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 COPYRIGHT	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located in the first tab of this workbook	8-29-22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	20221 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.	
	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	
	Cogeco US (SC), LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	
	Quincy, MA 02169	
	(City, town, state, zip)	
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these mes 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	IDENTIFICATION OF CABLE SYSTEM:	
	Cogeco US, LLC MAILING ADDRESS OF CABLE SYSTEM:	
	2 S20 Pine Log Road [Number, street, rural route, apartment, or suite number]	
	Aiken, SC 29803 (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#
	Cogeco US (SC), LLC	32958
		A "community" is the same as a "community unit" as defined in FCC rules: "a
D		porated communities within unincorporated areas and including single, discrete
_	community." Please use it as the first community on all future filings.	you list will serve as a form of system identification hereafter known as the "first
		s, or mobile home parks should be reported in parentheses below the identified
Area	city.	s, of mobile nome parks should be reported in parentneses below the identified
Served	ory.	
	CITY OR TOWN	STATE
First	City of Barnwell	STATE
munity	Barnwell County	SC
unity	Blackville	
	Elko	SC SC
is Necessary		
	Fairfax	SC
	Williston	SC

								FORM SA1-	2E. PAGE <b>FEM IC</b>			
Name		ABLE SYSTEM:						3131	3295			
	Cogeco US (SC), LLC											
Е	SECONDARY TRANSMISSION											
E.	<b>In General:</b> 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											
Secondary	about other services (including p											
Transmission	last day of the accounting period											
Service: Sub-	Number of Subscribers: Both	•										
scribers and Rates	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 category, but do not include disc	· · ·	,		ny standar	d rate variation	is within a p	articular rate				
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servio	e 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 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, t with the number of subscribers a											
	sufficient.	ind rates, in the	e ngnt-n	Ianu Diock. A li	vo- or three	3-word descript	ion of the s	ervice is				
	BLC	DCK 1					BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		683	39.99	Resider	ntial Expand	ed Basic	619	64.9			
	<ul> <li>Service to additional set(s)</li> </ul>				Enterta	inment +			29.9			
	<ul> <li>FM radio (if separate rate)</li> </ul>				Bulk EE	BU Basic		14				
	Motel, hotel		5	39.99	Variety	+		97	###			
	Commercial		45	39.99	Family ·	+			9.9			
	Converter											
	• Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NGMIG									
-	In General: Space F calls for rat					l your cable sy	stem's serv	ices that were				
F	not covered in space E, that is, t					,	,					
Comisso	service for a single fee. There are		,		0		0()					
Services Other Than	furnished at cost or (2) services amount of the charge and the ur											
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		- 9				
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services 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											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT			
	Continuing Services:		Installa	ation: Non-res	idential							
	• Pay cable	19.99		tel, hotel			НВО		19.9			
	Pay cable—add'l channel		_	mmercial			Showtin		10.9			
	Fire protection		-	/ cable			Cinema	x	9.9			
	•Burglar protection			/ cable-add'l ch	annel		Starz		8.9			
	Installation: Residential			e protection				e tivo experien	14.9			
	• First set	50.00		glar protection			Premiei	r tivo experienc	4.9			
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	50.00		services:		0.00						
	<ul> <li>FIVI (auto (II separate rate)</li> </ul>		• Kec	connect		3.00						
		0.00	- Die	connect	I							
	• Converter	9.99				40.00						
		9.99	• Out	connect tlet relocation ve to new addre	265	40.00 40.00						

unting Period: 2	2022/1			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID						
	Cogeco US (SC), LLC			3295						
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. excent (1) stations carried only on a part-time basis under									
U	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									
Primary	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									
ransmitters: Television	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									
	<ul> <li>basis under specific FCC rules, regulations, or authorizations:</li> <li>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.</li> </ul>									
	• 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									
	multicast stream associated	d with a station according to its over-the-a	air designation. For example, repor	rt multistream						
	Column 2: Give the channe	el number the FCC assigned to the telev	ision station for broadcasting over t	he air in its community						
		/RC is channel 4 in Washington, D.C. n case whether the station is a network st	ation, an independent station, or a	noncommercial						
	educational station, by ente	ring the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for indepe	endent), "I-M"						
	For the meaning of these te	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	tions in the paper SA1-2 form.							
	Column 4: Give the location	on of each station. For U.S. stations, list t	he community to which the station is							
	FUC. FOR MIEXICAN OF CANA	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						
	WAGT (NBC)	26.1	N	Augusta, GA						
	WAGT-CW	26.2	N	Augusta, GA						
vs as Necessary	WCES	20.1	E	Wrens, GA						
	WEBA	14.1	E	Allendale, SC						
	WEBA-SCC	14.2	E	Allendale, SC						
	WEBA WORLD	14.3	E	Allendale, SC						
	WFXG (FOX)	54.1	N	Augusta, GA						
	WFXG GRIT	54.3	N	Augusta, GA						
	WFXG/Bounce	54.2	N	Augusta, GA						
	WJBF ABC	6.1	N	Augusta, GA						
	WJBF/MeTV	6.2	N	Augusta, GA						
	WRDW Antenna	12.3	Ν	Augusta, GA						
	WAGT-ANT TV	26.3	N	Augusta, GA						
	WRDW CBS	12.1	N	Augusta, GA						
	WAGT-DABL	(569 MHz) Ch 30 - 254	N	Augusta, GA						
	WJBF-ESCAPE		N							
	WJDF-ESCAPE	(557 MHz) ch 28 - 240	IN	Augusta, GA						

