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)								
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these								
C	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	1 IDENTIFICATION OF CABLE SYSTEM:								
	BUENA VISTA CORRECTIONAL FACILITY  MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								

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Accounting Period:	2023/1								
		FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CEQUEL COMMUNICATIONS LLC	040658							
	Instructions: List each separate community served by the cable system. A "communit	ry" 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.								
Alea	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	BUENA VISTA	СО							
Community	(BUENA VISTA CORR)								
Add Rows as Necessary									

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

ccounting Period	J. 2025/ I							EOD& 0.4	1 05 5405			
	LEGAL NAME OF CVAINIED OF CO	ADLE CVOTEM.							1-2E. PAGE Stemic			
Name	LEGAL NAME OF OWNER OF CA							313				
	CEQUEL COMMUNICAT	TONS LLC							04065			
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCR	IBERS AND RA	ATES							
E	In General: The information in s		_	_	_	y transmiss	sion 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							t be those exis	sting on the				
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						e cable syster	n broken				
scribers and							-					
Rates	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 serv							-				
	Rate: Give the standard rate c	-	-	•				_				
	unit in which it is generally billed				ny standa	rd rate vari	ations within a	particular rate				
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary tran	nsmission serv	ice that cable				
	systems most commonly provide	•		-		•						
	that applies to your system. Note	e: Where an indi	vidua	l or organizatio	n is receiv	ing service	that falls unde	er different				
	categories, that person or entity											
	subscriber who pays extra for ca					d in the cou	nt under "Serv	rice to the				
	first set" and would be counted once again under "Service to additional set(s)."  Rlock 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											
	sufficient.	•										
	BLO	OCK 1					BLOC	BLOCK 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBER	RS	RATE	CAT	EGORY OF	SERVICE	NO. OF SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		0	-								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		28	42.41								
	Converter											
	• Residential											
	Non-residential											
	• Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMIS	SIONS: RATES	 3							
_	In General: Space F calls for rat					ll your cabl	e system's ser	vices that were				
F	not covered in space E, that is, t					•	•					
	service for a single fee. There ar											
Services Other Than	furnished at cost or (2) services amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		Suany	billed. If any ra	ites are cr	iarged on a	ı variable per-p	orogram basis,				
ransmissions:	Block 1: Give the standard rat		e cabl	e system for ea	ch of the	applicable s	services listed.					
Rates	Block 2: List any services that											
	listed in block 1 and for which a				shed. List	these othe	r services in th	ne form of a				
	brief (two- or three-word) descrip	otion and include	the r	ate for each.								
		BLOCI	K 1					BLOCK 2				
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATE	GORY OF SERVICE	RAT			
	Continuing Services:	lı lı	nstall	ation: Non-res	idential							
	• Pay cable	_	• Mc	otel, hotel								
	<ul> <li>Pay cable—add'l channel</li> </ul>	-	• Co	mmercial								
	Fire protection		• Pa	y cable								
	•Burglar protection		• Pa	y cable-add'l cl	nannel							
	Installation: Residential		• Eir	a protoction								
	ilistaliation. Residential		* 1 11	e protection								
	• First set	_		e protection rglar protection								

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

Accounting Period: 2023/1

Name

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
| CEQUEL COMMUNICATIONS LLC |
| PRIMARY TRANSMITTERS: TELEVISION |
| In General: In space G. identify every television station (including translator stations and low power television stations)

# G

### 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.

-	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
ļ	KBDI-1	12	E	BROOMFIELD, CO
,	KCEC-1	14	<u> </u>	DENVER, CO
,	KCNC-1	4	N	DENVER, CO
ļ	KDVR-1	31	<u> </u>	DENVER, CO
1	KMGH-1	7	N	DENVER, CO
ļ	KUSA-1	9	N	DENVER, CO
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Add Rows as Necessary

Accounting Period: 2023/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

040658

**CEQUEL COMMUNICATIONS LLC** 

#### 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.

H

**Primary** Transmitters: Radio

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.

