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			
2-1-23	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (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	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		WIKSTROM SYSTEMS LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 217 (Number, street, rural route, apartment, or suite number)	
		(Number, Steet, Tura roue, apartment, of Sure number)	
		(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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			
1			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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.

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	WIKSTROM SYSTEMS LLC 9016							
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, 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 city.							
	CITY OR TOWN	STATE						
First								
Community	LAKE BRONSON	MN						
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	WIKSTROM SYSTEMS L	.LC							901			
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES							
E		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											
Secondary							iose existir	ng on the				
Transmission Service: Sub-	last day of the accounting period						le system	broken				
scribers and	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											
Rates	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.	-	-				-					
	0,	· · ·	,		ny stanuaro		wiunin a pa					
	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											
	that applies to your system. Note			-		-						
	categories, that person or entity subscriber who pays extra for ca											
	first set" and would be counted o											
	Block 2: If your cable system h					service that are	different fro	om those				
	printed in block 1 (for example, ti											
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tv	vo- or three	e-word description	on of the se	ervice is				
	sufficient.	DCK 1			T		BLOC	< 2				
		NO. OF		DATE	0.07			NO. OF	DATE			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE			
	Service to first set		245	87.99	FCONC	OMY BASIC		22	35.9			
	Service to additional set(s)		245	07.99	ECONC	JWIT BASIC			55.9			
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial											
	Converter											
	Residential											
	Non-residential											
	• Non-residential											
	SERVICES OTHER THAN SEC											
F	In General: Space F calls for rat											
•	not covered in space E, that is, the service for a single fee. There are					,	,					
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the un											
Secondary	enter only the letters "PP" in the											
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	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.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Installa	ation: Non-res	idential							
	• Pay cable	\$12	• Mo	tel, hotel								
	Pay cable—add'l channel		• Cor	mmercial		20.00						
	Fire protection		•Pay	/ cable								
	•Burglar protection			/ cable-add'l cł	nannel							
	Installation: Residential			e protection								
	• First set	20.00	• Bur	glar protection		••••••						
	Additional set(s)		1	services:								
	• FM radio (if separate rate)		1	connect		10.00						
	,						·····					
	Converter		- 015	connect								
	• Converter					15.00						
	• Converter		• Out	tlet relocation ve to new addr	ess	15.00 10.00						

counting Period: 2	2022/2			FORM SA1-2E. PAGE 3							
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID							
	WIKSTROM SYSTEM	S LLC		9016							
	PRIMARY TRANSMITTERS:	TELEVISION entify every television station (including t	ranslator stations and low nower tal	levision stations)							
G	carried by your cable syste	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									
Primary Transmitters:	mitters: substitute program basis, as explained in the next paragraph.										
Television	 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 										
	List the station here, and	 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 									
	Column 1: List each station	on concerning substitute basis stations, son's call sign. <i>Do not</i> report origination pr	ogram services such as HBO, ESP	N, etc. Identify each							
	"WETA-2" as the same on	d with a station according to its over-the- the form. el number the FCC assigned to the telev									
	of license. For example, W	RC is channel 4 in Washington, D.C.	C C	,							
		ring the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or									
	For the meaning of these te	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,							
		n of each station. For U.S. stations, list dian stations, if any, give the name of th									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KGFE	2	Е	GRAND FORKS, ND							
	КХЈВ	4	Ν	VALLEY CITY, ND							
Rows as Necessary	WDAZ	8	N	GRAND FORKS, ND							
	WTBS	9	I	ATLANTA, GA							
	KBRR	10	N	THIEF RIVER FALLS, MN							
	KVLY	11	Ν	FARGO, ND							
	CBWT	12	I	WINNIPEG, MB, CANADA							
	WGNA	23	<u> </u>	CHICAGO, IL							
		•									

