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

OTATEM		FOR COPYRIG	Return completed workbook by email to				
	ENT OF ACCOUNT ary Transmissions by	DATE RECEIVED		-			
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>			
		8 20 22	\$	For additional information, contact the U.S. Copyright			
	uctions are located	8-29-23		Office Licensing Division at (202) 707-8150.			
in the first tab	of this workbook.		ALLOCATION NUMBER				
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	YYY/(Period))				
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
		Barcode Data Filing Period (optional	- see instructions)				
	2023						
Accounting Period							
	Instructions:						
В	Give the full legal name of the owner of of the subsidiary, not that of the parent		idiary of another corporation, give the full cor	porate title			
Owner	List any other name or names under wh	nich the owner conducts the business of	the cable system.				
	If there were different owners during the single statement of account and royalty		the last day of the accounting period should s nting period.	ubmit a			
	Check here if this is the system's first fil	ing. If not, enter the system's ID number	r assigned by the Licensing Division.	061262			
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM					
	CEQUEL COMMUNICATIONS LLC						
	BUSINESS NAME(S) OF OWNER (OF CABLE SYSTEM (IF DIFFERENT	Г)				
	SUDDENLINK COMMUNICATIONS						
	MAILING ADDRESS OF OWNER O 3027 S SE LOOP 323	F CABLE SYSTEM					
	(Number, street, rural route, apartment, or suite	number)					
	City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line						
System	1 IDENTIFICATION OF CABLE SYSTEM:						

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.

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)

2

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II					
Name	CEQUEL COMMUNICATIONS LLC						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
001104							
	CITY OR TOWN	STATE					
First	PUEBLO	СО					
Community	(PUEBLO UNIT)						
dd Rows as Necessary							
du nows as necessary							

		FORM SA1-										
Name	LEGAL NAME OF OWNER OF C	SYSTEM ID 06126										
	CEQUEL COMMUNICA	TIONS LLC							00120			
F	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCR	BERS AND R	ATES							
E	In General: The information in s	•		-		•						
Secondary	system, that is, the retransmissi about other services (including											
Fransmission	、 、		-					sang en are				
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and Rates	down by categories of secondar	•		-		•						
Rates	each category by counting the r separately for the particular service		-	•••		•	-	s charged				
	Rate: Give the standard rate of							rge and the				
	unit in which it is generally billed			,	•	ard rate variatior	is within a	particular rate				
	category, but do not include dise Block 1: In the left-hand block					condary transmi	ssion sorv	ice that cable				
	systems most commonly provid	•		•		•						
	that applies to your system. Not											
	categories, that person or entity						•					
	subscriber who pays extra for ca						nder "Serv	ice to the				
	first set" and would be counted Block 2: If your cable system	•			• • •		e different	from those				
	printed in block 1 (for example,	-		•								
	with the number of subscribers	and rates, in th	e right-l	hand block. A	two- or thre	ee-word descript	ion of the	service is				
	sufficient.	OCK 1			T		BLOCK	()				
	BL	NO. OF					BLUUR	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	 Service to first set 		0	-								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		31	42.41								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s							
-	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were				
F	not covered in space E, that is,					•						
Services	service for a single fee. There a furnished at cost or (2) services				•		• •	,				
Other Than	amount of the charge and the u											
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-				
ransmissions:		Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
Rates	listed in block 1 and for which a	• •			-	-	•					
			-		listicu. Lis		vices in a					
	brief (two- or three-word) description and include the rate for each.							BLOCK 2				
	BLOCK 1											
	CATEGORY OF SERVICE			SORY OF SEE	RVICE	RATE	CATEG	ORY OF SERVICE	RAT			
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEC	GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services:	RATE	CATEC Installa	ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT			
		RATE	CATEC Installa • Mo			RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services: • Pay cable	RATE	CATEC Installa • Mo • Cor	ation: Non-res tel, hotel		RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEC Installa • Mo • Col • Pay	ation: Non-res tel, hotel mmercial	sidential	RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	RATE	CATEC Installa • Mo • Col • Pay • Pay	ation: Non-res tel, hotel mmercial / cable	sidential	RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATEC Installa • Mo • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l c	sidential hannel	RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	RATE - - -	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l c e protection	sidential hannel	RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE - - -	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior	sidential hannel	RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	RATE - - -	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur Other • Ree	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection glar protectior services:	sidential hannel	RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE - - -	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur • Bur • Bur • Bur • Bur • Bur • Bur	ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection glar protectior services: connect	sidential hannel	RATE	CATEG	ORY OF SERVICE	RAT			

