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

STATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
	ry Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ictions are located	8-30-22	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.
A	ACCOUNTING PERIOD COVE	RED BY THIS STATEMENT: (YY	YY/(Period))	
	2022/1	Period 1 = January 1 - June 30 20221 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)	
Accounting Period		20221		
В	Instructions: Give the full legal name of the ow subsidiary, not that of the parent		ary of another corporation, give the full corpora	te title of the
Owner		er which the owner conducts the business of thing the accounting period, only the owner on th	e cable system. Ie last day of the accounting period should subm	iit a single
		fee payment covering the entire accounting peri		
	Check here if this is the system's f	irst filing. If not, enter the system's ID number a	ssigned by the Licensing Division.	37039
	LEGAL NAME OF OWNER/N	IAILING ADDRESS OF CABLE SYSTEM		
	United Telephone Mutual Aid	Corp		
	BUSINESS NAME(S) OF OWN	IER OF CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWN	ER OF CABLE SYSTEM		
	PO Box 729 (Number, street, rural route, apartment,			
	Langdon, ND 58249 (City, town, state, zip)			
С			tify the business and operation of the sy e system, if different from the address gi	
System	1 IDENTIFICATION OF CABLE SYS			·
	MAILING ADDRESS OF CABLE S	SYSTEM:		

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.

2

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM		
Name	United Telephone Mutual Aid Corp	370		
	Instructions: List each separate community served by the cable system. A "communit"			
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.			
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the ident		
Served	city.			
001102				
	CITY OR TOWN	STATE		
First	Munich	ND		
Community	Calio	ND		
	Milton	ND		
dd Rows as Necessary	Langdon	ND		
	Osnabrock	ND		
	Rock Lake	ND		
	Egeland	ND		
	Calvin	ND		
	Wales	ND		
	St John	ND		
	Souris	ND		
	Bottineau	ND		
	Rolette	ND		
	Rolla	ND		
	Alsen	ND		
	Sarles	ND		
	Walhalla	ND		
	Willow City	ND		
	Bisbee	ND		
	Kramer	ND		
	Dunseith	ND		
	Belcourt	ND		

	T						FORM SA1-		
Name	LEGAL NAME OF OWNER OF C						SYS	TEM ID 3703	
	United Telephone Mutual Aid Corp								
_	SECONDARY TRANSMISSION	SERVICE: SUE		ID RATES					
E	In General: The information in s	•	-		•				
Secondary	system, that is, the retransmissi about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both					ble system	, broken		
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv	0	0	, (,	charged		
	Rate: Give the standard rate of						ge and the		
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed for	or advance payr	nent.					
	Block 1: In the left-hand block			-					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity		-		-				
	subscriber who pays extra for ca					nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					difforant f	rom those		
	printed in block 1 (for example, t	0							
	with the number of subscribers a				,		, 0		
	sufficient.		-						
	BLO	OCK 1 NO. OF				BLOCK	C2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	C	ATEGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:								
	Service to first set	3,	,254 19	.95 Expa	anded		2,816	####	
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		154 50	.00 Expa	nded		84	90.0	
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC			ATES					
-	In General: Space F calls for ra				o all your cable sy	stem's serv	rices that were		
F	not covered in space E, that is, t				•				
Comisso	service for a single fee. There al furnished at cost or (2) services	•		•		• • • •			
Services Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		•	-		- 5		
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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 constrate pharma use made or established. List these other convices in the form of a								
	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.								
	, , , ,								
		BLOC RATE	K I CATEGORY OF	SERVICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE	
			nstallation: No			CAILO	SIT OF SERVICE		
	CATEGORY OF SERVICE Continuing Services:	1							
	Continuing Services:	I	Motel, hotel						
	Continuing Services: • Pay cable		 Motel, hotel Commercial 						
	Continuing Services:								
	Continuing Services: • Pay cable • Pay cable—add'l channel		Commercial	ld'l channel					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CommercialPay cable						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		 Commercial Pay cable Pay cable-addition 	on					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		 Commercial Pay cable Pay cable-ad Fire protection 	on ection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		 Commercial Pay cable Pay cable-ad Fire protection Burglar protection 	on ection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		Commercial Pay cable Pay cable Pay cable-ad Fire protectid Burglar prote Dther services:	on ection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Commercial Pay cable Pay cable Pay cable-ad Fire protectio Burglar prote Dther services: Reconnect	on ection					

