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			
02/24/2023	\$			
	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.

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								
	Dixon Acquisition LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	P. O. Box 260 (Mumber; street; hurar loute; apartment; or state number)								
	Eldridge, IA 52748-0260 (CH); 15Wh; State; 2p);								
С	INSTRUCTIONS:In line 1, give any business or trade names used to identify the business and operation of the system unless these names aneady appear ווו space ב. ווו וווופ ב, give the mailing address or the system, וו מווופיפות וויסוח the address given ווו space ב.								
System	1 IDENTIFICATION OF CABLE SYSTEM: Central Scott Telephone Company								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 125 N. 2nd Street, P. O. Box 260 (William Processing Street) than route; apartment, or state maniper.								
	Eldridge, IA 52748-026 (City, town; state; 2p code)								

Privacy Act Notice: Section 111 of Ittle 1/ 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/:	FORM SA1-2E. PAGE 1b.			
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID			
Name	Dixon Acquisition LLC	35406			
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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			
Served	identified city.				
	CITY OR TOWN	STATE			
First	Dixon	IA			
Community	Calamus	IA			
•	Maysville	IA			
Add Rows as Necessary	Donahue	IA			
•	New Liberty	IA			
	Plainview	IA			
	Big Rock	IA			

Accounting Period: 2022/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 35406 **Dixon Acquisition LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E in General The Information in space E should cover all categories of secondary transmission service of the system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give info Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing Transmission last day of the accounting period (June 30 or December 31, as the case ma Number of Subscribers Both Diocks in space E call for the number of subscribers to the cable system, it Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subsci Rates each category by counting the number of billings in that category (the number of persons or organizations cl separately for the particular service at the rate indicated—not the number of sets receiving se kate: Give the standard rate charged for each category of service, include both the amount of the charge unit in which it is generally billed. (Example: "\$20/mthr"). Summarize any standard rate variations within a particu category, but do not include discounts allowed for advance pay BIOCK 1: In the left-hand block in space ⊨, the form lists the categories of secondary transmission service tha systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed c tnat applies to your syster**note:** vvnere an individual or organization is receiving service tnat talls under diπε categories, that person or entity should be counted as a subscriber in each applicable category. Example: a res subscriber who pays extra for cable service to additional sets would be included in the count under "Servic first set" and would be counted once again under "Service to additional se BIOCK 2: IT your capie system has rate categories for secondary transmission service that are different from printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, t with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the se sufficient BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS CATEGORY OF SERVICE **RATE SUBSCRIBERS RATE** Residential · Service to first se Basic (Digital) 183 69.99 Expanded ( Digital) • Service to additional set(s 29.99 73 79.99 Starz/Encore 14 14.00 • FM radio (if separate rate Showtime/TMC 5 14.00 Motel, hotel нво 19.00 Commercia Cinemax 3 Converter Broadcast Surcharge 259 3.00 17.39 Residential Converter w/DVR 103 | 10.00 Non-residentia SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES in General Space Ficalis for rate (not subscriber) information with respect to all your cable system's services that F not covered in space E, that is, those services that are not offered in combination with any secondary trans service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) s turnished at cost or (2) services or facilities turnished to nonsubscribers. Kate information should include bo Services Other Than amount of the charge and the unit in which it is usually billed. It any rates are charged on a variable per-prograr enter only the letters "PP" in the rate colur Secondary BIOCK 1: Give the standard rate charged by the caple system for each of the applicable services ransmissions BIOCK 2: LIST any services that your cable system turnished or offered during the accounting period that W listed in block 1 and for which a separate charge was made or established. List these other services in the fi brief (two- or three-word) description and include the rate for each BLOCK 1 **BLOCK 2** CATEGORY OF SERVICE CATEGORY OF SERVICE RATE OF SERVICE RATE Continuing Services: Installation: Non-residentia · Pay cable · Motel, hote • Pay cable—add'l chann Commercia • Fire protection • Pay cable Burglar protection • Pay cable-add'l channe Installation: Residentia · Fire protection · First set Burglar protection · Additional set(s Other services • FM radio (if separate rate Reconnect Converter Disconnect Outlet relocation

· Move to new addres

Accounting Period: 2022/:

