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 COPYRIGH                              | Return completed workbook by email to                      |  |
|----------------------|--|---|--|--|
| for Seconda          | ry Transmissions by  | DATE RECEIVED                             | AMOUNT   | <ul> <li>coplicsoa@copyright.gov</li> </ul>  |
| General instru       | ems (Short Form)<br>actions are located<br>of this workbook.   | 8-29-23                                   | \$   | For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at<br>(202) 707-8150. |
|                      | or this workbook.  |   | ALLOCATION NOMBER  |  |
| A                    | ACCOUNTING PERIOD COVERED  | BY THIS STATEMENT: (YY                    | YYY/(Period))  |  |
|                      | 2023/1   | Period 1 = January 1 - June 30            | Period 2 = July 1 - December 31                            |  |
|                      | 20231  | Barcode Data Filing Period (optional -    | see instructions)  |  |
| Accounting<br>Period |  |   |  |  |
| В                    | Instructions:<br>Give the full legal name of the owner of t<br>of the subsidiary, not that of the parent c |   | liary of another corporation, give the full corp           | orate title  |
| Owner                | List any other name or names under whic  | h the owner conducts the business of th   | ne cable system.   |  |
|                      | If there were different owners during the single statement of account and royalty for                      |   | he last day of the accounting period should su ing period. | bmit a   |
|                      | Check here if this is the system's first filin   | g. If not, enter the system's ID number a | assigned by the Licensing Division.                        | 040661   |
|                      | LEGAL NAME OF OWNER/MAILIN   | G ADDRESS OF CABLE SYSTEM                 |  |  |
|                      | CEQUEL COMMUNICATIONS LLC  |   |  |  |
|                      | BUSINESS NAME(S) OF OWNER OF   | CABLE SYSTEM (IF DIFFERENT)               |  |  |
|                      | SUDDENLINK COMMUNICATIONS<br>MAILING ADDRESS OF OWNER OF   |   |  |  |
|                      | 3027 S SE LOOP 323   |   |  |  |
|                      | (Number, street, rural route, apartment, or suite n<br>TYLER, TX 75701                                     | umber)                                    |  |  |
|                      | (City, town, state, zip)<br>INSTRUCTIONS: In line 1, give any busin  | pess or trade names used to ident         | ify the husiness and operation of the s                    | vstem unless these   |
| C                    | names already appear in space B. In line   |   |  | -  |
| System               | 1<br>WEST KENTUCKY COMPL   | EX  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM  |   |  |  |
|                      | 2 (Number, street, rural route, apartment, or suite n  | umber)                                    |  |  |
|                      | (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:   | SYSTEM ID:   |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|
| Name                  | CEQUEL COMMUNICATIONS LLC  | 04066  |  |  |  |  |  |
| D                     | Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules:<br>"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,<br>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<br>as the "first community." Please use it as the first community on all future filings. |  |  |  |  |  |  |
| Area                  | Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.   | obile home parks should be reported in parentheses below the |  |  |  |  |  |
| Served                |  |  |  |  |  |  |  |
|                       |  | STATE  |  |  |  |  |  |
| First<br>Community    |  | KY   |  |  |  |  |  |
| Community             | (WEST KY COMPLEX)  |  |  |  |  |  |  |
| Add Rows as Necessary |  |  |  |  |  |  |  |
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|                         | LEGAL NAME OF OWNER OF O  | ABLE SYSTEM                     |   |  |              |                    |             | FORM SA1-       |       |  |
|-------------------------|---|---------------------------------|---|--|--------------|--------------------|-------------|-----------------|-------|--|
| Name                    | CEQUEL COMMUNICA  |                                 |   |  |              |                    |             |                 | 04066 |  |
|                         |   |                                 |   |  | ATES         |                    |             |                 |       |  |
| E                       | SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES<br>In General: The information in space E should cover all categories of secondary transmission service of the cable  |                                 |   |  |              |                    |             |                 |       |  |
| Secondary               | system, that is, the retransmiss<br>about other services (including   |                                 |   |  |              | •                  |             |                 |       |  |
| Transmission            | last day of the accounting period   | • / /                           |   |  | -            |                    |             |                 |       |  |
