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				
8-29-23	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20231 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)							
	SUDDENLINK COMMUNICATIONS							
	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	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these nes 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:							
	DAINGERFIELD, TX							
	MAILING ADDRESS OF CABLE SYSTEM:							
	(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.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name									
	CEQUEL COMMUNICATIONS LLC 0282								
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	nity" is the same as a "community unit" as defined in FCC rules: "a							
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete								
U	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		nome parks should be reported in parentheses below the identified							
Served	city.								
		1							
	CITY OR TOWN	STATE							
First	DAINGERFIELD	TX							
Community	CASS COUNTY(PORTION)	TX							
•	HUGHES SPRINGS	TX							
Add Rows as Necessary	LONE STAR	TX							
	MORRIS COUNTY(PORTION)	TX							
	TITUS COUNTY(PORTION)	TX							

Accounting Period: 2023/1

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 028259

CEQUEL COMMUNICATIONS LLC

Ε

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			
0475000000505050	NO. OF	DATE	0.4.TE.0.O.D.V.O.E.0.E.D.V.O.E	NO. OF	DATE	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	549	50.00				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	26	45.95				
Converter						
Residential						
Non-residential						
				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 1					BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	17.00	Motel, hotel				
 Pay cable—add'l channel 	19.00	Commercial				
 Fire protection 		• Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	99.00	Burglar protection				
Additional set(s)	25.00	Other services:				
 FM radio (if separate rate) 		Reconnect	40.00			
 Converter 		Disconnect				
		Outlet relocation	25.00			
		Move to new address	99.00			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 028259

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KLTS-1	24	E	SHREVEPORT, LA
KLTS-HD1	24	E-M	SHREVEPORT, LA
KLTV-1	7	N	TYLER, TX
KMSS-1	33	l	SHREVEPORT, LA
KMSS-HD1	33	I-M	SHREVEPORT, LA
KPXJ-1	21	l	MINDEN, LA
KPXJ-2	21.2	I-M	MINDEN, LA
KPXJ-4	21.4	I-M	MINDEN, LA
KPXJ-HD1	21	I-M	MINDEN, LA
KSHV-1	45	l	SHREVEPORT, LA
KSHV-HD1	45	I-M	SHREVEPORT, LA
KSLA-1	12	N	SHREVEPORT, LA
KSLA-2	12.2	I-M	SHREVEPORT, LA
KSLA-3	12.3	I-M	SHREVEPORT, LA
KSLA-4	12.4	I-M	SHREVEPORT, LA
KSLA-HD1	12	N-M	SHREVEPORT, LA
KTAL-1	6	N	TEXARKANA, TX
KTAL-HD1	6	N-M	TEXARKANA, TX
KTBS-1	3	N	SHREVEPORT, LA
KTBS-2	3.2	I-M	SHREVEPORT, LA
KTBS-3	3.3	I-M	SHREVEPORT, LA
KTBS-4	3.4	I-M	SHREVEPORT, LA
KTBS-HD1	3	N-M	SHREVEPORT, LA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

028259

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).

