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	Return completed workbook by email to	
DATE RECEIVED	<u>coplicsoa@copyright.gov</u>	
8-29-23	\$	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20231 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
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CADLE STSTEM
	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	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:
	ST. JOSEPH, LA
	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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC	035029						
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.							
		OTATE						
First	CITY OR TOWN ST. JOSEPH	STATE LA						
Community	LAKE BRUIN	LA						
	TENSAS PARISH(PORTION)	LA						
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	CEQUEL COMMUNICAT	IONS LLC								03502			
	SECONDARY TRANSMISSION												
E	In General: The information in s					r transmission s	ervice	of the cable					
	system, that is, the retransmission			-	-								
Secondary	about other services (including p						nose ex	kisting on the					
Transmission	last day of the accounting period Number of Subscribers: Both							am brokon					
Service: Sub- scribers and	down by categories of secondary	•					,	,					
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 c	-	-	•				-					
	unit in which it is generally billed. category, but do not include disc	· · ·	,		/ standard	d rate variations	within	a particular rate					
	<b>Block 1:</b> In the left-hand block				es of seco	ondary transmis	sion se	rvice that cable					
	systems most commonly provide	to their subsci	ribers. G	ive the number	of subsci	ribers and rate f	or eacl	n listed category					
	that applies to your system. Note			-		-							
	categories, that person or entity					0,							
	subscriber who pays extra for ca					In the count und	ier "Se	rvice 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											
		<b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together											
	with the number of subscribers a	nd rates, in the	right-ha	and block. A two	- or three	-word description	n of th	e service is					
	sufficient. BLC	DCK 1					BLC	DCK 2					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	- D C	RATE	CAT	EGORY OF SEI		NO. O		DAT			
	Residential:	SUBSCRIBE	-RS	RAIE	CAT	EGORT OF SEI	<b>VICE</b>	SUBSCRI	DERO	RATE			
	Service to first set		36	50.00									
	Service to additional set(s)			30.00									
	• FM radio (if separate rate)												
	Motel, hotel												
	Commercial		6	45.95									
	Converter			40.00									
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC		NSMISS	IONS: RATES									
F	In General: Space F calls for rat	•	,						9				
•	not covered in space E, that is, the service for a single fee. There are												
Services	furnished at cost or (2) services	•					•	· · ·					
Other Than	-		usually b	oilled. If any rate	es are cha	arged on a varia	ble pei	r-program basis,					
Secondary	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.												
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not												
Rates	-				0	0.							
	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						BLOC					
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CAT	EGORY OF SEI	RVICE	RATE			
	Continuing Services:			tion: Non-resid	dential								
	• Pay cable	17.00		el, hotel									
	Pay cable—add'l channel	19.00		nmercial									
	Fire protection			cable									
	<ul> <li>Burglar protection</li> </ul>			cable-add'l cha	nnel								
	Installation: Residential			protection									
	• First set	99.00		glar protection									
	Additional set(s)	25.00		ervices:									
	• FM radio (if separate rate)			onnect		40.00							
	Converter			connect									
				et relocation ve to new addre		25.00 99.00							

	LEGAL NAME OF OWNER O	NE CABLE SYSTEM:		SYSTEM II						
Name				03502						
	CEQUEL COMMUNICATIONS LLC PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r	entify every television station (including tra entify every television station (including tra in effect on June 24, 1981, permitting the 'e)(2) and (4), or 76.63 (referring to 76.61 (as explained in the next paragraph. s: With respect to any distant stations carn ules, regulations, or authorizations: re in space G—but do list it in space I (the	<ol> <li>stations carried only on a part-t carriage of certain network progr e)(2) and (4))]; and (2) certain statistic ried by your cable system on a sur-</li> </ol>	ime basis under ams [sections ations carried on a ıbstitute program						
	station was carried only or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, W	n a substitute basis. also in space I, if the station was carried to on concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the- the form. nel number the FCC assigned to the televio (RC is channel 4 in Washington, D.C.	both on a substitute basis and als be page (v) of the general instruct gram services such as HBO, ESI air designation. For example, rep sion station for broadcasting over	to on some other tions. PN, etc. Identify each ort multistream r the air in its community						
	educational station, by ento (for independent multicast) For the meaning of these t <b>Column 4</b> : Give the location	h case whether the station is a network sta ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	r network multicast), "I" (for indep 'E-M" (for noncommercial educati ions in the paper SA1-2 form. ne community to which the statior	pendent), "I-M" ional multicast). n is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KAQY-1	11	Ν	COLUMBIA, LA						
	KARD-1	14	I	WEST MONROE, LA						
s as Necessary	KARD-1 KLTM-1	14 13	l E							
as Necessary			I E N	WEST MONROE, LA						
s as Necessary	KLTM-1	13		WEST MONROE, LA MONROE, LA						
as Necessary	KLTM-1 KNOE-1	13 8	N	WEST MONROE, LA MONROE, LA MONROE, LA						
ws as Necessary	KLTM-1 KNOE-1 KNOE-3	13 8 8.3	N I-M	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA						
ws as Necessary	KLTM-1 KNOE-1 KNOE-3	13 8 8.3	N I-M	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA						
ows as Necessary	KLTM-1 KNOE-1 KNOE-3	13 8 8.3	N I-M	WEST MONROE, LA MONROE, LA MONROE, LA MONROE, LA						