| Service: Sub-           | Number of Subscribers: Bot  |                                 |   |  |              |                    | •           |                 |       |  |
| scribers and<br>Rates   | down by categories of secondar<br>each category by counting the r   | •                               |   | •  |              | •                  |             |                 |       |  |
| Rutes                   | separately for the particular serv  |                                 | -   | •••  |              | •                  | -           | is onargoa      |       |  |
|                         | Rate: Give the standard rate of   |                                 |   |  |              |                    |             |                 |       |  |
|                         | unit in which it is generally billed category, but do not include disc  |                                 |   |  | •            | ard rate variation | is within a | particular rate |       |  |
|                         | Block 1: In the left-hand block   |                                 |   |  |              | condary transmi    | ssion serv  | vice that cable |       |  |
|                         | systems most commonly provid  |                                 |   |  |              |                    |             |                 |       |  |
|                         | that applies to your system. <b>Not</b> categories, that person or entity   |                                 |   | -  |              | -                  |             |                 |       |  |
|                         | subscriber who pays extra for ca  |                                 |   |  | • •          |                    | •           |                 |       |  |
|                         | first set" and would be counted   | once again und                  | er "Ser   | vice to addition   | nal set(s)." | ,                  |             |                 |       |  |
|                         | Block 2: If your cable system   | -                               |   |  |              |                    |             |                 |       |  |
|                         | printed in block 1 (for example, with the number of subscribers   |                                 |   |  |              | •                  |             |                 |       |  |
|                         | sufficient.   |                                 | 0   |  | -            | •                  |             |                 |       |  |
|                         | BLO   | OCK 1<br>NO. OF                 |   |  |              |                    | BLOC        | K 2<br>NO. OF   |       |  |
|                         | CATEGORY OF SERVICE   | SUBSCRIBE                       |   | RATE   | CAT          | EGORY OF SEF       | RVICE       | SUBSCRIBERS     | RATI  |  |
|                         | Residential:  |                                 |   |  |              |                    |             |                 |       |  |
|                         | <ul> <li>Service to first set</li> </ul>  |                                 | 0   | -  |              |                    |             |                 |       |  |
|                         | <ul> <li>Service to additional set(s)</li> </ul>  |                                 |   |  |              |                    |             |                 |       |  |
|                         | • FM radio (if separate rate)   |                                 |   |  |              |                    |             |                 |       |  |
|                         | Motel, hotel  |                                 | 70  | 40.44  |              |                    |             |                 |       |  |
|                         | Commercial<br>Converter   |                                 | 72  | 42.41  |              |                    |             |                 |       |  |
|                         | Residential   |                                 |   |  |              |                    |             |                 |       |  |
|                         | Non-residential   |                                 |   |  |              |                    |             |                 |       |  |
|                         |   |                                 |   |  |              |                    |             |                 |       |  |
|                         | SERVICES OTHER THAN SEC   |                                 |   |  |              |                    |             |                 |       |  |
| F                       | <b>In General:</b> Space F calls for ran not covered in space E, that is,   | •                               | ,   |  | •            | • •                |             |                 |       |  |
| -                       | service for a single fee. There a   |                                 |   |  |              | •                  |             |                 |       |  |
| Services                | furnished at cost or (2) services   |                                 |   |  |              |                    |             |                 |       |  |
| Other Than<br>Secondary | amount of the charge and the u<br>enter only the letters "PP" in the  |                                 | usually   | y billed. If any i   | rates are c  | charged on a var   | lable per-  | program basis,  |       |  |
