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				
7-28-22	\$ 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							
Accounting		Barcode Data Filing Period (optional - see instructions)							
Period									
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	24200						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Atwood Cable Systems, Inc							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		423 State St (Number, street, rural route, apartment, or suite number)							
		Atwood, KS 67730							
		(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 unlesses already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

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.

Accounting Period:	2022/1							
	LEGAL NAME OF OWNER OF OAR'S CYCTEV	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Atwood Cable Systems, Inc	24200						
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.							
	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.	e parks should be reported in parentheses below the identified						
	CITY OR TOWN	STATE						
First	Atwood	KS						
Community								
Add Rows as Necessary								

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24200

Atwood Cable Systems, Inc

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	158	43.00	Expanded Basic	158	38.00		
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
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 RATE				CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	18.99	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	20.00	
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

 Accounting Period: 2022/1
 FORM SA1-2E. PAGE 3.

 Name
 LEGAL NAME OF OWNER OF CABLE SYSTEM:
 SYSTEM ID#

 Atwood Cable Systems, Inc
 24200

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

0/122 0/0/1	E. D GAGT GHARRIEE ROMBER	C. THE OF CIATION	4. 2007111011 01 017111011
KSNK	8.1	N	OBERLIN, KS
KBSL	10.1	N	GOODLAND, KS
KAKE	4.1	N	COLBY, KS
KPNE	9.1	E	NORTH PLATTE, NE
KOOD	19.1	E	EDSON, KS

3. TYPE OF STATION

4. LOCATION OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Atwood Cable Systems, Inc

24200

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).

	1		T			T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Н	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KKYT	FM		McCOOK, NE					
KQLS	FM		COLBY, KS	1				
KFNF	FM		OBERLÍN, KS	1				
KANE	FM		BUNKER HILL, KS	1				
KKCI	FM		GOODLAND, KS	1				
KRKU	FM		McCOOK, NE	1				
KSNW	FM		McCOOK, NE	1				
KZMC	FM		McCOOK, NE	1				
KWGB	FM		GOODLAND, KS	1				
KGCR	FM		GOODLAND, KS	1				
KYVZ	FM		ATWOOD, KS	1				
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Accounting Perio	d: 2022/1								FOR	M SA1-2E. PAGE 5.
,	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:							SYSTEM ID#
Name	Atwood Cable Systems	s, Inc								24200
_	SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOG	;					
Substitute	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.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	During the accounting peri				is,	any nonne	twork telev	isic	n program	1
Program Log	broadcast by a distant stat	ion?							YES	X NO
	Note: If your answer is "No,	" leave the i	rest of this pag	e blank. If your answer is	"Y	es," you mu	ust comple	te t	he prograr	n
	log in block 2.			•			·			
	2. LOG OF SUBSTITUTE									
	In General: List each substiclear. If you need more space				W	herever pos	ssible, if the	eir r	neaning is	•
	Column 1: Give the title	of every nor	network televi	sion program ("substitute						
	period, was broadcast by a under certain FCC rules, red		,	,						
	Do not use general categori									
	"NBA Basketball: 76ers vs. Column 2: If the program		cast live enter	· "Ves." Otherwise enter "N	Nο	,,				
	Column 3: Give the call s		,							
	Column 4: Give the broa							e F	CC or, in	
	the case of Mexican or Cana Column 5: Give the mon							, wi	th the mor	nth
	first. Example: for May 7 giv					11	12.44			L .
	Column 6: State the time to the nearest five minutes.		. ,	, , ,		•				ıy
	stated as "6:00-6:30 p.m."						·			
	Column 7: Enter the lette to delete under FCC rules a						•			
	was substituted for program	•		0.	-					
	effect on October 19, 1976.									
						WHE	EN SUBST	ΊΤΙ	JTE	
	S		E PROGRAM	T	4		IAGE OC			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. FROM	TIM	IES TO	5227.011
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Accounting Period: 2	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Atwood Cable Systems, Inc	24200
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amour 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. SIMPORTANT: You must complete a statement in space P concerning gross receipts.	n service
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 \$263,80 but less than or equal to \$263,80 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	000.
	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 accounting period is \$52.00.	c-month
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	-
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600))
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,3	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	
	TILING FLE AND TOTAL NUMBER AND TOTAL NU	
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	67.00
	EFT Trace # or TRANSACTION ID # 271212TR	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name	Atwood Cable	WNER OF CABLE SYSTEM: Systems, Inc		SYSTEM ID# 24200
M Channels	to its subscriber	s, and (2) the cable system's	of channels on which the cable system carried television broadcast stations total number of activated channels during the accounting period.	5
	on which the	I number of activated chann- cable system carried televisi dcast services	on broadcast stations	69
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of acco	HER INFORMATION IS NEEDED (Identify an individual unt.)	
for Further Information	Name	Robert J Dunker	Telephone	(785) 626-3261
	Address	423 State St (Number, street, rural route, apar Atwood, KS 67730	ment, or suite number)	
	Email	(City, town, state, zip)	v.net Fax (optional 7856269005	
0	CERTIFICATION (This statement of account m	ust be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check o	ne, but only one, of the boxes.)	
	(Owner	r other than corporation or p	partnership) I am the owner of the cable system as identified in line 1 of space B	; or
			ation or partnership) I am the duly authorized agent of the owner of the cable syne owner is not a corporation or partnership; or	ystem as identified
		er or partner) I am an officer in line 1 of space B.	if a corporation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
		te, and correct to the best of n	hereby declare under penalty of law that all statements of fact contained herein by knowledge, information, and belief, and are made in good faith.	
			X /s/ Robert J Dunker	
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name: Robert J Dunker	
		Title:	President tle of official position held in corporation or partnership)	
		Date:	07/28/2022	

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counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
wood Cable Systems, Inc	24200
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	P Special Statement Concerning Gross Receipts Exclusion
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 Mailing Address Name Mailing Address	- - - -
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1. Enter the amount of late neument or undernoument	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	-
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$	
(interest charge)	-
* 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	

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.

CONTROL #: **REMITTANCE #:**

C	Cable Worksheet					
Cable ID#						
Examined by		Reviewed by				

□Accepted

Space A Accounting

Period

Space B Owner

Space D **Area Served**

Space E Secondary Transission Service

Subscribers: and Rates

Space G **Primary** Transmitters: Television

Space H **Primary** Transmitters: Radio

Cable Vorksheet		Total amount of remittance	Number of SAs rec'd	d Initials	
		Date of remittance	Check □EFT	☐FILING FEES	
				Amount Initial	
Re	eviewed by	Date examination completed	Allocation number		
		(enter four digit year and	 /1 (for Jan-Jun period) or /2 (for Jul-De	ec period) No spaces)	
☐ Letter sent		☐ Information received			
Accepted			Phone call/Date/Contact		
Letter sent		☐ Information received			
□Accepted			Phone call/Date/Contact		
☐ Letter sent		☐ Information received			
□Accepted		☐ Phone call/Date/Contact			
☐Letter sent		☐Information received			
□Accepted		Phone call/Date/Contact			
			Information received		
□Letter ser	nt				

☐ Phone call/Date/Contact

		Samia aa
	☐ Information received	Carriage
□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	