	OWNER OF (	JABLE S	ISIEM:					SYSTEM
ogeco US (	(SC), LLC							329
				ata kanin ayad lintu			wind on on	н
			arried on a separate and discre nerally receivable by your cab					••
								Duinean
			I-Band FM Carriage: Under C stem whenever it is received a					Primary Transmitters
			ived at the headend, with the					Radio
		t the Co	pyright Office regulations on t	this point, see paç	ge (v) of the ge	eneral ir	structions in the.	
per SA1-2 for Column 1: Id		sian of e	each station carried.					
Column 2: St	tate whether t	he statio	on is AM or FM.					
			nal was electronically process	ed by the cable s	ystem as a se	parate a	and discrete	
			k mark in the "S/D" column. on (the community to which th	e station is licens	ed by the EC(	or in t	he case of	
			the community with which the			, III I	ne case of	
					,			
		C/D				C/D	LOCATION OF STATION	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	d: 2022/1						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Cogeco US (SC), LLC							32958
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi	fy every nor	network televis	on program, broadcast by	a <i>distant</i> statio	on, that your	cable systen	n carried on a
	substitute basis during the a	•••	•	•				
Substitute Carriage:	explanation of the programm	-			e general instri	uctions in th	e paper SA1-	2 form.
Special	1. SPECIAL STATEMENT					4		_
Statement and	• During the accounting per	-	r cable system	carry, on a substitute bas	is, any nonne			X
Program Log	broadcast by a distant sta	tion ?				L	YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complet	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Lise abbreviations	wherever not	ssible if the	ir meaning is	
	clear. If you need more spa				wherever pos		ii meaning is	>
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.	Bulls."					·	
				"Yes." Otherwise enter "I sting the substitute progra				
		•		e community to which the		ensed by the	e FCC or, in	
	the case of Mexican or Can							
	<b>Column 5:</b> Give the mor first. Example: for May 7 giv		when your syst	em carried the substitute	program. Use	e numerals,	with the more	nth
			e substitute pro	gram was carried by your	cable system	. List the tin	nes accurate	ły
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	was substituted for progra	amming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	and regulati	ons in	
	effect on October 19, 1976.							
						EN SUBST		
	S		E PROGRAM			IAGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
							_	
							_	
		+						
		+			.			+
								+
							_	
							_	
							_	
								+
							_	
							_	
								<b> </b>
					11		_	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SA1-2E. PAGE					
Name	Cogeco US (SC), LLC				329					
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.									
	IMPORTANT: You must complete a statement in space P concerning gross rec	ceipts.		(Amount of g	ross receipts)					
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 b</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 b</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more in</li> </ul>	out less tha	n \$527,600	63,800						
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS									
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	is six-month						
	Line 1. Royalty fee for accounting period									
					0.00					
	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 lin	es 1 and 2		· · <u> </u>						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)						
	1. Base amount under statutory formula	\$	263,800.00							
	2. Enter amount of gross receipts from space K	\$	240,667.00							
	3. Subtract line 2 from line 1	\$	23,133.00							
	4. Enter the amount of gross receipts from space K		. \$ 2	240,667.00						
	5. Enter the amount from line 3		\$	23,133.00						
	6. Subtract line 5 from line 4		\$ 2	217,534.00						
	7. Multiply line 6 by .005 (enter figure here)			\$	1,087.67					
	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		\$	1,087.67					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	less than \$527	,600)						
	1. Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula		263,800.00							
	3. Subtract line 2 from line 1									
	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									
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 0								
	FILING FEE AND TOTAL REMITTANCE DU	E								
Filing Fee and	1 Payalty Fac Payable for Accounting Pariod (from Plack 1.2, or 2, above)		¢	1 097 67						
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		· · ·	1,087.67						
	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			\$	1,107.67					

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Cogeco US (SC), LLC	CABLE SYSTEM:			SYSTEM ID# 32958
M Channels		the cable system's tota	hannels on which the cable system carried televis al number of activated channels during the accou ne cable		16
	system carried television	on broadcast stations .			16
	2. Enter the total number on which the cable sys and nonbroadcast serv	tem carried television b	roadcast stations		331
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		R INFORMATION IS NEEDED (Identify an individ	lual to whom	
for Further	Name Patric	k Bratton		Telephone	617-786-8800
Information					
	Address 2 Batt (Number,	erymarch Park, S street, rural route, apartmen	uite 205 t, or suite number)		
		y, MA 02169			
		n, state, zip)			
	Email	pbratton@breezeli	ne.com F	ax (optional	
	CERTIFICATION (This state	ement of account must	be certified and signed in accordance with Copyri	ight Office regulations)	
O Certification	• I, the undersigned, hereby	certify that (Check one,	but only one , of the boxes.)		
	(Owner other th	an corporation or part	nership) I am the owner of the cable system as iden	ntified in line 1 of space B	; or
			n or partnership) I am the duly authorized agent of wner is not a corporation or partnership; or	f the owner of the cable s	/stem as identified
		<b>ner)</b> I am an officer (if a f space B.	corporation) or a partner (if a partnership) of the leg	gal entity identified as own	er of the cable system
		rrect to the best of my kr	by declare under penalty of law that all statements howledge, information, and belief, and are made in g		
		-	X /s/ Patrick Bratton		
			ter an electronic signature on the line above to certify ter signature using an "/s/ signature" (e.g., /s/ John S		
		Typed or printed na	me: Patrick Bratton		
			hief Financial Officer official position held in corporation or partnership)		
		Date:	A	August 29, 2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

unting Period: 2022/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
eco US (SC), LLC	32958
<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 Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment

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 fling, a determination that would be made by a court of law.

Cable Worksheet		Total amount of remittance	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	E	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	