This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIC	Return completed workbook by email to						
	ary Transmissions by	DATE RECEIVED	AMOUNT	_					
Cable Syste	ems (Short Form) actions are located of this workbook.	2-27-23	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.					
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))						
Accounting Period	2022/2	Period 1 = January 1 - June 30 2 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)						
В	-	•	ary of another corporation, give the full corporat	e title of the					
	subsidiary, not that of the parent corpora	ition.							
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 statement of account and royalty fee pay	- · · ·	e last day of the accounting period should submit iod.	t a single					
	Check here if this is the system's first filin	g. If not, enter the system's ID number as	ssigned by the Licensing Division.	63683					
	LEGAL NAME OF OWNER/MAILIN	G 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		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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	63683
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright 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.

		FORM SA1-2E. PAGE 1b						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Frontier North, Inc. 63683							
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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Area Served	Note: Entities and properties such as notels, apartments, condominiums, or mobile nome parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	Delaware	ОН						
Community								
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Frontier North, Inc.									
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for categories	pace E should co on of television ar ay cable) in space (June 30 or Dec blocks in space transmission se umber of billings i ice at the rate ind harged for each of (Example: "\$20/ ounts allowed for in space E, the fe to their subscrib e: Where an indiv should be counte ble service to add	over all categories and radio broadcast the F, not here. All the ember 31, as the of E call for the num ervice. In general, y in that category (the licated—not the num category of services mth"). Summarize r advance paymen orm lists the categor evers. Give the num ridual or organization as a subscriber ditional sets would	of secondary s by your sys- he facts you case may be ber of subsc rou can com e number of umber of sets . Include boi any standar t. ories of seco ber of subsc on is receivin in each appli be included	stem to subscrik state must be th). ribers to the cab pute the numbe persons or orga s receiving servi th the amount or d rate variations ondary transmise ribers and rate th ng service that f icable category.	ers. Give i nose existin le system, of subscri anizations o ce). the charge within a pa- sion service or each list alls under o Example:	nformation ng on the broken ibers in charged e and the articular rate e that cable ted category different a residential	6368		
	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 the printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, tog with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service sufficient.									
	BLC	OCK 1 NO. OF				BLOC	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBER	RS RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Residential:									
	Service to first set		16 24.99							
	Service to additional set(s)									
	• FM radio (if separate rate) Motel, hotel									
	Commercial		2 34.99							
	Converter		2 04.00	·						
	Residential									
	Non-residential									
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th	e (not subscriber) information with		l your cable syst	em's servi	ces that were			
Services Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e two exceptions or facilities furnisl it in which it is us rate column. e charged by the your cable syste separate charge v	: you do not need hed to nonsubscril sually billed. If any cable system for o m furnished or offo was made or estat	to give rate i pers. Rate in rates are cha each of the a ered during t	nformation conc formation shoul arged on a varia pplicable servic he accounting p	ndary trans erning (1) d include b ble per-pro es listed. eriod that v	services oth the ogram basis, were not			
Services Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	e two exceptions or facilities furnisl it in which it is us rate column. e charged by the your cable syste separate charge v	: you do not need hed to nonsubscril sually billed. If any cable system for e m furnished or offe was made or estat the rate for each.	to give rate i pers. Rate in rates are cha each of the a ered during t	nformation conc formation shoul arged on a varia pplicable servic he accounting p	ndary trans erning (1) d include b ble per-pro es listed. eriod that v	services oth the ogram basis, were not			
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Services Other Than Secondary ransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	e two exceptions or facilities furnisl it in which it is us rate column. e charged by the your cable syste separate charge v tion and include BLOCH RATE C	: you do not need hed to nonsubscrit sually billed. If any cable system for e m furnished or offe was made or estat the rate for each. K1 K1 CATEGORY OF SE istallation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protectio ther services:	to give rate i pers. Rate in rates are cha each of the a ered during t olished. List i RVICE esidential channel	nformation conc formation shoul arged on a varia pplicable servic he accounting p these other serv	ndary trans erning (1) - d include b ble per-pro es listed. eriod that v ices in the	services oth the ogram basis, were not form of a BLOCK 2	RAT		
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nting Period: 2	-			FORM SA1-2E. PAGE				
