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			
8-24-22	\$ ALLOCATION NUMBER			

Return completed workbook by email to

coplicsoa@copyright.gov

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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20221 Barcode Data Filing Period (optional - see instructions)
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
	Frontier North, Inc.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	401 Merrit 7 (Number, street, rural route, apartment, or suite number)
	Norwalk, CT 06851
	(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 B.
System	IDENTIFICATION OF CABLE SYSTEM:
	1 63683
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	C (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 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.

Accounting Period:	2022/1	1						
Accounting Feriou.	2022/1	FORM SA1-2E. PAGE 1b.						
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Frontier North, Inc.	63683						
	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						
D	separate and distinct community or municipal entity (including unincorporated commununincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as community." Please use it as the first community on all future filings.	lities within unincorporated areas and including single, discrete s a form of system identification hereafter known as the "first						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN STATE							
First	Delaware	ОН						
Community								
Add Rows as Necessary								

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Frontier North, Inc.

SYSTEM ID# 63683

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	22	24.99					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	2	34.99					
Converter							
Residential							
Non-residential							

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-residentia	al			
• Pay cable		 Motel, hotel 				
 Pay cable—add'l channel 		Commercial				
Fire protection		• Pay cable				
•Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set		Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect				
Converter		Disconnect				
		 Outlet relocation 				
		 Move to new address 				

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63683 Frontier North, Inc.

PRIMARY TRANSMITTERS: TELEVISION

1 CALL SIGN

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, 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

2 B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LUCATION OF STATION
WCMHDT	4	N	Primary
WSYXDT	6	N	Primary
WBNSDT	10	N	Primary
WTTEDT	28	N	Primary
WOSUDT	34	N	Primary
TBNHD	51	N	Primary
WCMHDT2	57	N-M	Multicast Parent WCMH
WSYXDT2	58	N-M	Multicast Parent WSYX
WSYXDT3	59	N-M	Multicast Parent WSYX
WTTEDT2	61	N-M	Multicast Parent WTTE
WTTEDT3	62	N-M	Multicast Parent WTTE
WOSUDT2	63	N-M	Multicast Parent WOSU
WOSUDT3	64	N-M	Multicast Parent WOSU

3 TYPE OF STATION

4 LOCATION OF STATION

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

Accounting Period:	2022/1			FORM SA1-2E. PAGE 3.		
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#		
Name	Frontier North, Inc.			63683		
	PRIMARY TRANSMITTERS:	TELEVISION				
G	carried by your cable syster	entify every television station (including m during the accounting period, except	(1) stations carried only on a part-time	basis under		
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e	n effect on June 24, 1981, permitting the)(2) and (4), or 76.63 (referring to 76.6s explained in the next paragraph.		•		
Television		: With respect to any distant stations ca	arried by your cable system on a substi	tute program		
		ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis.	ne Special Statement and Program Log	ı)—if the		
	 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	el number the FCC assigned to the tele	vision station for broadcasting over the	air in its community		
		RC is channel 4 in Washington, D.C. case whether the station is a network s	station an independent station or a no	ncommercial		
		ring the letter "N" (for network), "N-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					
		dian stations, if any, give the name of th	•			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Frontier North, Inc. 63683

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

Primary Transmitters: Radio

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.