ccounting Period: 2	2023/1			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	SYSTEM ID#							
	CEQUEL COMMUNIC	ATIONS LLC		061262					
	PRIMARY TRANSMITTERS:	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Fransmitters:	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat	me basis under ams [sections tions carried on a					
Television		: With respect to any distant stations c ules, regulations, or authorizations:	arried by your cable system on a sub	ostitute program					
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (i							
	basis. For further information Column 1: List each station	on concerning substitute basis stations n's call sign. <i>Do not</i> report origination p d with a station according to its over-th	, see page (v) of the general instruct program services such as HBO, ESP	ions. N, etc. Identify each					
	"WETA-2" as the same on t Column 2: Give the channed	-							
	Column 3: Indicate in each educational station, by ente	a case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational),	(for network multicast), "I" (for indepe	endent), "I-M"					
	For the meaning of these te Column 4: Give the locatio	erms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station	is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KKTV-1	11	Ν	COLORADO SPRINGS, CO					
	KOAA-1	5	N	COLORADO SPRINGS, CO					
ws as Necessary	KRDO-1	13	N	COLORADO SPRINGS, CO					
	KTSC-1	8	E	COLORADO SPRINGS, CO					
	KVSN-1	48	I	PUEBLO, CO					
	KXRM-1	21	l	COLORADO SPRINGS, CO					

all-band basis w								0612
n General: List all-band basis w								
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing	y the sys be rece it the Co sign of the static ion's sig g a chec	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which th	at the system's he system's FM ant this point, see pa sed by the cable s	eadend, and (enna, during o ge (v) of the g system as a s	2) it can certain s eneral in eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
lexican or Can	adian stations	s, if any,	the community with which the	e station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	od: 2023/1						FORM SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 061262			
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or author	izations. For a further			
Carriage: Special Statement and	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 									
Program Log	broadcast by a distant station?									
	 Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting 									
	Column 3: Give the call	gulations, c ies like "mo Bulls." n was broa sign of the	or authorization ovies" or "bask dcast live, ente station broadc	ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter asting the substitute progr	neral instruct am titles, for o 'No." am.	ions for further in example, "I Love	formation. Lucy" or			
	the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	 Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be 								
	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
			E PROGRAM			WHEN SUBSTITUTE CARRIAGE OCCURRED MONTH 6. TIMES				
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то			
			·	·						
			·	·						
	l.	1		1		L	1			

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061262
K 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 trans (as identified in space E) during the accounting period. For a further explanation of how to compute the 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 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. 	
	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 \$ 263,800.00	<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	<u>)</u>
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	

	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.		····	
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	 Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment 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: IMUNICATIONS LLC	SYSTEM ID# 061262
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		I number of channels on which the cable television broadcast stations	6
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	24
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Telephone (903) 5	i79-3152
	Address 	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 Certification	 I, the undersigned (Owned) (Agentation in labeled) X (Officient in labeled) I have examined 	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

/s/ Alan Dannenbaum
Enter 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 of official position held in corporation or partnership)
Date:

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ounting Period: 2023/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06126
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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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	

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Cable Worksheet		Total amount of remittance	Numbe	r of SAs rec'd	1	Initials	
		Date of remittance	Check	EFT	🗆 FILIN	G FEES	
Cable ID #					Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocation n	umber			
Space A 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 □ Information received						
		C] Phone call/Date/Co	ntact			
Space B Owner							
	□ Letter sent	□ Information received					
		Phone call/Date/Contact					
Space D Area Served							
	□ Letter sent	Ľ] Information receive	d			
	□ Accepted	E] Phone call/Date/Co	ntact			
Space E Secondary Transission							
Service Subscribers:	□ Letter sent	□ Information received					
and Rates		Phone call/Date/Contact					
Space G Primary Transmitters:							
Television	□ Letter sent	[] Information receive	ed			
		[□ 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	
	Phone call/Date/Contact	