Name		- CABLE SYSTEM:		SYSTEM ID 6368				
	Frontier North, Inc. PRIMARY TRANSMITTERS:			6566				
G Primary nsmitters: elevision	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, <i>except</i> (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 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 noncommercial educational multicast). "I' (for independent), "I-M" (for independent multicast), "E' (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning							
	1. CALL SIGN	4. LOCATION OF STATION						
	WCMHDT	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	Primary				
	WSYXDT		N	Primary				
	WBNSDT	6 10	N	Primary				
Necessary	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				

LEGAL NAME O		JABLE SY	ISIEM:						SYSTEM 630
n General: Lis		station ca	rried on a separate and discre						н
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: 10 Column 2: 5 Column 3: 11 ignal, indicate Column 4: 0) it is carried by monitoring, to ormation about rm. dentify the call State whether the f the radio stat this by placing Give the station	y the sys be receivent to the Cop sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. n is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	it th sys his sec	he system's hea stem's FM anter s point, see page d by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the gen ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
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: 2022/2						FORM	A SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#				
Name	Frontier North, Inc.							63683				
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG								
I	In General: In space I, identi											
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Substitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE 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												
Program Log	broadcast by a distant stati	ion?					YES	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.											
	 LOG OF SUBSTITUTE PROGRAMS n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 											
					wherever po	ssible, if their n	neaning i	S				
	clear. If you need more spa Column 1: Give the title				program") th	at during the a	accounting	n				
	period, was broadcast by a											
	under certain FCC rules, re											
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific progra	m titles, for ex	kample, "I Love	e Lucy" or					
	Column 2: If the program		dcast live, ente	r "Yes " Otherwise enter "	No."							
	Column 3: Give the call	sign of the s	station broadca	asting the substitute progr	am.							
	Column 4: Give the broa						CC or, in					
	the case of Mexican or Can Column 5: Give the mor						h the mo	nth				
	first. Example: for May 7 giv		when your sys		program. 03	e numerais, wit		iiui				
	Column 6: State the time	es when the						ely				
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. sho	uld be					
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	or "R" if tho	listed program	was substituted for prog	amming that	your evetem wa	os require	d				
	to delete under FCC rules a											
	was substituted for program	nming that y										
	effect on October 19, 1976.											
					\//НЕ	N SUBSTITU	тс					
	s	UBSTITUT	E PROGRAM			AGE OCCURI		7. REASON FOR				
		2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION				
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то					
						_						
		+			.↓							
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Accounting Period:	2022/2 FORM 5	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Frontier North, Inc.	8YSTEM 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 total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	
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 \$263,800. • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.	
	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 \$ 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	<u>.</u>
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00 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 of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2022/2								FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: n, Inc.							SYSTEM ID 63683
M Channels	to its subscrib1. Enter the to system car2. Enter the to on which th	You must give (1) the number of ers, and (2) the cable system's ital number of channels on whic ied television broadcast station ital number of activated channe e cable system carried televisio adcast services	total num ch the cab ns els on broadca	nber of a ble 	activated channels	during the	accounting perio		13 382
N Individual to Be Contacted		TO BE CONTACTED IF FURTH about this statement of accou		ORMAT	ION IS NEEDED	(Identify an i	ndividual		
for Further Information	Name	Karol Whittaker						Telephone	214-534-6827
	Address	7979 N Beltline Road (Number, street, rural route, apartr Irving, TX 75063 (City, town, state, zip)		uite numbe	er)				
	Email	karol.whittaker@	@ftr.com	1			Fax (option	al	
O Certification	I, the undersign (Owr (Age X (Off I have examine are true, comp	I (This statement of account mutured, hereby certify that (Check onder other than corporation or part of owner other than corporation in line 1 of space B and that the cer or partner) I am an officer (if in line 1 of space B. ed the statement of account and here, and correct to the best of my ction 1001(1986)]	ne, <i>but only</i> artnership tion or pa e owner is f a corpora nereby dec	<i>ly one</i> , o i p) I am ti artnersh s not a cc ration) or clare und	of the boxes.) the owner of the cat hip) I am the duly au porporation or partne a partner (if a partn der penalty of law th	ole system as uthorized age rship; or nership) of th nat all statem	s identified in line ant of the owner of e legal entity ider ents of fact conta	1 of space B; of the cable sys	tem as identified
				electron	essica Matush nic signature on the ısing an "/s/ signatu	line above to		ement.	