| ransmissions:           | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.   |                                 |   |  |              |                    |             |                 |       |  |
| Rates                   | Block 2: List any services that your cable system furnished or offered during the accounting period that were not   |                                 |   |  |              |                    |             |                 |       |  |
|                         | listed in block 1 and for which a separate charge was made or established. List these other se brief (two- or three-word) description and include the rate for each.  |                                 |   |  |              |                    |             | ne form of a    |       |  |
|                         |   | BLO                             |   |  |              |                    |             | BLOCK 2         |       |  |
|                         | CATEGORY OF SERVICE   |                                 |   | GORY OF SER  | RVICE        | RATE               | CATEG       | ORY OF SERVICE  | RATE  |  |
|                         |   |                                 |   | ation: Non-res   |              |                    |             |                 |       |  |
|                         | Continuing Services:  |                                 | • Mo  | tel, hotel   |              |                    |             |                 |       |  |
|                         | Pay cable   | -                               |   |  |              |                    |             |                 |       |  |
|                         | -   | -                               | • Co  | mmercial   |              |                    |             |                 |       |  |
|                         | <ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>   |                                 | • Pa  | y cable  |              |                    |             |                 |       |  |
|                         | <ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>   |                                 | • Pay<br>• Pay  | y cable<br>y cable-add'l cl  | hannel       |                    |             |                 |       |  |
|                         | <ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>  | -<br>-                          | • Pay<br>• Pay<br>• Fire  | y cable<br>y cable-add'l cl<br>e protection  |              |                    |             |                 |       |  |
|                         | <ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>   | -<br>-<br>-                     | • Pay<br>• Pay<br>• Fire<br>• Bui                                     | y cable<br>y cable-add'l cl<br>e protection<br>rglar protectior                                |              |                    |             |                 |       |  |
|                         | <ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>                                      | -<br>-<br>-<br>-                | • Pay<br>• Pay<br>• Fire<br>• Bui<br>Other                            | y cable<br>y cable-add'l cl<br>e protection<br>rglar protectior<br><b>services:</b>            |              |                    |             |                 |       |  |
|                         | <ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul> | -<br>-<br>-<br>-<br>-           | • Pay<br>• Pay<br>• Fire<br>• Bui<br>• Bui<br>• Ree                   | y cable<br>y cable-add'l cl<br>e protection<br>rglar protectior<br><b>services:</b><br>connect |              |                    |             |                 |       |  |
|                         | <ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>                                      | -<br>-<br>-<br>-<br>-<br>-<br>- | • Pay<br>• Pay<br>• Fire<br>• Bui<br>• Bui<br>• Bui<br>• Reu<br>• Dis | y cable<br>y cable-add'l cl<br>e protection<br>rglar protectior<br><b>services:</b>            |              | -<br>-<br>-        |             |                 |       |  |

| ccounting Period:             | 2023/1  |   |  | FORM SA1-2E. PAGE 3.                   |  |  |  |  |  |  |
|-------------------------------|---|---|--|--|--|--|--|--|--|--|
| Name                          | LEGAL NAME OF OWNER OF  | CABLE SYSTEM:   |  | SYSTEM ID#                             |  |  |  |  |  |  |
| Name                          | CEQUEL COMMUNICATIONS LLC 040   |   |  |  |  |  |  |  |  |  |
|                               | PRIMARY TRANSMITTERS:   | TELEVISION  |  |  |  |  |  |  |  |  |
| G<br>Primary<br>Transmitters: | carried by your cable syster<br>FCC rules and regulations i<br>76.59(d)(2) and (4), 76.61(e<br>substitute program basis, as           | <b>General:</b> In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.59(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 ubstitute program basis, as explained in the next paragraph. |  |  |  |  |  |  |  |  |
| Television                    | basis under specific FCC ru   | les, regulations, or authorizations:<br>e in space G—but do list it in space I (  | carried by your cable system on a sub<br>(the Special Statement and Program I  |  |  |  |  |  |  |  |
