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

Return completed workbook by email to:

coplicsoa@loc.gov

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

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

 8-23-22
 \$

 ALLOCATION NUMBER

2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional - see instructions)	
Accounting Period		
G	nstructions: 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 Li	ist any other name or names under which the owner conducts the business of the cable system.	
	f 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.	
c	32 Theck here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3803
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
F	FT RANDALL CABLE SYSTEMS INC	
B	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
1	MAILING ADDRESS OF OWNER OF CABLE SYSTEM 1104 19TH AVE SW, SUITE B	
v	Number, street, rural route, apartment, or suite number) WILLMAR, MN 56201 City, town, state, zip)	
	JCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unlest	
	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	ICE B.
1		
M	MAILING ADDRESS OF CABLE SYSTEM:	
2 0	Number, street, rural route, apartment, or suite number)	
(0	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				
Name	FT RANDALL CABLE SYSTEMS INC	33803				
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, discret 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 identifie					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r city.	nobile home parks should be reported in parentheses below the identifie				
	CITY OR TOWN	STATE				
First	HANLEY FALLS	MN				
Community						
Rows as Necessary						

							FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF C						515	3380
	FT RANDALL CABLE SYSTEMS INC							
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS AND	RATES				
E	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							
Secondary Transmission	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).							
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken							
scribers and	down by categories of secondary	•						
Rates	each category by counting the n	umber of billing	s in that category	(the number o	of persons or or	ganizations		
	separately for the particular serv						we and the	
	Rate: Give the standard rate of unit in which it is generally billed	-					-	
	category, but do not include disc	· · ·	,			is within a	particular rate	
	Block 1: In the left-hand block				condary transmi	ssion serv	ice that cable	
	systems most commonly provide							
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca					•		
	first set" and would be counted of							
	Block 2: If your cable system				service that are	e different	from those	
	printed in block 1 (for example, t	-						
	with the number of subscribers a	and rates, in the	e right-hand block.	A two- or thre	ee-word descript	ion of the	service is	
	sufficient.	<u> </u>			()			
	BLU	BLOCK 1 NO. OF				BLOCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:							
	 Service to first set 		17 90.4	5				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
_	SERVICES OTHER THAN SEC In General: Space F calls for rai				all vour cable sv	stem's ser	vices that were	
F	not covered in space E, that is, t	•	,	•				
	service for a single fee. There an	•		•		0 (,	
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the ur		usually billed. If an	iy rates are cl	harged on a var	iable per-p	orogram basis,	
Secondary ransmissions:	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.							
Rates	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.							
		BLOO	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	10.95	 Motel, hotel 					
	 Pay cable—add'l channel 	11.95	 Commercial 					
	Fire protection		 Pay cable 					
	 Burglar protection 		 Pay cable-add 	'l channel				
	Installation: Residential		 Fire protection 					
	• First set	20.00	 Burglar protec 	tion				
	 Additional set(s) 		Other services:					
						ſ		
	• FM radio (if separate rate)		 Reconnect 		20.00			
			 Reconnect Disconnect 		20.00 N/A			
	• FM radio (if separate rate)			on				

counting Period: 2	2022/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II				
	FT RANDALL CABLE	SYSTEMS INC		3380				
G	In General: In space G, ide carried by your cable system FCC rules and regulations	RIMARY TRANSMITTERS: TELEVISION General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections						
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations basis under specific FCC re	e)(2) and (4), or 76.63 (referring to 76.67 s explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th	rried by your cable system on a sul	ostitute program				
	station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated	a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the	both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF	o on some other ions. PN, etc. Identify each				
	of license. For example, W Column 3: Indicate in each educational station, by enter	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network s rring the letter "N" (for network), "N-M" (f	tation, an independent station, or a or network multicast), "I" (for indep	noncommercial endent), "I-M"				
	For the meaning of these te Column 4: Give the location	, "E" (for noncommercial educational), o erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list dian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station	is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	кэтс	45	I	MINNEAPOLIS, MN				
	WFTC	29	N	MINNEAPOLIS, MN				
Rows as Necessary	KRWF	43	N	REDWOOD FALLS, MN				
	кссо	7	N	ALEXANDRIA, MN				
	KMSP	9	N	MINNEAPOLIS, MN				
	кшсм	10	Е	APPLETON, MN				
	KARE	11	N	MINNEAPOLIS, MN				

