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 COPYRIG	Return completed workbook by email to		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instructions are located in the first tab of this workbook.	2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
_ 1				

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20222 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
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323
		(Number, street, rural route, apartment, or suite number) TYLER, TX 75701
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
		WINN CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.							
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	037992							
D Area Served	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, discret 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 identification.								
	CITY OR TOWN	STATE							
First Community	WINNFIELD	LA							
Community	(WINN CORR)								
Add Rows as Necessary									

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICAT	IONS LLC							03799		
E	SECONDARY TRANSMISSION In General: The information in s					r transmission se	ervice of th	ie cable			
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary	about other services (including p						ose existi	ng on the			
Transmission	last day of the accounting period Number of Subscribers: Both						o ovetem	brokon			
Service: Sub- scribers and	down by categories of secondary	•									
Rates	each category by counting the n			•							
	separately for the particular serv							U			
	Rate: Give the standard rate c	-	-	•			-				
	unit in which it is generally billed.	· ·	,		y standaro	d rate variations	within a pa	articular rate			
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondary transmiss	ion servic	e that cable			
	systems most commonly provide			•							
	that applies to your system. Note										
	categories, that person or entity				• •		•				
	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)." <b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those										
	<b>Block 2:</b> 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 a										
	sufficient.										
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		0	-							
	<ul> <li>Service to additional set(s)</li> </ul>										
	<ul> <li>FM radio (if separate rate)</li> </ul>										
	Motel, hotel										
	Commercial		14	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	IONS: RATES							
F	In General: Space F calls for rat		'		•						
Г	not covered in space E, that is, t										
Services	service for a single fee. There ar	•		•	•						
Other Than	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,										
Secondary	enter only the letters "PP" in the rate column.										
ransmissions:	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										
Rates	-				-						
	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						BLOCK 2			
	CATEGORY OF SERVICE			ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVIC	E RATE		
	Continuing Services:			tion: Non-resi							
	• Pay cable	-	• Mot	el, hotel							
	• Pay cable—add'l channel	-		nmercial							
	Fire protection		• Pay	cable							
	•Burglar protection			cable-add'l cha	annel						
	Installation: Residential			protection							
	First set	-		Jar protection							
	<ul> <li>Additional set(s)</li> </ul>	- (		ervices:							
	• FM radio (if separate rate)		• Rec	onnect		-					
	• Converter		• Disc	connect							
				et relocation		-					
	1		2.40								
			• Mov	e to new addre	SS	-					

nting Period:	2022/2			FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM II							
	CEQUEL COMMUNIC	CATIONS LLC		03799							
	PRIMARY TRANSMITTERS:	TELEVISION									
G	carried by your cable syste FCC rules and regulations	<b>General:</b> 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									
Primary nsmitters: elevision	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations:									
	• Do <i>not</i> list the station her station was carried <i>only</i> or	re in space G—but do list it in space I (th	·								
	basis. For further informati <b>Column 1:</b> List each statio	on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each							
	of license. For example, W	nel number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.		·							
		h case whether the station is a network s ering the letter "N" (for network) "N-M" (f	•								
	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							
	KAQY-1	11	Ν	COLUMBIA, LA							
	KARD-1	14	I	WEST MONORE, LA							
as Necessary	KEJB-1	43	I	EL DORADO, AR							
	KLTM-1	13	Е	MONROE, LA							
	KNOE-1	8	N	MONROE, LA							
	KTVE-1	10	N	EL DORADO, AR							

LEGAL NAME OF								SYSTEM II 0379
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl				ied on an	Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate t	it is carried by nonitoring, to rmation about m. entify the call tate whether t the radio stati his by placing	/ the sys be receivent t the Copen- sign of e he station ion's sign a check	I-Band FM Carriage: Under O tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. In is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which th	t the system's hea system's FM anter als point, see page and by the cable sy	idend, and (2) nna, during ce e (v) of the ger ystem as a sep	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
			the community with which the			, in a		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					·			
						·		

