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						
0.20.22	\$					
8-29-22	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
	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.
	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
	PINPOINT COMMUNICATIONS, INC.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	611 PATTERSON STREET
	(Number, street, rural route, apartment, or suite number)
	CAMBRIDGE, NE 69022 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, 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	
Accounting remou.	2022/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	PINPOINT COMMUNICATIONS, INC.	29750
	Instructions: List each separate community served by the cable system. A "con	
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	ill serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mocity.	obile home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	CAMBRIDGE	NE NE
Community	BARTLEY	NE
,	GOTHENBURG	NE NE
Add Rows as Necessary	INDIANOLA	NE NE
Add Nows as Necessary	INDIANCEA	

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: PINPOINT COMMUNICATIONS, INC.

SYSTEM ID# 29750

E

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:			BULK IPTV BASIX/EXPAND GOTH	50/56	19.75/26.5	
Service to first set	13	29.99	IPTV HOSPITALITY	35	18.50	
Service to additional set(s)			IPTV ESSENTIALS	24	29.99	
• FM radio (if separate rate)			IPTV BASIC	170	89.99	
Motel, hotel	0	9.99	IPTV EXPANDED	20	99.99	
Commercial	2	242.00	IPTV ELITE	3	#####	
Converter			BULK IPTV ESSENTIALS	33	15.00	
Residential			BULK IPTV BASIC	48	40.00	
Non-residential			BULK IPTV EXPANDED	4	45.00	

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 1					
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			`	
Pay cable		Motel, hotel		I	PTV INSTALLATION	99.00
Pay cable—add'l channel		Commercial				
Fire protection		• Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	15.00	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	20.00			
Converter		Disconnect				
		Outlet relocation				
		Move to new address	15.00			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 29750

PINPOINT COMMUNICATIONS, INC.

G

Primary Transmitters: Television

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KSNB** HASTINGS, NE 4 Ν **KLNE** 3 Ε LEXINGTON, NE **KGIN** 11 Ν GRAND ISLAND, NE **KHGI** 13 Ν KEARNEY, NE **KNOP** 2 Ν NORTH PLATTE, NE **KFXL** 15 Ν KEARNEY, NE

Add Rows as Necessary

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

SYSTEM ID#

PINPOINT COMMUNICATIONS, INC.

29750

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KICX	FM		MCCOOK, NE				
KIOD	FM		MCCOOK, NE				
KFNF	FM		OBERLIN, KS				
KUVR	AM		HOLDREGE, NE				
KODY	FM		NORTH PLATTE, NE				
KBRL	AM		MCCOOK, NE				
KMTY	FM		HOLDREGE, NE				
KIGS	AM		HASTINGS, NE				
KCNT	FM		HASTINGS, NE				
KHNE	FM		HASTINGS, NE				
KFXX	FM		HASTINGS, NE				
KROR	FM		HASTINGS, NE				
K29AF	FM		HASTINGS, NE				
KHAS	AM		HASTINGS, NE				
KGFW	AM		KEARNEY, NE				
KXPR	AM		KEARNEY, NE				
KCSV	FM		KEARNEY, NE				
KKPR	FM		KEARNEY, NE				
KRNY	AM		KEARNEY, NE				
KQKY	FM		KEARNEY, NE				
KLNE	FM		LEXINGTON, NE				
KNGN	AM		MCCOOK, NE				
KSWN	FM		MCCOOK, NE				
	·						
	·						
	 						
	 						
	· 					 	

Accounting Period: 2022/1 FORM SA1-2E. PAGE 5.										
	LEGAL NAME OF OWNER OF C	ABLE SYST	EM:							SYSTEM ID#
Name	PINPOINT COMMUNICA	ATIONS, I	NC.							29750
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every non	network televisi	on program, broadcast by	a d					
Substitute	explanation of the programmi	٠.		•						
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special Statement and	During the accounting peri	od, did your	cable system	carry, on a substitute bas	sis,	any nonne	twork telev	ision	program	
Program Log	og broadcast by a distant station?								NO	
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program									n
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS 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. 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 substituted 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: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: 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." Column 6: State the times when the substitute program 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." 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 was substituted for programming that your system was effect on October 19, 1976.								th y	
		IDOTITI IT					N SUBST			7. DE 100N 50D
			E PROGRAM				AGE OCC	TIMES		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	FROM	<u> </u>	TO	
								_		
								_		
								_		
					-					
					-					
					-					
					-					
					_					
					_					
								_		
					7					
					-					
					- -					