0411 0:0::		0.75	LOGATION OF STATIST	0411 0:0::		0.'5	1 00 ATION 05 07 15:5:
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: 2023/1						FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS LL	.C					028259		
 Substitute	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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fur 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:	1. SPECIAL STATEMENT									
Special					sis, any nonne	etwork tele	vision progra	ım		
Statement and Program Log	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?									
Frogram Log	Note: If your answer is "No,		rost of this now	no blank. If your answer is	"Voc " vou m	ust comple				
	-	leave the	rest of this pat	ge bialik. II your aliswer is	res, you iii	usi compi	ete trie progra	alli		
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 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 stunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informating Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" on "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 most 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 accurate 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 to delete under FCC rules and regulations in						ng ation on. r onth ely				
	effect on October 19, 1976.				WHE	EN SUBST	TITUTE			
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC	CURRED	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	<u>— то</u>			
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Accounting Period:	2023/1		FORM SA	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC		s	YSTEM ID# 028259				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary transmi v to compute this a	ssion service mount, see	4,384.63 pss receipts)				
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 O	R LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00.	you must pay for th	is six-month					
	Line 1. Royalty fee for accounting period							
	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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but							
		•	100)					
	1. Base amount under statutory formula	•	•					
	2. Enter amount of gross receipts from space K	164,384.63						
	3. Subtract line 2 from line 1	99,415.37						
	4. Enter the amount of gross receipts from space K	<u>\$</u>	164,384.63					
	5. Enter the amount from line 3	. \$	99,415.37					
	6. Subtract line 5 from line 4	\$	64,969.26					
	7. Multiply line 6 by .005 (enter figure here)		\$	324.85				
	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		\$	324.85				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$527	,600)					
	Enter the amount of gross receipts from space K Base amount under statutory formula	263,800.00						
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01		1 240 00					
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)							
	Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	<u></u> \$	324.85					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	344.85				
	EFT Trace # or TRANSACTION ID #							
	<u>Important:</u> Your remittance must be in the form of an electronic payment pays. See page i of the general instructions in the paper SA1-2 form and the Excel instructions.							

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7.				
Name		OWNER OF CABLE SYSTEM:		SYSTEM ID# 028259				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 268							
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.)	R INFORMATION IS NEEDED (Identify an individual					
for Further Information	Name	RODNEY HASKINS	Teleph	one (903) 579-3152				
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment TYLER, TX 75701	i, or suite number)					
	Email	(City, town, state, zip) RODNEY.HASKIN	S@ALTICEUSA.COM Fax (optional					
O Certification	I, the undersigned (Owned) (Agent) X (Office) I have examined	r other than corporation or partner of owner other than corporation in line 1 of space B and that the ow er or partner) I am an officer (if a cr in line 1 of space B. the statement of account and heret te, and correct to the best of my knot	be certified and signed in accordance with Copyright Office regulation at a confusion on the boxes.) ership) I am the owner of the cable system as identified in line 1 of space or partnership) I am the duly authorized agent of the owner of the cable ner is not a corporation or partnership; or or orporation) or a partner (if a partnership) of the legal entity identified as only declare under penalty of law that all statements of fact contained here by by declare information, and belief, and are made in good faith.	e B; or e system as identified owner of the cable system				
		Typed or printed nar	/s/ Alan Dannenbaum ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith) me: ALAN DANNENBAUM VP, PROGRAMMING official position held in corporation or partnership)					
<u> </u>								

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Accounting Period: 2023/1 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 028259 CEQUEL COMMUNICATIONS LLC 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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. 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 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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** days 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@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

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.

First community served Accounting period

CONTROL #: REMITTANCE #:

C	Cable Worksheet		Total amount of remittance	Nun	nber of SAs rec'o	l I	nitials
			Date of remittance	_ Check	☐ EFT	FILI	ING FEES
Cable ID #				_		Amount	Initials
Examined by	Reviewe	ed by	Date examination completed	Allocatio	on number		
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun բ	period) or /2 (for Jul-	Dec period) No spa	ices)
Period	Letter sent		[Information re	eceived		
	Accepted		[Phone call/Da	te/Contact		
Space B Owner							
	Letter sent Information received						
	Accepted		[Phone call/Da	te/Contact		
Space D Area Served							
	Letter sent		[Information re	eceived		
	Accepted		[Phone call/Da	te/Contact		
Space E Secondary Transission							
Service Subscribers:	Letter sent]	Information re	eceived		
and Rates	Accepted		[Phone call/Da	te/Contact		
Space G Primary Transmitters:							
Television	Letter sent			Information r	eceived		
	Accepted			Phone call/Da	ate/Contact		
Space H Primary Transmitters:							
Radio	Accepted			Phone call/Da	ate/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	