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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20231 Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	038623
		I	
		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)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	ess these
C		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-	LUTHER LUCKETT CORRECTIONAL FACILITY	
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 11 SYSTEM ID:
Name	CEQUEL COMMUNICATIONS LLC	038623
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	unity" is the same as a "community unit" as defined in FCC rules communities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
First	CITY OR TOWN LAGRANGE	STATE KY
Community	(LUTHER LUCKETT CORR)	
Add Rows as Necessary		

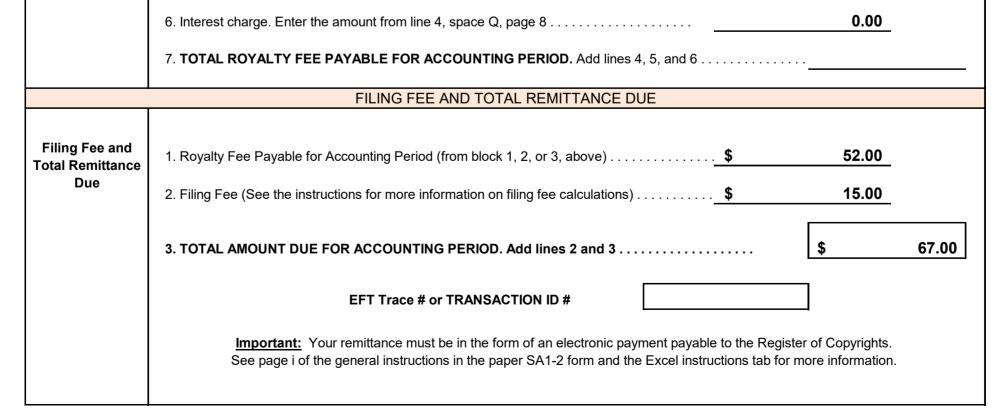
	Γ							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							
	CEQUEL COMMUNICAT	IONS LLC							03862
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Transmission	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).								
Service: Sub-		Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, brok							
scribers and	down by categories of secondar								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of							e and the	
	unit in which it is generally billed	-	-	-			-		
	category, but do not include disc				ny olanaa		, mann a p		
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					• • •	•		
	first set" and would be counted of								
	Block 2: If your cable system	has rate catego	ories for	secondary trai	nsmission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tw	vo- or thre	e-word descripti	on of the s	ervice is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBE	<u>IN</u>	RATE	CAT	EGORT OF SET	(VICE	SUBSCRIBERS	NATE:
	Service to first set		0	_					
	Service to additional set(s)		v	_					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		76	42.41					
	Converter		10	42.41					
	Residential								
	Non-residential								
	· Non-residential								
	SERVICES OTHER THAN SEC	-							
F	In General: Space F calls for rate	· ·	,		•				
I	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		-	-		-		-	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip	•			Shea. List				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	-	• Mo	tel, hotel					
	• Pay cable—add'l channel	-		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cł	nannel				
	Installation: Residential			e protection					
	• First set	_		rglar protection					
	Additional set(s)	_		services:					
	• FM radio (if separate rate)	_		connect					
	• Converter			connect					
			אושי ו						
			• • • •						
				tlet relocation ve to new addr	222	-			

ccounting Period:	2023/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	CEQUEL COMMUNIC	ATIONS LLC		038623
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here, station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these term	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of eles, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations on's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ering the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr	of (1) stations carried only on a part-ti- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub- the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instructi- program services such as HBO, ESP ne-air designation. For example, repo- evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for indepe- or "E-M" (for noncommercial education ructions in the paper SA1-2 form.	levision stations) me basis under ams [sections tions carried on a ostitute program Log)—if the c on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).
	Column 4: Give the locatio	n of each station. For U.S. stations, lis dian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	st the community to which the station	•
	WAVE-1	3	N	
	WAVE-1 WDRB-1	41	N 	
	WHAS-1	11	N	LOUISVILLE, KY LOUISVILLE, KY
d Rows as Necessary	WKMJ-1	68	E	LOUISVILLE, KY
	WKPC-1	15	E	LOUISVILLE, KY
	WLKY-1	32	N	LOUISVILLE, KY
	WMYO-1	58		SALEM, IN
	KFVS(WQWQ)-1	12.2		PADUCAH, KY

LEGAL NAME O								SYSTEM I 0386
	t every radio s	station ca) arried on a separate and disc enerally receivable by your ca					н
For detailed if (1) For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf Signal, indicate Column 4: G	it is carried b monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be rece to the Co sign of the static ion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process is mark in the "S/D" column. tion (the community to which the	at the system's h system's FM an this point, see pa sed by the cable the station is lice	leadend, and (tenna, during age (v) of the system as a s nsed by the F	(2) it car certain s general separate	a be expected, stated intervals. instructions in the.	Primary Transmitters Radio
		_		_	-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	ccounting Period: 2023/1 FORM SA1-2E. PAGE 5.							
Nomo	LEGAL NAME OF OWNER OF						SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LI	_C				038623	
	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the a	• •						
Substitute	explanation of the programm	• •		•	-			
Carriage:	1. SPECIAL STATEMENT				9			
Special	 During the accounting period 				s, any nonne	twork television program	ı	
Statement and	broadcast by a distant stat	•	ý		, ,	YES	× NO	
Program Log	-			a blank l f uaun anauna ia (·····			
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete the program	n	
	log in block 2. 2. LOG OF SUBSTITUTE		MO					
	In General: List each subst			e line. Use abbreviations v	wherever nos	sible, if their meaning is		
	clear. If you need more spa							
		•		sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori						1.	
	"NBA Basketball: 76ers vs.	Bulls."				,,,		
				"Yes." Otherwise enter "N				
		•		sting the substitute progra e community to which the		nsed by the ECC or in		
	the case of Mexican or Can		•	•				
			when your syst	em carried the substitute	program. Use	numerals, with the mor	nth	
	first. Example: for May 7 giv		substituto prov	gram was carried by your o	cable system	List the times accurate	by .	
	to the nearest five minutes.						iy	
	stated as "6:00–6:30 p.m."		i program carre					
				was substituted for progra				
	to delete under FCC rules a was substituted for program						am	
	effect on October 19, 1976.	inning that y						
					11			
						EN SUBSTITUTE		
	S		E PROGRAM			AGE OCCURRED 6. TIMES	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM – TO		
		100 01 110						
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 038623
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	263,800.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.	his six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	···_ \$
	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 \$52)	7,600)
	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
		1,513.00



Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 038623
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	8
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone	(903) 579-3152
	Address 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	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	; or /stem as identified
	X /s/ Alan Dannenbaum Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: ALAN DANNENBAUM Title: SVP, PROGRAMMING Title: Date:	

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. PA
AL NAME OF OWNER OF CABLE SYSTEM		SYSTEN
QUEL COMMUNICATIONS LLC	;	038
The Satellite Home Viewer Act of 198 lowing sentence: "In determining the total numb service of providing secondary scribers and amounts collected	CERNING GROSS RECEIPTS EXCLUSIONS 38 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ber of subscribers and the gross amounts paid to the cable system for the basic y transmissions of primary broadcast transmitters, the system shall not include sub- d from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gros Receipts Exclusi
located in the paper SA1-2 form.		
During the accounting period, did the made by satellite carriers to satellite d	cable system exclude any amounts of gross receipts for secondary transmissions dish owners?	
	the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
-	r those royalty payments submitted as a result of a late payment or underpayment. ment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payn	nent or underpayment	Interest Assessm
Line 1 Enter the amount of late payn	nent or underpayment	Interest Assessm
	x	Interest Assessm
	x	Interest Assessm
Line 2 Multiply line 1 by the interest r	x	Interest Assessm
Line 2 Multiply line 1 by the interest r	x - rate* and enter the sum here x x	Interest Assessm
Line 2 Multiply line 1 by the interest r Line 3 Multiply line 2 by the number	x	Interest Assessm
Line 2 Multiply line 1 by the interest r Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** ar	x	Interest Assessm
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** at	x	Interest Assessm
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** and in space L (page 6), block 1, line * To view the interest rate chart cline	x - rate* and enter the sum here - x days of days late and enter the sum here - x 0.00274 nd enter here - ine 2, or block 2, line 8, or block 3, line 6 \$	Interest Assessm
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** and in space L (page 6), block 1, line * To view the interest rate chart clin contact the Licensing Division and	rate* and enter the sum here - x - x days of days late and enter the sum here - x - x - x - x - x - x 0.00274 nd enter here - ine 2, or block 2, line 8, or block 3, line 6 \$ (interest charge) - ick on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	Interest Assessm
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** and in space L (page 6), block 1, line * To view the interest rate chart clin contact the Licensing Division and ** This is the decimal equivalent of NOTE: If you are filing this worksheet	rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** and in space L (page 6), block 1, line * To view the interest rate chart cline contact the Licensing Division and ** This is the decimal equivalent of NOTE: If you are filing this worksheet list below the owner, address, first context	x - x - x days of days late and enter the sum here - x 0.00274 nd enter here - ine 2, or block 2, line 8, or block 3, line 6 \$ (interest charge) - ick on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please t (202) 707-8150 or licensing@copyright.gov. - of 1/365, which is the interest assessment for one day late. - covering a statement of account already submitted to the Copyright Office, please	Interest Assessm
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** and in space L (page 6), block 1, line * To view the interest rate chart clin contact the Licensing Division and ** This is the decimal equivalent of NOTE: If you are filing this worksheet	x - x - x days of days late and enter the sum here - x 0.00274 nd enter here - ine 2, or block 2, line 8, or block 3, line 6 \$ (interest charge) - ick on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please t (202) 707-8150 or licensing@copyright.gov. - of 1/365, which is the interest assessment for one day late. - covering a statement of account already submitted to the Copyright Office, please	Interest Assessm
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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.

Cable Worksheet		Total amount of remittance	Number	I	Initials	
		Date of remittance	Check	EFT	🗌 FILI	NG FEES
Cable ID #					Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation nu	umber		
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period	d) or /2 (for Jul-De	c period) No spa	ces)
Period	Letter sent	[Information receive	ed		
		[Phone call/Date/Co	ontact		
Space B Owner						
	Letter sent	[Information receive	ed		
	Accepted	[Phone call/Date/Co	ontact		
Space D Area Served						
	Letter sent	[Information receive	ed		
	Accepted	[Phone call/Date/Co	ontact		
Space E Secondary Transission						
Service Subscribers:	Letter sent	[Information receive	ed		
and Rates	Accepted	[Phone call/Date/Co	ontact		
Space G Primary Transmitters:						
Television	Letter sent	l	Information receive	ed		
	Accepted		Phone call/Date/Co	ontact		
Space H Primary Transmitters:						
Radio	Accepted		Phone call/Date/Co	ontact		

		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 Fee
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	