Accounting Period: 2022/1 FORM SA1-2E. PAGE 6.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PINPOINT COMMUNICATIONS, INC. 29750							
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 total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. \$ 234,759.36 (Amount of gross receipts)							
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 I Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more inform	less than		63,800.				
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LE	ESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month 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				0.00			
	Line 2 TOTAL DOVALTY EEF DAVABLE FOR ACCOUNTING SERIOR AND A	1 02 7						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS			00)				
	1. Base amount under statutory formula	·	263,800.00					
	2. Enter amount of gross receipts from space K	<u> </u>	234,759.36	-				
	3. Subtract line 2 from line 1	i	29,040.64					
	4. Enter the amount of gross receipts from space K	<u>-</u>	\$ 2	234,759.36				
	5. Enter the amount from line 3		\$	29,040.64				
	6. Subtract line 5 from line 4	_	\$ 2	205,718.72				
	7. Multiply line 6 by .005 (enter figure here)	_			1,028.59			
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	o. Interest charge. Enter the amount norm line 4, space Q, page o				0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and	18		\$	1,028.59			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)				
	Enter the amount of gross receipts from space K							
			262 900 00					
	2. Base amount under statutory formula		263,800.00					
	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, a	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)	· · · · · · · · · · · · · · · · · · ·	\$	1,028.59				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u> </u>	\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,048.59			
	EFT Trace # or TRANSACTION ID #	271	DR1LA					
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 form and the Exc							

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PINPOINT COMMUNICATIONS, INC.	SYSTEM ID# 29750
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	257
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information		08-697-3375
	Address 611 PATTERSON STREET (Number, street, rural route, apartment, or suite number) CAMBRIDGE, NE 69022 (City, town, state, zip)	
	Email SHEILA.HILLIUS@PNPT.COM Fax (optional	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (In line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ J. Thomas Shoemaker Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	item as identified
	Title: PRESIDENT (Title of official position held in corporation or partnership)	
	Date: 8/29/2022	

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ccounting Period: 2022/1		FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
NPOINT COMMUNICATIONS, INC.		29750
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Coplowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners?	yright Act by adding the fol- cable system for the basic e system shall not include sub- s pursuant to section 119." general instructions	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a la For an explanation of interest assessment, see page (viii) of the general instructions located the second of		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
	х	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	. <u> </u>	
	x days	
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 . 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 list below the owner, address, first community served, ID number, and accounting period a		
Owner		
Address		
ID number		
First community served		
Accounting period		

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CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	□Check	□EFT	□FILING	FEES
Cable ID #						Amount	Initials
Examined by	R	eviewed by	Date examination completed	Allocation	on number		
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for .	Jul-Dec period) No space	s)
Period	☐ Letter sent		☐ Information received				
	□Accepted		Phone call/Date/Contact				
Space B Owner							
	☐ Letter sent		☐ Information received				
	□Accepted □Phone call/Date/Contact						
Space D Area Served							
	☐Letter se	ent		Information re	ceived		
	□Accepted	d		Phone call/Dat	re/Contact		
Space E Secondary Transission							
Service Subscribers:	☐ Letter sent		☐Information received				
and Rates	Accepted			☐ Phone call/Date/Contact			
Space G Primary Transmitters:							
Television	Letter sent]	☐Information received			
	□Accepted		[☐Phone call/Date/Contact			
Space H Primary Transmitters:							
Radio	□Accepted	d]	Phone call/Da	te/Contact		

		<u> </u>	
		Carriage	
Letter sent	☐Information received		
□Accepted	☐Phone call/Date/Contact		
		Space J Part-time	
		Carriage Log	
Letter sent	☐Information received	(SA3 only)	
□Accepted	☐Phone call/Date/Contact		
		Space K	
		Gross Receipts	
Letter sent	☐Information received		
□Accepted	☐Phone call/Date/Contact		
		Space L	
		Copyright Filing and Royalty Fees	
☐Royalty Fee should be	☐Refund request to fiscal		
☐Letter sent	☐Information received		
□Accepted	☐Phoe call/Date/Contact		
		Space M	
		Channels	
Letter sent	☐Information received		
□Accepted	☐Phone call/Date/Contact		
		Space O	
		Certification	
Letter sent	☐Information received		
Accepted	☐Phone call/Date/Contact		
		Space P	
		Statement of Gross Receipts	
	☐Information received		
	□Phone call/Date/Contact		
□Accepted	Prione cali/Date/contact	Space Q	
		Interest	
		Assessment	
Letter sent	☐Info/add'l fee received		
□Accepted	Phone call/Date/Contact		