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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright General instructions are located Office Licensing Division at: 7-2-22 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

	COUNTING 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
	ALPINE CABLE TELEVISION LC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 1008 (Number, street, rural route, apartment, or suite number)
	ELKADER, IA 52043
	(City, town, state, zip)
	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	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 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#				
	ALPINE CABLE TELEVISION LC	63226				
D	nstructions: 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, 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified					
Area Served	city.					
	CITY OR TOWN	STATE				
First	ELKADER	IA				
Community						
Rows as Necessary						

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID		
Name	ALPINE CABLE TELEVIS								6322		
		050//05.01									
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable			
_	system, that is, the retransmission	-		-							
Secondary	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).										
Transmission Service: Sub-							hle system	broken			
scribers and		•	blocks in space E call for the number of subscribers to the cable system, broken transmission service. In general, you can compute the number of subscribers in								
Rates	each category by counting the n	•		•		•					
	separately for the particular serv										
	Rate: Give the standard rate c unit in which it is generally billed.										
	category, but do not include disc				iy stanuai		s wiu iir a j				
	Block 1: In the left-hand block	in space E, th	e form l	ists the categori							
	systems most commonly provide							0,			
	that applies to your system. <b>Note</b> categories, that person or entity			-		-					
	subscriber who pays extra for ca										
	first set" and would be counted o	once again unc	ler "Serv	vice to additiona	l set(s)."						
	Block 2: If your cable system	-		•							
	printed in block 1 (for example, t with the number of subscribers a										
	sufficient.		e nym-n	Iand Diock. A tw				Service is			
	BLC	DCK 1	-				BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:										
	Service to first set		49	51.95	ESSEN	ENTIALS PACKAGE			71.0		
	<ul> <li>Service to additional set(s)</li> </ul>				PREMIER PACKAGE			64	81.0		
	<ul> <li>FM radio (if separate rate)</li> </ul>										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES							
F	In General: Space F calls for rat	te (not subscri	ber) info	ormation with res	spect to al	l your cable sy	stem's serv	vices that were			
F	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services	•			•						
Other Than	amount of the charge and the un										
Secondary	enter only the letters "PP" in the							-			
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not			
Rales	-				•	•	•				
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of brief (two- or three-word) description and include the rate for each.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	-	GORY OF SERV	'ICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Installa	ation: Non-resid	dential						
	• Pay cable		• Mo	tel, hotel			CINEM	AX	16.0		
	Pay cable—add'l channel		• Cor	mmercial			НВО		18.0		
	Fire protection		• Pay	y cable			SHOW	ГІМЕ	17.0		
	•Burglar protection		• Pay	y cable-add'l cha	annel		STARZ		15.0		
	Installation: Residential		• Fire	e protection							
	• First set	124.95	• Bur	glar protection							
	<ul> <li>Additional set(s)</li> </ul>		Other s	services:							
	.,		. De.			20.00					
	• FM radio (if separate rate)			connect		29.00					
	• FM radio (if separate rate) • Converter			connect connect		29.00					
	, , ,		• Dis			29.00					

ccounting Period: 2	2022/1			FORM SA1-2E. PAGE :							
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID							
Humo	ALPINE CABLE TELE	VISION LC		63220							
	PRIMARY TRANSMITTERS:	TELEVISION									
<b>G</b> Primary	carried by your cable system FCC rules and regulations	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 6.59(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									
Transmitters: Television	substitute program basis, a Substitute Basis Stations	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 a substitute basis.	e Special Statement and Program L	og)—if the							
	basis. For further information <b>Column 1:</b> List each station	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 pr d with a station according to its over-the-	see page (v) of the general instructio ogram services such as HBO, ESPI	ons. N, etc. Identify each							
	"WETA-2" as the same on <b>Column 2:</b> Give the chann	the form. el number the FCC assigned to the telev	<b>C 1 1 1</b>								
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> 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. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KCRG	9	N	CEDAR RAPIDS, IA							
	KFXA	27	I	CEDAR RAPIDS, IA							
dd Rows as Necessary	KGAN	51	N	CEDAR RAPIDS, IA							
ia no no ao necessary	KPXR	47	1	CEDAR RAPIDS, IA							
	KRIN	35	E	WATERLOO, IA							
	KWKB	25	l	IOWA CITY, IA							
	KWWL	7	Ν	WATERLOO, IA							

