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						
AMOUNT						
\$						
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						
Accounting Period		20231 Barcode Data Filing Period (optional - see instructions)						
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		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)						
_	INICTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl	ass thasa					
C		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		STERLING CORRECTIONAL FACILITY						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name									
	CEQUEL COMMUNICATIONS LLC	061264							
	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								
Area	identified city.	The state of the s							
Served									
	CITY OR TOWN	STATE							
First	STERLING	СО							
Community	(STERLING CORR)								
Add Rows as Necessary									

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

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

O61264

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission 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 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 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 service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
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					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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 listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

ATE	CATEGORY OF SERVICE Installation: Non-residential	RATE	CATEGORY OF SERVICE F
	Installation: Non-residential		
	inistanation. Non-residential		
-	Motel, hotel		
-	Commercial		
•••••••••••	• Pay cable		
	Pay cable-add'l channel		
	 Fire protection 		
-	Burglar protection		
-	Other services:		
	Reconnect	-	
	Disconnect		
	Outlet relocation	-	
	Move to new address	-	
	-	- Commercial - Pay cable - Pay cable-add'l channel - Fire protection - Burglar protection Other services: - Reconnect - Disconnect - Outlet relocation	- • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection - Other services: • Reconnect • Disconnect • Outlet relocation

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

061264

G

Primary Transmitters: Television

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 KBDI-1 12 Ε BROOMFIELD, CO KCEC-1 14 ı DENVER, CO 4 Ν KCNC-1 DENVER, CO I KDVR-1 31 DENVER, CO KMGH-1 7 Ν DENVER, CO 9 KUSA-1 Ν DENVER, CO

Add Rows as Necessary

SYSTEM ID# **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

061264

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).

	T .	T			ı		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	1		1				<u> </u>

Accounting Perio	ccounting Period: 2023/1 FORM SA1-2E. PAGE 5.									
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS L	LC					061264		
	SUBSTITUTE CARRIAGE	- CDECIA	I QTATEMEN	AT AND DDOODAM LO	G					
1						. t' tl t				
•	In General: In space I, identi				•		-			
Substitute	substitute basis during the ac explanation of the programm	• .		•						
Carriage:					io goriorai iii	ou doublio in	тто рарог ол			
Special	1. SPECIAL STATEMENT				-!					
Statement and		During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	roadcast by a distant station?									
	Note: If your answer is "No	" leave the	rest of this pa	ge blank. If vour answer i	s "Yes." vou	must comp	lete the proa	ram		
	log in block 2.		, , , , , , , , , , , , , , , , , , , ,	g	, ,					
	2. LOG OF SUBSTITUTE	DROGRA	MS							
	In General: List each subst			ate line. Use abbreviation	s wherever i	oossible. if t	their meaning	ı is		
	clear. If you need more spa					, , , ,		,		
	Column 1: Give the title	of every no	nnetwork telev	vision program ("substitut	e program")	that, during	the accounti	ing		
	period, was broadcast by a		•	•	•	•	•			
	under certain FCC rules, re	•								
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am uues, ioi	example,	I Love Lucy	OI		
	Column 2: If the program		dcast live, ente	er "Yes." Otherwise enter	"No."					
	Column 3: Give the call									
	Column 4: Give the broa		,	•		•	the FCC or, i	in		
	the case of Mexican or Can			-		,				
	Column 5: Give the mon	-	when your sys	stem carried the substitute	e program. U	Jse numera	ils, with the m	nonth		
	first. Example: for May 7 give Column 6: State the time		e substitute nro	ogram was carried by you	r cahle syste	m List the	times accura	ately		
	to the nearest five minutes.				•			atory		
	stated as "6:00–6:30 p.m."			,,						
	Column 7: Enter the lette									
	to delete under FCC rules a	•		0.			•	gram		
	was substituted for program	iming that y	your system wa	as permitted to delete und	der FCC rule	s and regu	lations in			
	effect on October 19, 1976.									
					II wh	EN SUBST	ITUTE			
	SI	JBSTITUT	E PROGRAM			RIAGE OCC		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	'	TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
							_			
					-					
							_			
					-					
							_			
							_			
							_			
							_			
							_			

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CEQUEL COMMUNICATIONS LLC		061264
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, see	7,844.28
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00.	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	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	,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	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

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

Accounting Period:	2023/1						FORM SA1-2E. PA	AGE 7.
Name		WNER OF CABLE SYSTEM:					SYSTEI 06	M ID# 1264
M Channels	to its subscribers 1. Enter the total	ou must give (1) the number of and (2) the cable system's to number of channels on which television broadcast stations	6					
	on which the ca	number of activated channel able system carried television ast services	broadcas				25	
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accoun		RMATION IS NEEDED	(Identify an ind	dividual		
for Further Information	Name	RODNEY HASKINS				Telephone	(903) 579-3152	
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartit TYLER, TX 75701 (City, town, state, zip)		te number)				
	Email	RODNEY.HASP	(INS@AL	_TICEUSA.COM		Fax (optional)		
	CERTIFICATION ((This statement of account m	ust be cer	tified and signed in acco	ordance with C	Copyright Office regulations)		
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but oni</i>	ly one, of the boxes.)				
	(Owner	r other than corporation or p	artnershi _l	p) I am the owner of the o	cable system a	s identified in line 1 of space	B; or	
		of owner other than corpora ne 1 of space B and that the o	_		_	ent of the owner of the cable	system as identified	
		er or partner) I am an officer (ne 1 of space B.	if a corpora	ation) or a partner (if a pa	artnership) of th	ne legal entity identified as ow	ner of the cable system	
		the statement of account and e, and correct to the best of my on 1001(1986)]	-					
			Enter an e	/s/ Alan Dannenba	line above to c	-		
		Typed or printed		ALAN DANNENE	AUM			
		Title: (Title of of		PROGRAMMING on held in corporation or partr	ership)			
		Date:						

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U.S. Copyright Office

ccounting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
EQUEL COMMUNICATIONS LLC	061264
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 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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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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C	Cable Worksh	eet	Total amount of remittance	Nur	nber of SAs rec'd	ı	nitials		
			Date of remittance	_ □ Check	□ EFT	☐ FILIN	G FEES		
Cable ID#						Amount	Initials		
Examined by	Reviewe	ed by	Date examination completed	Allocatio	on number				
Space A			(enter four digit year and	d /1 (for Jan-Jun	period) or /2 (for Jul-I	Dec period) No spa	ices)		
Accounting Period	☐ Letter sent	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces) ☐ Letter sent ☐ Information received							
	☐ Accepted		С	☐ Phone call/Dat	e/Contact				
Space B Owner									
	☐ Letter sent ☐ Information received								
	☐ Accepted		☐ Phone call/Date/Contact						
Space D Area Served									
	☐ Letter sent		С	☐ Information re	ceived				
	☐ Accepted		☐ Phone call/Date/Contact						
Space E Secondary Transission									
Service Subscribers:	☐ Letter sent	ceived							
and Rates	☐ Accepted		Ε	☐ Phone call/Dat	e/Contact				
Space G Primary Transmitters:									
Television	☐ Letter sent		☐ Information received						
	□ Accepted □ Phone call/Date/Contact								
Space H Primary Transmitters:									
Radio	☐ Accepted ☐ Phone call/Date/Contact								

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 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	