Accounting F	Period: 2022	/2						FORI	M SA1-2E. PAGE 4.
LEGAL NAME O			′STEM:						SYSTEM ID# 9016
									9010
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		
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S) it is carried by monitoring, to ormation abou rm. dentify the call State whether t	y the sys be receint the Co sign of e the statio	H-Band FM Carriage: Under the whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. nal was electronically process	at s <u>i</u> th	the system's he ystem's FM ante nis point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st eneral ir	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
signal, indicate	this by placing	g a checl	<pre>x mark in the "S/D" column. on (the community to which t</pre>						
			the community with which the			•	C 01, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KNOX KQHT	FM FM		GRAND FORKS, ND GRAND FORKS, ND						
KYCK KKXL	FM FM		GRAND FORKS, ND GRAND FORKS, ND						
KXPO KJ108	FM FM		GRAFTON, ND GRAND FORKS, ND						
KSNR KQ92 KFJM	FM FM FM		THIEF RIVER FALLS, MN WARROAD, MN						
KFNW KQWB	FM FM FM		UND CAMPUS, GF, ND FARGO, ND FARGO, ND						
KSRQ KOOL	FM FM		THIEF RIVER FALLS, MN FARGO, ND	J					

Accounting Perio	d: 2022/2					FOR	M SA1-2E. PAGE 5.				
News	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				SYSTEM ID#				
Name	WIKSTROM SYSTEMS	LLC					9016				
	SUBSTITUTE CARRIAGE				1						
Substitute											
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log	broadcast by a distant station?										
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you m	nust complete the progra	am				
	log in block 2.	,		5 ,	, ,	1 1 5					
	2. LOG OF SUBSTITUTE										
	 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 										
	first. Example: for May 7 gi	nth and day ve "5/7." es when the	when your sys	stem carried the substitute	program. Us cable systen	e numerals, with the mo					
	stated as "6:00–6:30 p.m."	ter "R" if the and regulati nming that y	listed progran ons in effect d	n was substituted for prog uring the accounting perio	ramming that d; enter the le	your system was <i>requir</i> etter "P" if the listed pro	ed gram				
	S	SUBSTITUT	E PROGRAM	I		EN SUBSTITUTE IAGE OCCURRED	7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION				
					-						
						_					
						_					
						_					
]				_					
					-	_					
					-						
					-						
					-						
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					-						

Accounting Period:	2022/2 FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S WIKSTROM SYSTEMS LLC	YSTEM ID# 9016
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.	4,095.98 oss 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	<u>52.00</u> 0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	
	7. Multiply line 6 by .005 (enter figure here)	
	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 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)	
	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 0.00	
	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 # 26SPN94L	
	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 O	OWNER OF CABLE SYSTEM: YSTEMS LLC					SYSTEM ID# 9016
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	You must give (1) the number ers, and (2) the cable system's cal number of channels on whi ed television broadcast statio cal number of activated chann e cable system carried televisi adcast services	s total num ich the cab ns els ion broadc	ber of activated channels	during the a	ccounting period.	8 62
N Individual to Be Contacted		O BE CONTACTED IF FURI t about this statement of acco		DRMATION IS NEEDED ((Identify an in	dividual to whom	
for Further Information	Name	CARRIE KERN-TAG	GART			Telephone (21)	8) 436-2121
	Address	PO BOX 217 (Number, street, rural route, apa KARLSTAD, MN 56 (City, town, state, zip)		ite number)			
	Email	CAK@WIKTE	L.COM			Fax (optional 218-436-3100	
O Certification	I, the undersigned (Owned) (Agen X (Office I have examined are true, complet	t of owner other than corpor in line 1 of space B and that th	ne, <i>but onl</i> y partnership ation or pa ne owner is (if a corpora hereby dec	<i>y one</i> , of the boxes.) b) I am the owner of the cat rtnership) I am the duly at not a corporation or partne ation) or a partner (if a partne lare under penalty of law th	ole system as uthorized agen rship; or hership) of the at all statemen	identified in line 1 of space B; or t of the owner of the cable system a legal entity identified as owner of the nts of fact contained herein	
				/s/ CARRIE KERN electronic signature on the nature using an "/s/ signatu	line above to	certify this statement.	
		Typed or printe	d name:	CARRIE KERN-T	AGGART		
		Title: (1		ROLLER	r partnership)		
		Date:				02/01/2023	

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unting Period: 2022/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
STROM SYSTEMS LLC	9010
 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? 	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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	-
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
	Q
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q 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	Q Interest Assessment
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C	Cable Worksheet	Total amount of remittance	Number of SAs rec'	d Initials
		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	/1 (for Jan-Jun period) or /2 (for Ju	I-Dec period) No spaces)
Accounting Period	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space B Owner				
	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space D Area Served				
	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	Letter sent	[Information received	
and Rates	Accepted	[Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent	[Information received	
	Accepted	[Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio	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	