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@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (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
	S & T COMMUNICATIONS LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 99 (Number, street, rural route, apartment, or suite number)
	BREWSTER, KS 67732-0099 (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 E
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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/1	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	S & T COMMUNICATIONS LLC	369891
D	Instructions: List each separate community served by the cable system. A " a separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to as the "first community." Please use it as the first community on all future to Note: Entities and properties such as hotels, apartments, condominiums, or	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	modile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BREWSTER	KS
Community	GOODLAND	KS
	KANORADO	KS
Add Rows as Necessary	WINONA	KS
	COLBY	KS
	OAKLEY	KS
	GRINNELL	KS

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 369891

S&T COMMUNICATIONS LLC

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.

NO. OF	
EGORY OF SERVICE SUBSCRIBERS	RATE
920	61.75
Digital 454	74.75
lue Pack 27	#####
Sngl/Dual/DVR) 327	\$15-\$18
oom Rate + HDTA 27	7.00
1	#####
ָ ֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֓	920 Digital 454 Ilue Pack 27 Sngl/Dual/DVR) 327 DOM Rate + HDTA 27

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	120.00	Wire Maintenance	3.95		
 Pay cable—add'l channel 		Commercial	120.00	HBO (Individual)	16.49		
Fire protection		• Pay cable		Starz/Show/Cinmx (INI	14.49		
Burglar protection		 Pay cable-add'l channel 		Any 2 Premium Chann	30.45		
Installation: Residential		 Fire protection 		Any 3 Premium Chann	40.45		
• First set	10.00	 Burglar protection 		Any 4 Premium Chann	50.45		
 Additional set(s) 		Other services:					
 FM radio (if separate rate) 		 Reconnect 	10.00				
Converter		Disconnect					
		 Outlet relocation 	120.00				
		 Move to new address 	10.00				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID#

S&T COMMUNICATIONS LLC

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KLBY	4	N	COLBY, KS
KAKE-HD	21	N	WICHITA, KS
KWKS	19	E	COLBY, KS
KSAS	24	N	WICHITA, KS
KSCW	33	N	WICHITA, KS
KSNK	8	N	мссоок, кѕ
KSNW-HD	45	N	WICHITA, KS
KUSA	9	N	DENVER, CO
KWCH-HD	19	N	HUTCHINSON, KS
KBSL	10	N	GOODLAND, KS
KSAS-HD	24.1	N	WICHITA, KS
KSAS My Network TV	24.2	I-M	WICHITA, KS
KOOD-HD	16	E	HAYS, KS
KSCW-HD	33.1	N	WICHITA, KS
DECADES	33.2	I-M	WICHITA, KS
ANTENNA TV	33.3	I-M	WICHITA, KS
ME TV	10.2	I-M	WICHITA, KS
KWCH STORM TEAM	12.2	I-M	WICHITA, KS
StartTV	33.4	I-M	WICHITA, KS
Heroes & Icons	12.3	I-M	WICHITA, KS
Circle	12.4	I-M	WICHITA, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 369891

S&TCOMMUNICATIONS LLC

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
KRDQ	FM		Colby KS				
KKCI	FM	 	Colby, KS Goodland, KS				
KKCI	FIVI	 	Goodiand, KS				
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Accounting Perio	.d. 2022/1						FOR	A SA1 2E DACE E	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FURI	SYSTEM ID#	
Name	S & T COMMUNICATIO	NS LLC						369891	
 Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ad explanation of the programm	ify every no	nnetwork televi eriod, under sp	ision program, broadcast be becific present and former F	y a <i>distant</i> stat FCC rules, reg	ulations, or a	uthorizatio	ns. For a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	RNING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	iod, did you	ır cable syster	n carry, on a substitute ba	asis, any nonr	network telev	vision prog	ram	
Statement and Program Log	proadcast by a distant station?								
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.								
	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 permitted to delete under FCC rules and regulations in						ing station tion. or in month ately		
	effect on October 19, 1976.				WHEN SUBSTITUTE				
	Sl		E PROGRAM		1 -	AGE OCCL 6. TI		7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	– TO		
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Accounting Period:	2022/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			,	SYSTEM ID#
- Namo	S & T COMMUNICATIONS LLC				369891
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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.	system's secon of how to	condary transm compute this a	ission service amount, see	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	ın \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	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 li	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	re than \$137,1	00)	
	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 \$260	3,800 (but I	ess than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	470,344.09		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	206,544.09		
	4. Multiply line 3 by .01		\$	2,065.44	
	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	I, 5, and 6 .		\$	3,384.44
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,384.44	
Due	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			\$	3,404.44
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7					
Name		OWNER OF CABLE SYSTEM: NICATIONS LLC				SYSTEM ID# 369891					
M Channels	to its subscriber 1. Enter the tota system carried	s, and (2) the cable system's	total number of	n which the cable system carried to		21					
		able system carried television cast services				251					
N Individual to Be Contacted											
for Further Information	Name	CHRISTINA HICKER	T		Telephone	785-694-2256					
	Address	PO BOX 99, 320 KAN (Number, street, rural route, apart BREWSTER, KS 677 (City, town, state, zip)	ment, or suite nu								
	Email	christina.hicker	t@sttelcom.c	com	Fax (optional) 785-694-275	0					
O Certification		(This statement of account m		ed and signed in accordance with (Copyright Office regulations)						
	(Agen		ation or partn	am the owner of the cable system a nership) I am the duly authorized ac corporation or partnership; or							
		cer or partner) I am an officer (line 1 of space B.	(if a corporatio	on) or a partner (if a partnership) of t	he legal entity identified as ov	vner of the cable system					
		te, and correct to the best of m	-	re under penalty of law that all state information, and belief, and are mad		in					
			X /s	s/ Christina Hickert							
				tronic signature on the line above to tre using an "/s/ signature" (e.g., /s/ .							
		Typed or printed	d name: C	hristina Hickert							
		Title:	CFO ifficial position he	eld in corporation or partnership)							
		Date:			7/28/2022						

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counting Period: 2022/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
& T COMMUNICATIONS LLC	369891
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."	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	1
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 payment or underpayment	Interest Assessment
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	
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@loc.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	
Addice	
ID number	
First community served	
Accounting period	d.

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 th 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.

CONTROL #: REMITTANCE #:

C	Ca. Wo	ble rksheet	Total amount of remittance	Number of SAs rec'd	lr	nitials	
			Date of remittance	- □ Check □ EFT	☐ FILING	G FEES	
Cable ID #					Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period							
	☐ Janu	ary 1 - June 30, 2017		☐ July 1 - December 31, 2017			
	☐ Lette	er sent		☐ Information received			
	☐ Acce	pted		☐ Phone call/Date/Contact			
Space B Owner							
	□ Lette	er sent		☐ Information received			
	☐ Acce	pted		☐ Phone call/Date/Contact			
Space D Area Served							
	□ Lette	er sent	С	☐ Information received			
	☐ Acce	pted		☐ Phone call/Date/Contact			
Space E Secondary Transission							
Service Subscribers:	□ Lette	er sent	Г	☐ Information received			
and Rates	☐ Acce	pted		☐ Phone call/Date/Contact			
Space G Primary Transmitters:							
Television	☐ Lette	er sent		☐ Information received			
	☐ Acce	pted	Г	☐ Phone call/Date/Contact			
Space H Primary Transmitters:							
Radio	☐ Acce	pted		☐ 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 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	