EGAL NAME O								SYSTEM IE 6322
								002
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.								
eceivable if (1) on the basis of For detailed info paper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	) it is carried by monitoring, to ormation about rm. dentify the call State whether t f the radio state this by placing	y the sys be receint t the Co sign of e he static ion's sign g a check	<b>H-Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on th each station carried. In is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pag his point, see pag ed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se	) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	1		the community with which the			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CTN	FM		Garnavillo, IA					
	·							

Accounting Perio							FOR	RM SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
Name	ALPINE CABLE TELEV	ISION LC	•					63226		
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or a	uthorizations.	For a further		
Carriage:	1. SPECIAL STATEMENT				general mour			2 101111.		
Special	During the accounting period				is, any nonne	twork telev	ision prograr/	n		
Statement and Program Log	broadcast by a distant stat	tion?					YES	X NO		
	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 <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976.	UBSTITUT	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO			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. FROM	TIMES — TO	DELETION		
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
					1					

Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ALPINE CABLE TELEVISION LC			S	YSTEM ID# 63226					
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (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	stem's sec of how to	condary transmi compute this a	ssion service mount, see	<b>4,488.34</b> oss receipts)					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 L	ESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 Line 1. Royalty fee for accounting period			is six-month						
	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 line:	s 1 and 2 .		·						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re than \$137,1	00)						
	1. Base amount under statutory formula	\$	263,800.00							
	2. Enter amount of gross receipts from space K	\$	144,488.34							
	3. Subtract line 2 from line 1	\$	119,311.66	-						
	4. Enter the amount of gross receipts from space K		\$	144,488.34						
	5. Enter the amount from line 3		\$	119,311.66						
	6. Subtract line 5 from line 4		\$	25,176.68						
	7. Multiply line 6 by .005 (enter figure here)			\$	125.88					
	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 at	nd 8		\$	125.88					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	ess than \$527	,600)						
	1. Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula			-						
	Subtract line 2 from line 1	<del></del>	,	-						
	4. Multiply line 3 by .01			-						
	<ol> <li>Kongely line 5 by 50 results</li> <li>Royalty due on the first \$263,800 of gross receipts (under statutory formula)</li> </ol>		\$	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	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)		\$	125.88						
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			\$	145.88					
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				nts!					

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER					SYSTEM ID# 63226
<b>M</b> Channels	to its subscribers, and 1. Enter the total numl	(2) the cable system's t	total numb h the cabl	s on which the cable system carried televis per of activated channels during the accour e	nting period.	7
	on which the cable	ber of activated channel system carried televisior services	n broadca	st stations		361
N Individual to Be Contacted		CONTACTED IF FURTH this statement of accour		RMATION IS NEEDED (Identify an individu	ual to whom	
for Further Information	Name MA	RGARET CORLET	T		Telephone	(563) 245-4481
		BOX 1008 ber, street, rural route, apartm (ADER, IA 52043 town, state, zip)	nent, or suit	e number)		
	Email	MCORLETT@A	LPINE-C	COMMUNICATIONS.COM	ax (optional	
	CERTIFICATION (This s	tatement of account mu	ist be cert	ified and signed in accordance with Copyrig	ght Office regulations)	
O Certification	I, the undersigned, here     (Owner othe			v one , of the boxes.) ) I am the owner of the cable system as iden	tified in line 1 of space B;	; or
	in line X (Officer or p	1 of space B and that the	e owner is	rtnership) I am the duly authorized agent of not a corporation or partnership; or tion) or a partner (if a partnership) of the legal		
	• I have examined the sta	atement of account and h l correct to the best of my	-	lare under penalty of law that all statements o ge, information, and belief, and are made in go		
			Х	/s/ Chris Hopp		
				ectronic signature on the line above to certify ature using an "/s/ signature" (e.g., /s/ John Sr		
		Typed or printed	name:	CHRIS HOPP		
		Title: (Titl		OPERATING OFFICER position held in corporation or partnership)		
		Date:			7/1/2022	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
PINE CABLE TELEVISION LC	63220
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 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
	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
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
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
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
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
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
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
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
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
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
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

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		ble rksheet	Total amount of remittance	Number of SAs rec'	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	C	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 ONY)
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	
	Phone call/Date/Contact	