**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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
07.122 0.0.1	7	0,2		07.22 0.0.1	7	0,2	
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Accounting Perio	od: 2023/1						FOR	M SA1-2E. PAGE 5.
_	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:				101	SYSTEM ID#
Name	CEQUEL COMMUNICA	ATIONS LI	_C					040658
Substitute Carriage:	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN	ify every nor ccounting pe ing that mus	nnetwork televis eriod, under spe st be included in	cion program, broadcast by ecific present and former F in this log, see page (v) of t	<i>i</i> a <i>distant</i> stat CC rules, regu	lations, or a	authorizations	. For a further
Special Statement and Program Log	<ul> <li>During the accounting per broadcast by a distant sta</li> <li>Note: If your answer is "No</li> </ul>	tion?	·	•	-		YES	X NO
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 gives Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute prograce, please a of every nor distant staticulations, or ies like "moves broad sign of the staticulation adian staticulation and day be "5/7." es when the Example: a er "R" if the and regulation ming that y	m on a separated add additional renetwork television and that your authorizations vies" or "basket live, enterstation broadcated in s, if any, the content of the substitute program carried listed program ons in effect during additional results and the substitute program carried listed program ons in effect during additional results and the substitute program carried listed program ons in effect during and the substitute program carried listed program ons in effect during and the substitute program ons in effect during and the substitute program on the substitute program of the substi	ows to the tables. sion program ("substitute or cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "sting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting period	program") that and for the program titles, for extending the station is lice station is identification. Use cable system 15 p.m. to 6:2 amming that yell; enter the left	et, during the gramming of the for furth tample, "I Learned by the triffied).  List the time the triffied production in the triff	ne accounting of another stater information ove Lucy" or the FCC or, in with the more accurate should be the listed programmes accurate and the should be the listed programmes accurate and the listed programmes accurate accurate and the listed programmes accura	tion n. nth ly
	S	SUBSTITUT	E PROGRAM			EN SUBST		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	_	TIMES TO	DELETION

Accounting Period:	•		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	SY	STEM ID# 040658
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this are 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.	ssion service mount, see	, <b>067.04</b> ss 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 \$26.  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.	63,800.	
	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 this accounting period is \$52.00.	s 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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	_
	1. Base amount under statutory formula		
	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 \$527,6	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)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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 #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER O CEQUEL COMMUNICA					SYSTEM ID# 040658
<b>M</b> Channels	CHANNELS Instructions: You must g to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable syste and nonbroadcast service	24				
N Individual to Be Contacted	we can contact about this	statement of account.)		MATION IS NEEDED (Identify an individual		
for Further Information	Name RODN	IEY HASKINS			Telephone	(903) 579-3152
	(Number,	S SE LOOP 323 street, rural route, apartment  R, TX 75701  n, state, zip)	ent, or suite	number)		
	Email	RODNEY.HASKIN	NS@AL	Fax (option	nal)	
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, but only one, 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; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system 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)]					
			nter an el	/s/ Alan Dannenbaum ectronic signature on the line above to certify this stature using an "/s/ signature" (e.g., /s/ John Smith)	tement.	
		Typed or printed na	in	ALAN DANNENBAUM ROGRAMMING		
				held in corporation or partnership)		
		Date:				

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

counting Period: 2023/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	040658
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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.	
Owner Address	
ID number First community served Accounting period	

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Letter sent

C	Cable Worksh	eet	Total amount of remittance	Numbe	Number of SAs rec'd		nitials
			Date of remittance	_ Check	EFT	FILI	NG FEES
Cable ID #						Amount	Initials
Examined by	Reviewe	ed by	Date examination completed	Allocation r	number		
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun perio	od) or /2 (for Jul-De	ec period) No spa	ces)
Period	Letter sent			Information receiv	ved		
	☐ Accepted			Phone call/Date/C	Contact		
Space B Owner							
	Letter sent			Information receiv	ved		
	Accepted			Phone call/Date/C	Contact		
Space D Area Served							
	Letter sent		[	Information receiv	ved		
	Accepted			Phone call/Date/C	Contact		
Space E Secondary Transission							
Service Subscribers:	Letter sent			Information receiv	ved		
and Rates	☐ Accepted			Phone call/Date/C	Contact		
Space G Primary Transmitters:							
Television	Letter sent			Information recei	ived		
	Accepted			Phone call/Date/0	Contact		
Space H Primary Transmitters:							
Radio	Accepted			Phone call/Date/0	Contact		
						Space Substi Carria	tute

 $\hfill \square$  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	