYSTEM:					FORM SA1	TEM II
Name	GCI Communication Co	rp						1429
	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIBERS AND	RATES				
Ε	In General: The information in s				y transmission	service of	the cable	
	system, that is, the retransmission							
Secondary	about other services (including p	, , ,	,	,		those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					able systen	n. broken	
scribers and	down by categories of secondary					-		
Rates	each category by counting the n				•	•	s charged	
	separately for the particular serv Rate: Give the standard rate of						ae and the	
	unit in which it is generally billed	•					-	
	category, but do not include disc	· · ·	,			is within a		
	Block 1: In the left-hand block	•		•				
	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 printed in block 1 (for example, t	•						
	with the number of subscribers a				,	,,	, 0	
	sufficient.		o fight hand blook.					
	BLO	DCK 1	- 1			BLOCI		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:							
	Service to first set		85 \$14.9	9				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	• Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA		TES				
-	In General: Space F calls for rate				ll your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t							
Services	service for a single fee. There and furnished at cost or (2) services							
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.							
ransmissions: Rates	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) description and include the rate for each.							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	ERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: Non-	residential				
	• Pay cable	25.00	• Motel, hotel					
	Pay cable—add'l channel		Commercial					
	Fire protection		• Pay cable					
	•Burglar protection		Pay cable-add	l channel				
	Installation: Residential • First set	10.00	Fire protection	-				
		40.00	 Burglar protect 	ion				
			Other conditions					
	 Additional set(s) 		Other services:					
	• Additional set(s) • FM radio (if separate rate)		Reconnect					
	 Additional set(s) 			n				

unting Period: 2	-			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER (SYSTEM
	GCI Communication			142
G	carried by your cable syste	entify every television station (including t em during the accounting period, <i>except</i>	(1) stations carried only on a part-tir	ne basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis,	in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca	(e)(2) and (4))]; and (2) certain stat	ions carried on a
	• Do <i>not</i> list the station he station was carried <i>only</i> of			<i></i>
	basis. For further informat Column 1: List each statio	also in space I, if the station was carried ion concerning substitute basis stations, son's call sign. <i>Do not</i> report origination pr ad with a station according to its even the	see page (v) of the general instructi ogram services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann	ed with a station according to its over-the- the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	c	
	Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the locati	h case whether the station is a network s ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list adian stations, if any, give the name of th	or network multicast), "I" (for indepe r "E-M" (for noncommercial educations tions in the paper SA1-2 form. the community to which the station	endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κτυυ	2.1	N	Anchorage, AK
	ктвү	4.1	I	Anchorage, AK
Rows as Necessary	KAKM	7.1	Е	Anchorage, AK
	KYES	5.1	I	Anchorage, AK
	KYUR	13.1	N	
	KYUR KYES-4	13.1 5.4	N	Anchorage, AK Anchorage, AK
			N I	Anchorage, AK
			N I	Anchorage, AK
			N I	Anchorage, AK
			N I	Anchorage, AK
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			N I	Anchorage, AK
			N I	Anchorage, AK
			N I	Anchorage, AK

EGAL NAME OF	OWNER OF (CABLE S	YSTEM:					SYSTEM I
GCI Commu	nication Co	orp						142
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to rmation abou m. entify the call cate whether the the radio stati this by placing ive the station	y the sys be receivent t the Co sign of e he statio on's sign g a check d's locatio	-Band FM Carriage: Under Co tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anten his point, see page ed by the cable sy e station is licens	idend, and (2) nna, during ce le (v) of the ge ystem as a se ed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALE OIGH		5,0				5,0	LOOMING STATION	
				·	·			
				·	·			
				·	·			
				·	·			