- 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
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Accounting Perio	d: 2022/1 LEGAL NAME OF OWNER OF O	ADI E QVQTI	EM:					FO	RM SA1-2E. PAGE 5.
Name	Frontier North, Inc.	ABLE STOTI	⊏IVI.						SYSTEM ID# 63683
	SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOC	G				
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former FC	CC	rules, regula	ations, or au	uthorizations	. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant station?								X NO
	Note: If your answer is "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.								
	2. LOG OF SUBSTITUTE								
	In General: List each substi				s wl	herever pos	sible, if the	eir meaning	is
	clear. If you need more space Column 1: Give the title of				e pr	ogram") tha	at, during th	ne accountin	ıq
	period, was broadcast by a	distant stati	on and that you	ur cable system substitute	ed	for the prog	ramming o	f another st	ation
	under certain FCC rules, reg								
	Do not use general categori "NBA Basketball: 76ers vs. I		les or baske	tball. List specific progra	am 1	lilles, for ex	ampie, i L	ove Lucy o	ŗ
	Column 2: If the program		cast live, enter	"Yes." Otherwise enter	"No	."			
	Column 3: Give the call s	0						F00 :	
	Column 4: Give the broathe case of Mexican or Cana		`	,			,	e FCC or, in	1
	Column 5: Give the mon							with the mo	onth
	first. Example: for May 7 giv								
	Column 6: State the time to the nearest five minutes.		. ,	, , ,		•			ely
	stated as "6:00–6:30 p.m."	<u> глантріс. а</u>	program came	ou by a system from 0.01	. 10	, p.iii. to 0.2	.0.00 p.m. v	Silouid be	
	Column 7: Enter the lette						-	•	
	to delete under FCC rules a was substituted for program	•		0.	-				gram
	effect on October 19, 1976.	illing that y	our system wa	s permitted to delete und	101 1	i oo iules e	ina regulati	10113 111	
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO			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
								_	
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Accounting Period: 2	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier North, Inc.	SYSTEM ID# 63683
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amoun 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.	service
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 \$263,80 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.	0.
	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-accounting period is \$52.00.	month
	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	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	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)	
	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)	19.00
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00
	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
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more info	

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name	Frontier North,	WNER OF CABLE SYSTEM:		SYSTEM ID# 63683
M Channels	to its subscriber	s, and (2) the cable system's		13
	Enter the total on which the	Il number of activated channo cable system carried televisi		382
N Individual to Be Contacted		about this statement of acco	HER INFORMATION IS NEEDED (Identify an individual unt.)	
for Further Information	Name Address	Karol Whittaker 7979 N Beltline Road		214-534-6827
		(Number, street, rural route, apart Irving, TX 75063 (City, town, state, zip)	ment, or suite number)	
	Email	karol.whittaker	@ftr.com Fax (optional	
0	CERTIFICATION (This statement of account m	ust be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigne	d, hereby certify that (Check o	ne, but only one, of the boxes.)	
			partnership) I am the owner of the cable system as identified in line 1 of space B	
		in line 1 of space B and that the	ation or partnership) I am the duly authorized agent of the owner of the cable sy ne owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as owne	
	,	in line 1 of space B.	hereby declare under penalty of law that all statements of fact contained herein	er of the cable system
		te, and correct to the best of m	ny knowledge, information, and belief, and are made in good faith.	
			X /s/ Jessica Matushek	
			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	d name: Jessica Matushek	
		Title:	Sr. Director Accounting tle of official position held in corporation or partnership)	
		Date:	8/22/2022	

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counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ontier North, Inc.	63683
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? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
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
Line 1 Enter the amount of late payment or underpayment	- - -
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@copyright.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	
ID number First community served Accounting period	

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CONTROL #: REMITTANCE #:

C	Cable
	Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

			Date of remittance	□Check	□EFT	□FILING	FEES	
Cable ID #						Amount	Initials	
Examined by	R	eviewed by	Date examination completed	Allocation	on number			
Space A Accounting	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)							
Period	☐Letter se	ent		☐ Information received				
	□Accepted	d	☐Phone call/Date/Contact					
Space B Owner								
	☐Letter se	ent		☐ Information received				
	□ Accepted □ Phone call/Date/Contact							
Space D Area Served								
	☐Letter se	ent		Information re	ceived			
	Accepted Phone call/Date/Contact							
Space E Secondary Transission								
Service Subscribers:	☐Letter se	ent	С]Information re	ceived			
and Rates	□Accepted	d		Phone call/Dat	e/Contact			
Space G Primary Transmitters:								
Television	□Letter se	ent]	☐Information re	eceived			
	□Accepted	d	[□Phone call/Da	te/Contact			
Space H Primary Transmitters:								
Radio	□Accepted	d]	Phone call/Da	te/Contact			

		<u> </u>
		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	
□Accepted	☐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
	☐Information received	
	□Phone call/Date/Contact	
□Accepted	Prione cali/Date/contact	Space Q
		Interest
		Assessment
Letter sent	☐Info/add'l fee received	
□Accepted	Phone call/Date/Contact	