EGAL NAME OF									SYSTEM I 0350
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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally									н
eceivable if (1) In the basis of r or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf Ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	the sys be receivent the Cop sign of e he statio ion's sign a check n's locatio	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the s oyright Office regulations on th each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	nt t sy his sec	the system's hear 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 ge ystem as a se 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	
OALL OIGH		5/0	LOOATION OF STATION	H	UALL DIGIN		5/0	LOOATION OF STATION	
				1					

Accounting Perio	d: 2023/1					FC	ORM SA1-2E. PAGE 5.					
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#					
Name	CEQUEL COMMUNICA	TIONS LL	.C				035029					
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOO	3							
I	In General: In space I, identitisubstitute basis during the ad											
Substitute	explanation of the programmi	ng that mus	t be included in	this log, see page (v) of th	e general instru	uctions in the paper SA	1-2 form.					
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 stat	ion?				YES	× NO					
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu		ram					
	log in block 2.			•								
	2. LOG OF SUBSTITUTE											
	In General: List each subst				wherever pos	sible, if their meaning	is					
	clear. If you need more space Column 1: Give the title				program") the	at during the accounti	na					
	period, was broadcast by a											
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the ger	neral instructio	ns for further informat	ion.					
	Do not use general categori		vies" or "baske	tball." List specific progra	m titles, for ex	ample, "I Love Lucy" o	or					
	"NBA Basketball: 76ers vs. Column 2: If the program		lcast live, enter	"Yes." Otherwise enter	No."							
	Column 3: Give the call s											
	Column 4: Give the broat the case of Mexican or Can						n					
	Column 5: Give the mon					,	onth					
	first. Example: for May 7 giv	e "5/7."										
	Column 6: State the time						tely					
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. should be						
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that y	our system was <i>requ</i> i	red					
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	d; enter the let	ter "P" if the listed pro						
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete und	er FCC rules a	and regulations in						
	s	UBSTITUT	E PROGRAM			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					
						_						
						_						
1						+						

Accounting Period:	<b>2023/1</b> FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY CEQUEL COMMUNICATIONS LLC	STEM ID# 035029
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.	<b>,694.76</b> ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$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	
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register 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:	2023/1		FORM SA1-2E. PAGE
Name		WNER OF CABLE SYSTEM: MUNICATIONS LLC	SYSTEM ID 03502
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	ou must give (1) the number of channels on which the cables, and (2) the cable system's total number of activated chan al number of channels on which the cable ad television broadcast stations	hannels during the accounting period.
N Individual to		D BE CONTACTED IF FURTHER INFORMATION IS NEED about this statement of account.)	EDED (Identify an individual
Be Contacted for Further Information	Name	RODNEY HASKINS	Telephone (903) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)	
	Email	RODNEY.HASKINS@ALTICEUSA.COM	Fax (optional
O Certification	I, the undersign     (Owr     (Agen     X     (Offi     I have examine     are true, comp	in line 1 of space B and that the owner is not a corporation or	is.) of the cable system as identified in line 1 of space B; or ne duly authorized agent of the owner of the cable system as identified or partnership; or (if a partnership) of the legal entity identified as owner of the cable system of law that all statements of fact contained herein
			nenbaum on the line above to certify this statement. signature" (e.g., /s/ John Smith)
		Typed or printed name: ALAN DANNE	
		(Title of official position held in corpora	oration or partnership) 8/29/2023

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unting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	035029
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* 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.	
OwnerAddress	
ID number First community served	

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Cable Worksheet		ble rksheet	Total amount of remittance	Nu	mber of SAs rec'd	SAs rec'd Initials			
			Date of remittance	Check	🗆 EFT	🗆 FILIN	G FEES		
Cable ID #						Amount	Initials		
Examined by		Reviewed by	Date examination completed	Allocati	on number				
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for Jul-De	ec period) No spa	ces)		
Period		r sent	C	] Information re	eceived				
		oted	C	] Phone call/Da	te/Contact				
Space B Owner									
	□ Letter	rsent	□ Information received						
		oted	C	Phone call/Date/Contact					
Space D Area Served									
	□ Letter	r sent	Ľ	Information re	eceived				
		oted	Phone call/Date/Contact						
Space E Secondary Transission									
Service Subscribers:	□ Letter	r sent	C	] Information re	eceived				
and Rates		oted	C	Phone call/Date/Contact					
Space G Primary Transmitters:									
Television	□ Letter	rsent	C	] Information r	eceived				
		oted	C	] Phone call/Da	ite/Contact				
Space H Primary Transmitters:									
Radio		oted	[	] Phone call/Da	ite/Contact				

		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 Fee
□ Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
C 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
	□ Info/add'l fee received	
□ Letter sent		