Accounting Perio	d: 2022/2						FORI	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LL	.C					037992	
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG					
	In General: In space I, identit	fy every non	network televisi	on program, broadcast by a	distant static	on, that your	cable system	carried on a	
	substitute basis during the ac								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special	1. SPECIAL STATEMENT								
Statement and	<ul> <li>During the accounting peri</li> </ul>	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televis	sion program		
Program Log	broadcast by a distant stat	ion?					YES	X NO	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust complete	e the prograr	n	
	log in block 2.								
	2. LOG OF SUBSTITUTE								
	In General: List each subst				vherever pos	sible, if thei	ir meaning is		
	clear. If you need more span			ows to the tables. sion program ("substitute p	vrogram") tha	t during the	e accounting		
	period, was broadcast by a								
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	ral instruction	ns for furthe	er informatior		
	Do not use general categori		vies" or "baske	tball." List specific program	titles, for ex	ample, "I Lo	ove Lucy" or		
	"NBA Basketball: 76ers vs.		Icast live enter	· "Yes." Otherwise enter "N	o "				
				sting the substitute program					
				e community to which the			FCC or, in		
	the case of Mexican or Can			3		,	with the mean	th	
	first. Example: for May 7 giv		when your syst	em carried the substitute p	orogram. Use	numerais,	with the mor	101	
			substitute prog	gram was carried by your c	able system.	List the tim	nes accurate	ly	
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be	-	
	stated as "6:00–6:30 p.m."	or "D" if the	liated program	was substituted for progra	mming that w	ourovotom	waa raquira	d	
	to delete under FCC rules a			was substituted for progra ring the accounting period.					
	was substituted for program								
	effect on October 19, 1976.								
					\ <b>\</b> /µ	EN SUBSTI			
	S	UBSTITUT	E PROGRAM			IAGE OCC		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	-	rimes — to	DELETION	
							_		
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	STEM ID# 037992
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service Imount, see	<b>5,600.00</b> ss 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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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.	263,800.	
	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 t accounting period is \$52.00.	his six-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 \$137,1	00)	
	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		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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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		
	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)	52.00	
Due	2. 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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:			SYSTEM ID# 037992
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, and (2) the cable system otal number of channels on wh ried television broadcast station otal number of activated channel ne cable system carried televis	ons	uring the accounting period.	6 22
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of acc	THER INFORMATION IS NEEDED (Ide ount.)	entify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone (903	i) 579-3152
	Address	3027 S SE LOOP 32 (Number, street, rural route, apa TYLER, TX 75701 (City, town, state, zip)	-		
	Email	RODNEY.HAS	SKINS@ALTICEUSA.COM	Fax (optional	
ο	CERTIFICATIO	N (This statement of account i	must be certified and signed in accorda	nce with Copyright Office regulations)	
Certification			one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable	e system as identified in line 1 of space B; or	
	(Age		ration or partnership) I am the duly auth the owner is not a corporation or partners	norized agent of the owner of the cable system hip; or	as identified
		in line 1 of space B.		rship) of the legal entity identified as owner of t	the cable system
	are true, comp		d hereby declare under penalty of law that my knowledge, information, and belief, ar		
	ĺ		X /s/ Alan Dannenbaun	n	
			Enter an electronic signature on the line Enter signature using an "/s/ signature"	-	
		Typed or printe	ad name: ALAN DANNENBAU	JM	
		Title:	SVP, PROGRAMMING	tnership)	
		Date:		2/28/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	037992
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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.	
<ul> <li>(interest charge)</li> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
(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.	
<ul> <li>(interest charge)</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>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.</li> </ul>	
<ul> <li>(interest charge)</li> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please</li> </ul>	
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(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	
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C	Cable Worksheet	Total amount of remittance						
		Date of remittance	Check  EFT	□ FILING FEES				
Cable ID #				Amount Initials				
Examined by	Reviewed by	Date examination completed	Allocation number					
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period) or /2 (for Jul-	Dec period) No spaces)				
Period	□ Letter sent		Information received					
			Phone call/Date/Contact					
Space B Owner								
	Letter sent		Information received					
			Phone call/Date/Contact					
Space D Area Served								
	Letter sent		Information received					
			Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	□ Letter sent		□ Information received					
and Rates			Phone call/Date/Contact					
Space G Primary Transmitters:								
Television	□ Letter sent	□ Information received						
		C	] Phone call/Date/Contact					
Space H Primary Transmitters:								
Radio	Accepted	C	] Phone call/Date/Contact					