ounting Period: 2	2022/1			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM I 370				
	United Telephone Mutual Aid Corp							
	PRIMARY TRANSMITTERS:							
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	1) stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain sta ried by your cable system on a sul e Special Statement and Program both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	ime basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KGFE	2	E	Grand Forks, ND				
	КХЈВ	5	N	Fargo, ND				
d Rows as Necessary	WDAZ	8	N	Grand Forks, ND				
u rows as necessary	WDAY	6		Fargo, ND				
	KNRR	12		Pembina, ND				
	КМОТ	10	N	Minot, ND				
	кхмс	13	N	Minot, ND				
	KXND	24		Minot, ND				
	KVLY	11	N	Fargo, ND				
	KRDK		N					
				Fargo, ND				
	KNDB	7	N .	Minot, ND				
	KXMY		I	Minot, ND				
		-						
		T						

LEGAL NAME OF OWNER OF CABLE SYSTEM: United Telephone Mutual Aid Corp								SYSTEM 37(
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recein t the Cop sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. on is AM or FM. hal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	adend, and (2) nna, during ce e (v) of the ger ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
S. ILL DIGIT		0,0		ONLE OIGIN		0,0		
				·				
				·			·	

Accounting Perio	d: 2022/1						FORM	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	United Telephone Mut	ual Aid Co	orp					37039
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
I	In General: In space I, identi substitute basis during the ad							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in the	paper SA1-2	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBSTI	TUTE CARRIAGE				
Special	 During the accounting period 				is any nonne	twork televisi	ion program	1
Statement and	broadcast by a distant stat			oa,, o a casea.c sac	,			
Program Log	,						YES	NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			e line. Lise abbreviations	wherever pos	sible if their	meaning is	
	clear. If you need more spa				wherever pos		meaning is	
	Column 1: Give the title				program") that	at. during the	accounting	
	period, was broadcast by a							ion
	under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	m titles, for ex	ample, "I Lov	/e Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program	n was broad						
	Column 3: Give the call							
	Column 4: Give the broat the case of Mexican or Can						FCC or, in	
	Column 5: Give the mon						ith the mon	th
	first. Example: for May 7 giv		when your syst		program. 030			
	Column 6: State the time		substitute prod	gram was carried by your	cable system.	. List the time	es accuratel	v
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the lette							
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	and regulation	ns in	
	enection October 19, 1976.							
	s	UBSTITUT	E PROGRAM			EN SUBSTIT		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. TII FROM —		DELETION
						_	_	
							-	
							-	
							-	
							-	
					-			
					-			
					-			
							_	
						_	_	
					1	_	-	
						_	-	

Accounting Period:	2022/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
	United Telephone Mutual Aid Corp 37039
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 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 \$263,800. • 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-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
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	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
	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 \$ 431,144.00
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 2,992.44
	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) \$ 2,992.44
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 3,012.44
	EFT Trace # or TRANSACTION ID # 271GKS8M
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: United Telephone Mutual Aid Corp	SYSTEM ID# 37039
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 on which the cable system carried television broadcast stations and nonbroadcast services	12 261
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	Address 411 7th Ave, PO Box 729 (Number, street, rural route, apartment, or suite number) Langdon, ND 58249	(701)256-1112
	(City, town, state, zip) Email taram@corp.utma.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, <i>but only one</i>, 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables 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 own 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/Stephen Swanson 	ystem as identified
	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Stephen Swanson Title: General Manager/CEO (Title of official position held in corporation or partnership) Date: 08/29/2022	

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ted Telephone Mutual Aid Corp	3703
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	
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	
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	
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	
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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	
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	
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	

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C	Cable Worksheet		Total amount of remittance	Nur	nber of SAs rec'd	s rec'd Initials	
			Date of remittance		EFT		G FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocatio	on number		
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun J	period) or /2 (for Jul-De	ec period) No spa	ces)
Period	Letter	rsent	C	Information rec	ceived		
		oted	C	Phone call/Date	e/Contact		
Space B Owner							
	Letter	rsent					
		oted	Phone call/Date/Contact				
Space D Area Served							
	Letter	rsent	E	Information rec	ceived		
		oted	Phone call/Date/Contact				
Space E Secondary Transission							
Service Subscribers:	Letter	rsent	C	Information rec	ceived		
and Rates		oted	C	Phone call/Date	e/Contact		
Space G Primary Transmitters:							
Television	Letter	r sent	[Information re	ceived		
		oted	[Phone call/Dat	e/Contact		
Space H Primary Transmitters:							
Radio		oted	[Phone call/Dat	e/Contact		

		Carriage
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	□Information received	(SA3 only)
	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
	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	
	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□Info/add'l fee received	
	Phone call/Date/Contact	