|                               | • List the station here, and a<br>basis. For further information<br><b>Column 1:</b> List each station<br>multicast stream associated | also in space I, if the station was carrien<br>n concerning substitute basis stations<br>and sign. <i>Do not</i> report origination<br>with a station according to its over-th  | ed both on a substitute basis and also<br>s, see page (v) of the general instructi<br>program services such as HBO, ESP<br>ne-air designation. For example, repo   | ons.<br>N, etc. Identify each          |  |  |  |  |  |  |
|                               | of license. For example, WF<br><b>Column 3:</b> Indicate in each  | el number the FCC assigned to the tel<br>RC is channel 4 in Washington, D.C.<br>case whether the station is a network   | evision station for broadcasting over the station, an independent station, or a  | noncommercial                          |  |  |  |  |  |  |
|                               | (for independent multicast),<br>For the meaning of these te<br><b>Column 4:</b> Give the location                                     | "E" (for noncommercial educational),<br>rms, see page (iv) of the general inst<br>n of each station. For U.S. stations, lis   | (for network multicast), "I" (for independent<br>or "E-M" (for noncommercial education<br>ructions in the paper SA1-2 form.<br>If the community to which the station<br>the community with which the station | onal multicast).<br>is licensed by the |  |  |  |  |  |  |
|                               | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER  | 3. TYPE OF STATION   | 4. LOCATION OF STATION                 |  |  |  |  |  |  |
|                               | KBSI-1  | 23  | I  | CAPE GIRARDEAU, MO                     |  |  |  |  |  |  |
|                               | KFVS-1  | 12  | Ν  | CAPE GIRARDEAU, MO                     |  |  |  |  |  |  |
| Rows as Necessary             | WDKA-1  | 49  | I  | PADUCAH, KY                            |  |  |  |  |  |  |
|                               | WKPD-1  | 29  | E  | PADUCAH, KY                            |  |  |  |  |  |  |
|                               | WPSD-1  | 6   | N  | PADUCAH, KY                            |  |  |  |  |  |  |
|                               | KFVS(WQWQ)-1  | 12.2  |  | PADUCAH, KY                            |  |  |  |  |  |  |
|                               | WSIL-1  | 3   | <u>N</u>   | HARRISBURG, IL                         |  |  |  |  |  |  |
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| EGAL NAME OF  |  |  |  |   |   |  |   | SYSTEM                           |
|---|--|--|--|---|---|--|---|----------------------------------|
|   |  |  |  |   |   |  |   |                                  |
|   | t every radio s  | tation ca  | arried on a separate and discr<br>nerally receivable by your cat   |   |   |  |   | н                                |
| eceivable if (1)<br>n the basis of<br>or detailed info<br>aper SA1-2 for<br><b>Column 1:</b> lo<br><b>Column 2:</b> S<br><b>Column 3:</b> If<br>ignal, indicate<br><b>Column 4:</b> G | it is carried by<br>monitoring, to<br>ormation about<br>m.<br>lentify the call<br>tate whether to<br>the radio stat<br>this by placing<br>vive the station | y the sys<br>be rece<br>it the Co<br>sign of<br>he static<br>ion's sig<br>g a chec<br>n's locati | I-Band FM Carriage: Under (<br>stem whenever it is received a<br>ived at the headend, with the<br>pyright Office regulations on t<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>k mark in the "S/D" column. | at the system's he<br>system's FM ant<br>his point, see pa<br>sed by the cable<br>he station is licer | eadend, and (<br>enna, during o<br>ge (v) of the g<br>system as a s<br>used by the FC | 2) it can<br>certain s<br>eneral in<br>eparate | be expected,<br>tated intervals.<br>nstructions in the.<br>and discrete | Primary<br>Transmitters<br>Radio |
|   |  |  | the community with which the   |   |   | 0/7  |   |                                  |
| 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   |   |  |  |  |  | F  | ORM SA1-2E. PAGE 5.   |  |
|--|---|--|--|--|--|--|---|--|
| Name   | LEGAL NAME OF OWNER OF  |  |  |  |  |  | SYSTEM ID#<br>040661  |  |
| Substitute   | SUBSTITUTE CARRIAGE<br>In General: In space I, identi<br>substitute basis during the a<br>explanation of the programm   | ify <i>every noi</i><br>ccounting p  | nnetwork televi<br>eriod, under sp   | <i>sion program,</i> broadcast by<br>ecific present and former F(  | a <i>distant</i> sta<br>CC rules, regi   | ulations, or authoriza   | tions. For a further  |  |
| Substitute<br>Carriage:<br>Special<br>Statement and<br>Program Log | period, was broadcast by a<br>under certain FCC rules, re<br>Do not use general categor<br>"NBA Basketball: 76ers vs.<br><b>Column 2:</b> If the program<br><b>Column 3:</b> Give the call<br><b>Column 4:</b> Give the broat<br>the case of Mexican or Car<br><b>Column 5:</b> Give the mor<br>first. Example: for May 7 give<br><b>Column 6:</b> State the time<br>to the nearest five minutes.<br>stated as "6:00–6:30 p.m." | iod, did you<br>tion?<br>," leave the<br><b>E PROGRA</b><br>titute progra<br>ice, please<br>of every no<br>distant stat<br>gulations, of<br>ies like "mo<br>Bulls."<br>n was broa<br>sign of the<br>adcast station<br>adian station<br>th and day<br>ve "5/7."<br>es when the<br>Example: a<br>er "R" if the<br>and regulation | ar cable system<br>rest of this para<br>add additional<br>onnetwork televition and that your<br>or authorization<br>ovies" or "bask<br>dcast live, ento<br>station broadc<br>on's location (for some sing any, the<br>when your system<br>is substitute pro-<br>a program carri-<br>listed program | n carry, on a substitute bar<br>age blank. If your answer is<br>ate line. Use abbreviations<br>rows to the tables.