EGAL NAME OF								SYSTEM II 338
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to mation abou m. entify the call tate whether t the radio stati	y the sys be recein to the Co sign of e he station	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark is the "S/D" column	t the system's he system's FM ante his point, see pag	adend, and (2 nna, during ce ge (v) of the ge) it can t ertain sta eneral ir	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	k mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					
						ļ		

Accounting Perio	d: 2022/1					FOI	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	FT RANDALL CABLE S	SYSTEMS	INC				33803
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LO	G		
	In General: In space I, identi	fy every nor	network televis	<i>on program,</i> broadcast b	y a <i>distant</i> stati	on, that your cable syste	m carried on a
	substitute basis during the ad						
Substitute Carriage:	explanation of the programm	•		••••	ne general instr	uctions in the paper SAT	-2 IOIM.
Special	1. SPECIAL STATEMENT						
Statement and	• During the accounting per	-	r cable system	carry, on a substitute ba	asis, any nonne		X
Program Log	broadcast by a distant stat	tion?				YES	NO
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer i	s "Yes," you m	ust complete the progra	am
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				s wherever po	ssible, if their meaning	IS
	Column 1: Give the title				e program") th	at, during the accountin	q
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitu	ted for the prog	gramming of another st	ation
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		vies or baske	tball. List specific progra	am titles, for ex	cample, I Love Lucy o	ſ
	Column 2: If the program	n was broad	dcast live, ente	"Yes." Otherwise enter	"No."		
	Column 3: Give the call						
	Column 4: Give the broat the case of Mexican or Can						
	Column 5: Give the mon						onth
	first. Example: for May 7 giv	/e "5/7."					
	Column 6: State the time						ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:0	1:15 p.m. to 6:	28:30 p.m. should be	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for prog	ramming that	your system was <i>requir</i>	ed
	to delete under FCC rules a						Iram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete uno	der FCC rules	and regulations in	
	S	UBSTITUT	E PROGRAM			EN SUBSTITUTE	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. TIMES FROM — TO	DELETION
						_	
		+					
		+					
						_	
						_	
						_	
		+					
		1					
1							

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: FT RANDALL CABLE SYSTEMS INC	S	YSTEM ID# 33803
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	amount, see	8,487.89 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the	nis six-month	
	accounting period is \$52.00 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)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	: 2022/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I FT RANDALL CABLE SYSTEMS INC 338
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 7 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)
for Further Information	Name KRISTI HILBRANDS Telephone 320-847-7104 Address 1104 19TH AVE SW, SUITE B (Number, street, rural route, apartment, or suite number)
	WILLMAR, MN 56201 (City, town, state, zip)
	Email kristih@hcinet.net Fax (optional 320-847-7123
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, <i>but only one</i>, of the boxes.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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/ Bruce Hanson 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: BRUCE HANSON Title: TREASURER
	(Title of official position held in corporation or partnership) Date: 08/23/2022

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
RANDALL CABLE SYSTEMS INC	3380
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address 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 Interest Assessment
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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C	Cable Worksheet	Total amount of remittance	Initials	
		Date of remittance		□FILING FEES
Cable ID #				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period				
	□ January 1 - June 30, 2017]July 1 - December 31, 2017	
			Information received	
			Phone call/Date/Contact	
Space B Owner				
	Letter sent		Information received	
			Phone call/Date/Contact	
Space D Area Served				
	Letter sent		Information received	
	Accepted		Phone call/Date/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			Phone call/Date/Contact	

		Space I Substitute 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	
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'I fee received	
Accepted	Phone call/Date/Contact	