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Dixon Acquisition LLC

35406

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WHBF 4.1, 4.2, 4.3, 4.4 Rock Island, IL N KWQC Ν Davenport, IA 6.1, 6.2,6.3, 6.4, 6.5, 6.6,6.7 Moline, IL WQAD 8.1, 8.2, 8.3, 8.4,8.5 N Iowa City, IA KIIN 12.1, 12.2, 12.3, 12.4 Ε **KLJB** Davenport, IA 18.1, 18.2, 18.3, 18.4 WQPT 24.1, 24.2 Ε Moline, IL

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Dixon Acquisition LLC** 

35406

## 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
						<b> </b>	
					<del> </del>		

ccounting Period: 2022/2 FORM SA1-2E. PAGE 5.									
to committee of the control	LEGAL NAME OF OWNER OF CABLE SYSTEM:						SYSTEM ID#		
Name	Dixon Acquisition LL0	С							35406
	SUBSTITUTE CARRIAGE In General: In space I, identify	-				distant stat	tion that your	rahle syste	em carried on a
•	substitute basis during the ac	-					· ·	-	
Substitute	explanation of the programmir	٠.		•					
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBS	TITUTE CARRIAGE					
Special	<ul> <li>During the accounting pe</li> </ul>				e b	asis, any r	nonnetwork	television	program
Statement and	broadcast by a distant stat	ion?						YES	X NO
Program Log	<b>Note:</b> If your answer is "No	o." leave th	ne rest of this	page blank. If your ansy	ver	is "Yes." v	ou must co	mplete the	program
	log in block 2.	-,		F9		, ,			p 9
	2. LOG OF SUBSTITUTE PROGRAMS								
	In General:List each substitute program on a separate line. Use abbreviations wherever possible, if their mea								
	clear. If you need more space Column 1: Give the title				itut	e program	") that duri	ng the acc	c
	period, was broadcast by a	a distant st	ation and that	your cable system subs	stitu	uted for the	programm	ing of ano	th€
	under certain FCC rules, re Do not use general catego								
	"NBA Basketball: 76ers vs		IOVIES OF DA	sketball. List specific pr	ogi	am uues,	ioi example	, ILOVEL	'
	Column 2: If the program Column 3: Give the call								
	Column 3: Give the call Column 4: Give the bro						is licensed l	ov the FC	
	the case of Mexican or Ca	nadian sta	tions, if any, tl	ne community with whic	h th	ne station i	s ide	•	
	Column 5: Give the mor first. Example: for May 7 g		y when your s	system carried the subst	itut	te program	i. Use nume	erals, with t	th
	Column 6: State the time	es when th							C(
	to the nearest five minutes stated as "6:00–6:30 p.n	. Example:	a program ca	arried by a system from	6:0	)1:15 p.m.	to 6:28:30 p	o.m. ŧ	
	Column 7: Enter the let	ter "R" if th	e listed progra	am was substituted for p	rog	gramming	that your sy	stem <i>requir</i>	red
	to delete under FCC rules								ed pr
	was substituted for program	_	i your system	was permitted to delete	un	idel FCC I	uies and re	guiai	
	effect on October 19, 1976.								
	WHEN SUBSTITUTE						7. REASON		
	St	JBSTITUT 2. LIVE?	E PROGRAM 3.	4. STATION'S	-	CARRI. 5. MONTH	AGE OCCL 6. TIN		FOR DELETION
	TITLE OF PROGRAM	Yes or No	STATION'S	LOCATION		AND DAY	FROM -	- TO	
							_	_	
					11				
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Accounting Period:	<b>2022/2</b> FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	Dixon Acquisition LLC 35406
K Gross Receipts	GROSS RECEIPTS Instructions: I ne rigure you give in this space determines the form you file and the amount you pay. Enter the total an amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E.) during the accounting period. For a further explanation of now to compute this amount, page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service;  during the accounting period.  \$ 158,341.01  [MPORTANT: You must complete a statement in space P concerning gross receipt]
	COPYRIGHT ROYALTY FEE Instructions: 1 o compute the royalty ree 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 les  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,8  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,61  See page (vi) of the general instructions located in the paper SA1-2 form for more informati
	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-monl accounting period is \$52.01
	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
	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
	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 \$ 264.41
	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
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)
Remittance 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
	EFT Trace # or TRANSACTION ID #
	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.

