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				
2-6-23	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

_	1	
Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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.
5		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.
		60235
		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
		WINDSTREAM D&E SYSTEMS INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		4001 RODNEY PARHAM (Number, street, rural route, apartment, or suite number)
		LITTLE ROCK AR 72212
		(City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
C		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		IDENTIFICATION OF CABLE SYSTEM:
-	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, etate, via and a)
	<u> </u>	(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 fling, a determination that would be made by a court of law.

WINDSTREAM DAE SYSTEMS INC BY Instructions: List each separate community served by the cable system. A "community" is the same as a "community instructions: List each separate community or municipal entity (including unincorporated communities within unincorporated areas and including unincorporated 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 to city. CITY OR TOWN STATE CITY OR TOWN STATE CITY OR TOWN STATE Discontinued service Sept 30, 2022 CITY OR TOWN STATE Discontinued service Sept 30, 2022	60235
City City	I in FCC rules: "a ng single, discrete nown as the "first
First STATE COLLEGE PA Community Discontinued service Sept 30, 2022	
Community Discontinued service Sept 30, 2022	

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 60235

WINDSTREAM D&E SYSTEMS INC

E

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	0	40.25				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	0	40.25				
Commercial	0	40.25				
Converter						
Residential						
Non-residential						
				1	1	

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	18.00	Motel, hotel		PPV - PV	
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
 Additional set(s) 	50.00	Other services:			
 FM radio (if separate rate) 		Reconnect	35.00		
Converter		Disconnect			
		Outlet relocation	35.00		
		Move to new address	50.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WINDSTREAM D&E SYSTEMS INC

1. CALL SIGN

WPSX

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.

2. B'CAST CHANNEL NUMBER

3

WPSX HD E-M **CLEARFIELD PA** 3.1 **WJAC** 6 Ν JOHNSTOWN PA WJAC HD 6.1 N-M JOHNSTOWN PA 6.2 **WJAC ME TV** N-M JOHNSTOWN PA **WWCP** 8 ı JOHNSTOWN PA **WWCP HD** 8.1 I-M JOHNSTOWN PA 10 WTAJ Ν ALTOONA PA WTAJ HD **ALTOONA PA** 10.1 N-M **WATM** 23 Ν **ALTOONA PA** WATM HD 23.1 N-M ALTOONA PA WATM THIS TV 23.3 N-M ALTOONA PA **WATM ANTENNA** 23.4 N-M **ALTOONA PA WSWB** 38 Ī **WILKES BARRE PA WKBS** 47 **ALTOONA PA** WHVL 29 STATE COLLEGE PA

3. TYPE OF STATION

Ε

Add Rows as Necessary

60235

4. LOCATION OF STATION

CLEARFIELD PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

WINDSTREAM D&E SYSTEMS INC

60235

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
		ļ 					
	1	Ī		1	1	1	1

Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.	
N	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#	
Name	WINDSTREAM D&E S	YSTEMS I	NC					60235	
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
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	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and		-	ur cable system	n carry, on a substitute ba	sis, any nonn	etwork tele		1	
Program Log	broadcast by a distant stat	lion?					YES	NO	
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you n	nust comple	ete the progr	am	
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS 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 required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976	i.							
	WHEN SUBSTITUTE								
	5	SUBSTITUT	TE PROGRAM	1 1	IAGE OCC		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
			 						
			 						
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: WINDSTREAM D&E SYSTEMS INC	S	STEM ID# 60235
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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 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.	ission service amount, see	,173.84
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	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 \$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 this accounting period is \$52.00	s 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		
	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)	1,319.00	
	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	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		s!

Accounting Period:	2022/2						FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF WINDSTREAM D&E SYS						SYSTEM ID 6023
M Channels	to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable systems.	the cable system's of channels on which on broadcast stations of activated channel em carried television	total numl h the cabl s ls n broadca		e accounting po		217
N Individual to Be Contacted	we can contact about this	statement of accoun		DRMATION IS NEEDED (Identify an	individual to v		
for Further Information	Name PAM F	IENDRIX				I elepnone	706-499-4124
	(Number, LITTL) (City, town	RODNEY PAR street, rural route, apartr E ROCK, AR 72 , state, zip)	nent, or suit	ite number)			
	Email	LEZLIE.P.YOU	NG@WIN	NDSTREAM.COM	Fax (opt	tional	
O Certification	Owner other that (Owner other that (Agent of owner in line 1 of X (Officer or partr in line 1 of I have examined the statem	certify that (Check one on corporation or particular than corporation or particular than corporation and that the other) I am an officer (if space B.	e, but only artnership tion or pal o owner is a a corpora	rtified and signed in accordance with vone, of the boxes.) b) I am the owner of the cable system artnership) I am the duly authorized anot a corporation or partnership; or ation) or a partner (if a partnership) of lare under penalty of law that all stater je, information, and belief, and are many or one.	as identified in I gent of the owner the legal entity in	line 1 of space B; of the cable system of the cable system of the cable system of the cable as owner on tained herein	tem as identified
				/S/ TIMOTHY electronic signature on the line above nature using an "/s/ signature" (e.g., /	to certify this st	tatement.	
		Typed or printed	name:	TIMOTHY P LOKEN			
		Title:		CTOR-REGULATORY REPORTION OF PARTNERS HIP			
		Date:			February	v 06, 2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
NDSTREAM D&E SYSTEMS INC	60235
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."	P Special Statement Concerning Gross Receipts Exclusion
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.	Neceipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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
	-
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
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@loc.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	
Owner Address	
ID number	
First community served Accounting period	

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Cable
Worksheet

	Cai	ble rksheet	Total amount of	Num	Number of SAs rec'd		Initials	
	Mod	rksheet	remittance					
	VVOI	KSITCE		_				
			Date of remittance	Check	EFT	FILII	NG FEES	
Cable ID#		<u> </u>		1		Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocation	n number			
Space A Accounting Period								
	☐ Janu	uary 1 - June 30, 2017		☐ July 1 - December 31, 2017				
	Letter sent Accepted		☐ Information received					
				Phone call/Date	e/Contact			
Space B Owner								
	Lette	er sent		Information red	eived			
	Acce	epted		Phone call/Date	e/Contact			
Space D Area Served								
	Lette	er sent	☐ Information received					
	Accepted		Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	Lette	er sent		Information red	eived			
and Rates	Accepted			Phone call/Date/Contact				
Space G Primary Transmitters:								
Television	Letter sent Accepted			Information re	ceived			
				Phone call/Date/Contact				
Space H Primary Transmitters:								
Radio	☐ Acce	epted	Г	Phone call/Dat	e/Contact			

		Space I Substitute	
		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	-	
Letter sent	Phone call/Date/Contact		
		Space L Copyright Filing and Royalty Fees	
Royalty Fee should be	Refund request to fiscal	1	
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	1	
Accepted	Phone call/Date/Contact		