		Typed or printed	name:	Jess	sica Matushel	(
		Title: (Titl			• Accounting held in corporation or	partnership)			
		Date:					2/24/202	23	

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.

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ntier 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.	P Special Statement Concerning Gross Receipts 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?	
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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	Interest Assessment
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Date of remittance Check EFT Cable ID # Amount Examined by Reviewed by Date examination completed Allocation number Space A (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) Period Letter sent Information received Accounting Period Phone call/Date/Contact Space B Owner Information received Letter sent Information received Accepted Phone call/Date/Contact Space D Area Served Space E Letter sent Secondary Information received Cacepted Phone call/Date/Contact Space E Letter sent Secondary Information received Subscribers: Accepted Accepted Phone call/Date/Contact	C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'd Initials				
Cable ID # Amound Examined by Reviewed by Date examination completed Allocation number Space A Accounting			Date of remittance	Check EFT	FILING FEES				
Examined by Reviewed by completed Allocation number Space A Accounting Period Letter sent	ole ID #				Amount Initials				
Accounting Period (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) Letter sent Accepted Accepted Accepted Letter sent Accepted Phone call/Date/Contact Space E Secondary Transission Service Letter sent Letter sent Accepted Accepted Accepted Phone call/Date/Contact Space F Secondary Transistion Service Letter sent Accepted Accepted A	mined by	Reviewed by		Allocation number					
Period Letter sent Information received Space B Phone call/Date/Contact Owner Letter sent Information received Letter sent Information received Accepted Phone call/Date/Contact Space D Accepted Phone call/Date/Contact Space D Letter sent Information received Letter sent Information received Accepted Letter sent Information received Accepted Space E Secondary Phone call/Date/Contact Space E Letter sent Information received Subscribers: Letter sent Information received Space G Primary Phone call/Date/Contact Space G Primary Phone call/Date/Contact Space G Primary Information received Transmitters: Information received Phone call/Date/Contact			(enter four digit year and	/1 (for Jan-Jun period) or /2 (for .	Jul-Dec period) No spaces)				
Space B Owner	-								
Owner			[Phone call/Date/Contact					
Image: Contract information received Space D Area Served Image: Contract information received Image: Contract information received Image: Contract information received Space E Secondary Transission Service Subscribers: and Rates Image: Contract information received Space G Primary Transmitters: Image: Contract information received									
Space D Area Served		Letter sent	[Information received					
Area Served		Accepted	[Phone call/Date/Contact					
Image: Constant of the second and t									
Space E Secondary Transission Service Subscribers: and Rates Accepted Defended Phone call/Date/Contact Space G Primary Transmitters:		Letter sent	[Information received					
Secondary Transission Service Subscribers: and Rates Accepted Primary Transmitters: Television		Accepted	[Phone call/Date/Contact					
Subscribers: Information received and Rates Accepted Phone call/Date/Contact Space G Primary Transmitters: Television	ondary								
and Rates Accepted Phone call/Date/Contact Space G Primary Transmitters: Television		Letter sent	[Information received					
Primary Transmitters:		Accepted	[Phone call/Date/Contact					
Television	mary								
Letter sent	evision	Letter sent Information received							
Accepted Phone call/Date/Contact		Accepted	[Phone call/Date/Contact					
Space H Primary Transmitters:	mary								
Radio Accepted Phone call/Date/Contact	lio	Accepted	[Phone call/Date/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	
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	