U.S. Copyright Office

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
	LEGAL NAME OF	OWNER OF CABLE SYS	STEM:			SYSTEM ID#
Name	Dixon Acquis					35406
	CHANNELO					
	CHANNELS	must give (1) the number	of channels or	n which the cable system carried	I talavision broadcast stations	,
М				er of activated channels during the		•
Channels	to its subscribers,	, and (2) the cable system	n s total numbe	er of activated channels during th	e accounting period.	
	Enter the total in	number of channels on w	hich the cable			
	system carried t	television broadcast station	ons			. 26
	2. Enter the total i	number of activated chan	nnels			
	on which the cal	ble system carried televis	sion broadcast	stations		201
	and nonbroadca	ast services				
N	INDIVIDUAL TO	BE CONTACTED IF FUR	RTHER INFOR	MATION IS NEEDED(Identify a	n individual	
	we can contact at	bout this statement of acc	count.)			
Individual to						
Be Contacted						()
for Further	Name -	Kent Dau			Telephon	(563) 285-8565
Information						
	Address	125 N. 2nd Stree	et, P. O. E	3ox 260		
		(Number, street, rural rou	ute, apartment,	or suite number)		
		Eldridge, IA 52	748-0260			
		(City, town, state, zip)				
	Email	kent@csted	ch.com		Fax (optional) (563) 285-9	9648
				***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	CERTIFICATION (T	This statement of account	t must be certifi	ied and signed in accordance wi	th Copyright Office regi	
0						
Certification	I, the undersigner	d, hereby certify that (Che	eck cbut only o	n, of the boxes		
	(Owner	other than corporation	or partnersh	pon) the owner of the cable system	n as identified in line 1 of spa	ice B; or
				artneriship)the duly authorized a ot a corporation or partnership; o		e system as identified
		·				
		r or partner) am an office ine 1 of space B.	er (if a corporat	tion) or a partner (if a partnership	o) of the legal entity identified	as owner of the cable system
		ino i or space B.				
				eclare under penalty of law that lge, information, and belief, and		ed herein
	[18 U.S.C., Section		or my knowled	ige, information, and belief, and	are made in good faith.	
			<b>X</b> /s	s/ Kent Dau		
			Enter an ele	ctronic signature on the line above	to certify this statement.	
			Enter signati	ure using an "/s/ signature" (e.g., /	s/ John Smith)	
		Typed or pr	rinted nam <b>K</b>	Cent Dau		
			••			
		Title:	Chiof E	inancial Officer		
				inancial Officer sition held in corporation or partr	ership)	
		(112	700	F	.,	
		Date:			2/24/2023	
		Date.			2/24/2023	

Finally Act Notice second FIT of the FIT of the United States Code admirates the Copyright States and the personal individual, such as name, address, 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 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 pic completed record of statements of account, and it may affect the legal sufficiency of the filling, a determination that would be made by a c

U.S. Copyright Office

ounting Period: 2022/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
con Acquisition LLC	35406
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	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u> /s
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	
** 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 #:

	Cable Worksheet	Total amount of remittance	Number of SAs r	ec'd Initials
	Worksheet	-		
		Date of remittance	Check ☐ EFT	☐ FILING FEES
Cable ID#				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A		(enter four digit year and	I /1 (for Jan-Jun period) or /2 (fo	or Jul-Dec period) No spaces)
Accounting Period	☐ Letter sent		Information received	
	☐ Accepted		Phone call/Date/Contact	
Space B Owner				
	☐ Letter sent	Γ	☐ Information received	
	☐ Accepted	Γ	Phone call/Date/Contact	
Space D Area Served				
	☐ Letter sent	Γ	☐ Information received	
	☐ Accepted		Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	☐ Letter sent	Г	Information received	
and Rates	☐ Accepted		Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	☐ Letter sent	Γ	☐ Information received	
	☐ Accepted	[	☐ Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio	☐ Accepted	[	☐ Phone call/Date/Contact	
				Space I Substitute Carriage

		ı
☐ 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
☐ 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	