Accounting Perio	d: 2022/1						FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#		
	GCI Communication C	orp						14299		
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every not ccounting p	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former F	a <i>distant</i> stati CC rules, regu	lations, or auth	norizations	. For a further		
Carriage:	1. SPECIAL STATEMENT	•			<u> </u>					
Special Statement and	 During the accounting per 	iod, did you	ur cable system	n carry, on a substitute ba	sis, any nonne	etwork televisi	ion progra	<u>m</u>		
Program Log	broadcast by a distant station?									
	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. 2. LOG OF SUBSTITUTE PROGRAMS									
	In General: List each subs 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 categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please of every no distant star gulations, o ries like "mo Bulls." n was broa sign of the adcast station adian station th and day we "5/7." es when the Example: er "R" if the and regulation	am on a separa add additional onnetwork televi- tion and that yo or authorization ovies" or "baske dcast live, enter station broadca on's location (ti ons, if any, the when your sys e substitute pro a program carr listed program	rows to the tables. rision program ("substitute our cable system substitut is. See page (v) of the ger etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra- ne community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01 of was substituted for progra- uring the accounting perio	e program") th ed for the pro- neral instruction m titles, for ex No." am. e station is lice e station is lice e station is lice to cable system :15 p.m. to 6: amming that d; enter the le	at, during the gramming of a ons for further kample, "I Lov ensed by the ntified). e numerals, w h. List the time 28:30 p.m. sh your system v tter "P" if the	accountin another sta informatic ve Lucy" or FCC or, in vith the mo es accurate hould be vas require listed prog	g ation on. onth ely ed		
	SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED					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. TIN FROM —	/IES	DELETION		
							-			
						<u>-</u>	<u>.</u>			
						<u> </u>	<u>.</u>			
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Accounting Period:	2022/1 FO	RM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GCI Communication Corp	SYSTEM ID# 14299
	·	14298
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission set (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	ervice
		• • • •
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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-ma accounting period is \$52.00	onth
	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	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)	
	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)	00
		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 Due	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)	00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyr See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER GCI Communication				SYSTEM ID# 14299
M Channels	to its subscribers, and (1. Enter the total numb system carried televi 2. Enter the total numb on which the cable s	(2) the cable system's total r er of channels on which the ision broadcast stations er of activated channels system carried television broad		ecounting period.	5 36
N Individual to Be Contacted	we can contact about t	his statement of account.)	IFORMATION IS NEEDED (Identify an inc		
for Further Information	Name Cinc	ly Hall		Telephone	907-868-5615
		D Denali Street, Ste. 1 er, street, rural route, apartment, c horage, AK 99503 wm, state, zip)			
	Email	chall2@gci.com		Fax (optional 907-868-	9817
0			certified and signed in accordance with Co	opyright Office regulations)	
Certification		by certify that (Check one, but than corporation or partner	ship) I am the owner of the cable system as	s identified in line 1 of space B	; or
			r partnership) I am the duly authorized age er is not a corporation or partnership; or	nt of the owner of the cable sy	ystem as identified
		artner) I am an officer (if a co 1 of space B.	poration) or a partner (if a partnership) of the	e legal entity identified as own	er of the cable system
		correct to the best of my know	declare under penalty of law that all statement dedge, information, and belief, and are made		
		Ente	/s/ Duncan Whitney	-	
		Typed or printed nam	e: Duncan Whitney		
			ef Product Officer ficial position held in corporation or partnership)		
		Date:		August 23, 2022	

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bunting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
I Communication Corp	1429
 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 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
	Q Interest Assessmen
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 Assessmen
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C	Cab	ole Late a t	Total amount of remittance	Number of SAs red	'd Initials
	vvor	ksneet		-	
			Date of remittance	Check DEFT	☐ FILING FEES
Cable ID #					Amount Initia
Examined by	R	eviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	□January	1 - June 30, 2017	C]July 1 - December 31, 2017	
	□Letter s	ent	C	Information received	
		:d	Ľ	Phone call/Date/Contact	
Space B Owner					
	Letter s	ent	C	Information received	
		d	C	Phone call/Date/Contact	
Space D Area Served					
	Letter s	ent	C	Information received	
		ed	Ľ	Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	□Letter s	ent	C	Information received	
and Rates		d	C	Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Letter s	ent	C	Information received	
		d	[Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio		ed	[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	
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	