<br>vision program ("substitute<br>our cable system substitut<br>ns. See page (v) of the gen<br>etball." List specific progra<br>et "Yes." Otherwise enter "<br>asting the substitute progra<br>the community to which the<br>stem carried the substitute<br>ogram was carried by your<br>ried by a system from 6:01<br>n was substituted for progravity of the accounting perio | s "Yes," you r<br>s wherever p<br>e program") ti<br>ed for the pro<br>neral instruct<br>m titles, for e<br>'No."<br>am.<br>e station is lide<br>program. Us<br>cable system<br>:15 p.m. to 6<br>ramming that<br>d; enter the l | The second secon | ning is<br>punting<br>ner station<br>mation.<br>cy" or<br>or, in<br>ne month<br>curately<br>be<br>equired |  |
|  | SUBSTITUTE PROGRAM  |  |  |  |  | WHEN SUBSTITUTE<br>CARRIAGE OCCURRED 7. REA  |   |  |
|  | 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No  | 3. STATION'S<br>CALL SIGN  | 4. STATION'S LOCATION  | 5. MONTH<br>AND DAY  | 6. TIMES<br>FROM — T   | DELETION<br>O   |  |
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| Accounting Period:            | 2023/1   | FORM SA1-2E. PAGE 6.       |
|-------------------------------|--|----------------------------|
| Name                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>CEQUEL COMMUNICATIONS LLC  | SYSTEM ID#<br>040661       |
| <b>K</b><br>Gross Receipts    | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (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. | smission service           |
| L<br>Copyright<br>Royalty Fee | <ul> <li>COPYRIGHT ROYALTY FEE<br/>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>                                  | » \$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 accounting period is \$52.00.  | or this 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   | ···· <u>\$     52.00  </u> |
|                               | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137  | ',100)                     |
|                               | 1. Base amount under statutory formula   | <u>)</u>                   |
|                               | 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   | 27,600)                    |
|                               | 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<br>Total Remittance<br>Due | <ol> <li>Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)</li></ol>   |      | 52.00<br>15.00 |       |
|   | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3  |      | \$             | 67.00 |
|   | EFT Trace # or TRANSACTION ID #   |      |                |       |
|   | <b>Important:</b> Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 f |      |                |       |

| Accounting Period:                         | 2023/1  |   | FORM SA1-2E. PAGE 7  |
|--|---|---|----------------------|
| Name                                       |   | OWNER OF CABLE SYSTEM:<br>IMUNICATIONS LLC  | SYSTEM ID#<br>040661 |
| M<br>Channels                              | to its subscribers<br>1. Enter the total<br>system carried  | ou must give (1) the number of channels on which the cable system carried television broadcast stations<br>rs, and (2) the cable system's total number of activated channels during the accounting period.<br>If number of channels on which the cable<br>If television broadcast stations  | 7                    |
|  |   | able system carried television broadcast stations cast services   | 16                   |
| N<br>Individual to                         |   | D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)   |                      |
| Be Contacted<br>for Further<br>Information | Name  | RODNEY HASKINS Telephone (903) 579-3152   |                      |
|  | Address<br>   | 3027 S SE LOOP 323         (Number, street, rural route, apartment, or suite number)         TYLER, TX 75701         (City, town, state, zip)         RODNEY.HASKINS@ALTICEUSA.COM         Fax (optional)   |                      |
| O<br>Certification                         | <ul> <li>I, the undersigned</li> <li>(Owned)</li> <li>(Agention in local</li> <li>X</li> <li>(Officient</li> <li>I have examined</li> </ul> | (This statement of account must be certified and signed in accordance with Copyright Office regulations)<br>ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br>er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or<br>it of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified<br>line 1 of space B and that the owner is not a corporation or partnership; or<br>cer 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 syste<br>line 1 of space B.<br>d the statement of account and hereby declare under penalty of law that all statements of fact contained herein<br>te, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br>ion 1001(1986)] | €                    |

| /s/ Alan Dannenbaum   |
|---|
| Enter an electronic signature on the line above to certify this statement.<br>Enter signature using an "/s/ signature" (e.g., /s/ John Smith) |
| Typed or printed name: ALAN DANNENBAUM  |
| Title: SVP, PROGRAMMING<br>(Title of official position held in corporation or partnership)  |
| 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.

| O406         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 Statemen   | ounting Period: 2023/1   | FORM SA1-2E. PAGE                     |
|--|--|---------------------------------------|
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statellite Home Vewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence. "** 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 throad-ast transmitters, the system Mail not include sub- sections and amounts oblicated from subscriber secting secondary transmissions made by satellite carriers to satellite dia owners?  Norme Maing Addeess Maing Addees Maing Addees Maing Addees Maing Addees Maing Addeess Maing Addees Maing Maing Addees Maing Maing Add | AL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM I                              |
| The Stateline Home Viewer Act of 1988 amended Tills 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>bing sections:<br>a view of providing secondary transmissions optimary transmissions pursuant to each system for the basis<br>accibers and amounts collected from subscribers are the note on page (wil) of the general instructions<br>cocated in the paper SA1-2 form.<br>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions<br>made by salellite cartiers to satellite factor on marks?<br>Normer<br>Maining Address<br>Normer<br>Maining Address<br>NUTEREST ASSESSMENT<br>You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>For more information on interest assessment, see page (wil) of the general instructions located in the paper SA1-2 form.<br>Line 1 Enter the amount of late payment or underpayment.<br>For an explanation of interest rate* and enter the sum here  | QUEL COMMUNICATIONS LLC  | 04066                                 |
| 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?       Image: SA1-2 form.         Image: SA1-2 form. </td <td>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br/>lowing sentence:<br/>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic<br/>service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-</td> <td>Special Statement<br/>Concerning Gross</td>  | The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- | Special Statement<br>Concerning Gross |
| made by satellite carriers to satellite dish owners?         No         YES. Enter the total here and list the satellite carrier(s) below\$         Name         Maing Address         Maing Address         INTEREST ASSESSMENT         You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>For an explanation of interest assessment, see page (vili) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment.         x  |  | Receipts Exclusion                    |
| YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Maling Address       Name         Numest complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image Address         For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image Address         Line 1 Enter the amount of late payment or underpayment   | made by satellite carriers to satellite dish owners?   |                                       |
| Name       Name         Maining Address       Maining Address         INTEREST ASSESSMENT       Maining Address         You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment         Line 1       Enter the amount of late payment or underpayment.       x   |  |                                       |
| 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.       Q         Line 1       Enter the amount of late payment or underpayment   | YES. Enter the total here and list the satellite carrier(s) below  | -                                     |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments assessment for one day late.       Image: Complete this worksheet for those royalty payments assessment for one day late.       Image: Complete this worksheet for those royalty payments assessment for one day late.       Image: Complete the line of for those royalty assessment for one day late.       Image: Complete the line for those royalty assessment for one day late.       Image: Complete the line royalt as a latement 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.       Image: Complete the line royalt assessment for one day late.       Image: Complete the line royalt assessment for one day late.       Image: Complete the line royalt as given in the original filing.       Image: Complete   |  |                                       |
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| 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  |  |                                       |
| Line 1 Enter the amount of late payment or underpayment  |  | Q                                     |
| Line 1       Either the amount of late payment of underpayment.         x  |  |                                       |
| x  | Line 1 Enter the amount of late payment or underpayment  | Interest Assessmen                    |
| x  | x  | _                                     |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   | Line 2 Multiply line 1 by the interest rate* and enter the sum here  |                                       |
| 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  | x 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  | Line 3 Multiply line 2 by the number of days late and enter the sum 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  | Line 4 Multiply line 3 by 0.00274** and enter here   |                                       |
| 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.  |  | _                                     |
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| 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  | ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.   |                                       |
| Address         ID number         First community served   |  |                                       |
| Address         ID number         First community served   | Oumar  |                                       |
| First community served   |  |                                       |
| First community served   |  |                                       |
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| C                                   | Cable<br>Worksheet | Total amount of remittance    | Numbe                 | r of SAs rec'd        | Initials         |          |  |
|-------------------------------------|--------------------|-------------------------------|-----------------------|-----------------------|------------------|----------|--|
|                                     |                    | Date of remittance            | Check                 | EFT                   | 🗆 FILIN          | G FEES   |  |
| Cable ID #                          |                    |                               |                       |                       | Amount           | Initials |  |
| Examined by                         | Reviewed by        | Date examination<br>completed | Allocation n          | umber                 |                  |          |  |
| Space A<br>Accounting               |                    | (enter four digit year and    | /1 (for Jan-Jun peric | od) or /2 (for Jul-De | c period) No spa | ces)     |  |
| Period                              | □ Letter sent      | C                             | ] Information receive | d                     |                  |          |  |
|                                     |                    | C                             | ] Phone call/Date/Co  | ntact                 |                  |          |  |
| Space B<br>Owner                    |                    |                               |                       |                       |                  |          |  |
|                                     | □ Letter sent      | Information received          |                       |                       |                  |          |  |
|                                     |                    | E                             | ] Phone call/Date/Co  | ntact                 |                  |          |  |
| Space D<br>Area Served              |                    |                               |                       |                       |                  |          |  |
|                                     | □ Letter sent      | Ľ                             | ] Information receive | d                     |                  |          |  |
|                                     | □ Accepted         | E                             | ] Phone call/Date/Co  | ntact                 |                  |          |  |
| Space E<br>Secondary<br>Transission |                    |                               |                       |                       |                  |          |  |
| Service<br>Subscribers:             | □ Letter sent      | C                             | ] Information receive | d                     |                  |          |  |
| and Rates                           |                    | C                             | ] Phone call/Date/Co  | ntact                 |                  |          |  |
| Space G<br>Primary<br>Transmitters: |                    |                               |                       |                       |                  |          |  |
| Television                          | □ Letter sent      | [                             | ] Information receive | ed                    |                  |          |  |
|                                     |                    | [                             | □ Phone call/Date/Co  | ontact                |                  |          |  |
| Space H<br>Primary<br>Transmitters: |                    |                               |                       |                       |                  |          |  |
| Radio                               | □ Accepted         | [                             | ☐ Phone call/Date/Co  | ontact                |                  |          |  |
|                                     |                    |                               |                       |                       |                  |          |  |

| Space I    |
|------------|
| Substitute |
| Carriage   |
|            |

| □ Letter sent         | □ Information received    |  |
|-----------------------|---------------------------|--|
| □ Accepted            | Phone call/Date/Contact   |  |
|                       |                           | Space J<br>Part-time<br>Carriage Log           |
| Letter sent           | □ Information received    | (SA3 only)                                     |
| □ Accepted            | Phone call/Date/Contact   |  |
|                       |                           | Space K<br>Gross Receipts                      |
| Letter sent           | □ Information received    |  |
| □ Accepted            | Phone call/Date/Contact   |  |
|                       |                           | Space L<br>Copyright Filing<br>and Royalty Fee |
| Royalty Fee should be | Refund request to fiscal  |  |
| Letter sent           | □ Information received    |  |
| □ Accepted            | Phoe call/Date/Contact    |  |
|                       |                           | Space M<br>Channels                            |
| Letter sent           | □ Information received    |  |
| □ Accepted            | Phone call/Date/Contact   |  |
|                       |                           | Space O<br>Certification                       |
| Letter sent           | Information received      |  |
| □ Accepted            | Phone call/Date/Contact   |  |
|                       |                           | Space P<br>Statement of<br>Gross Receipts      |
| Letter sent           | □ Information received    |  |
| □ Accepted            | Phone call/Date/Contact   |  |
|                       |                           | Space Q<br>Interest<br>Assessment              |
| Letter sent           | □ Info/add'l fee received |  |
|                       | Phone call/Date/Contact   |  |