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 COPYRIG	Return completed workbook b email to	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	 <u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	8-29-23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20231 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		061734
		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)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	
		MUNCY STATE CORRECTIONAL INSTITUTION MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CADLE STSTEM.
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	061734
D Area Served	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known gs.
Serveu		
	CITY OR TOWN	STATE
First		PA
Community	(MUNCY SCI)	
Add Rows as Necessary		

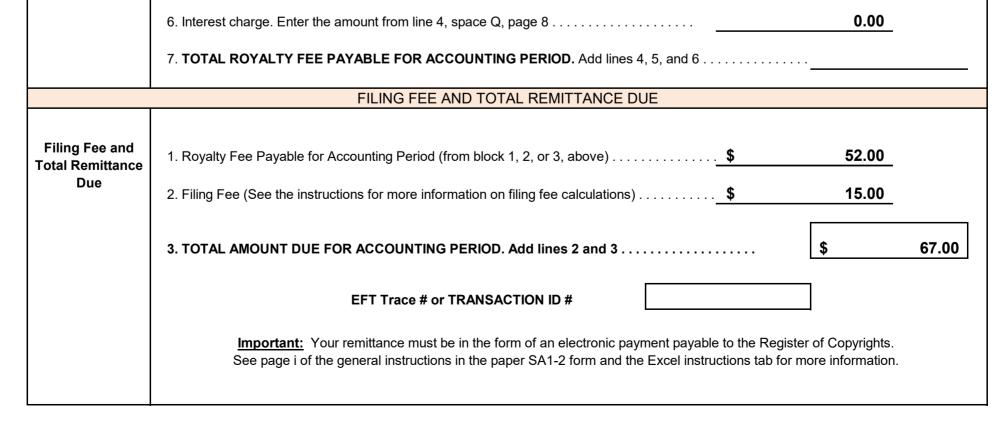
								FORM SA1		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID	
	CEQUEL COMMUNICAT	IONS LLC							06173	
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES					
E	In General: The information in s	•		-		•				
0	system, that is, the retransmission									
Secondary Transmission	about other services (including plast day of the accounting period						nose existi	ng on the		
Service: Sub-							ole svstem.	. broken		
scribers and	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									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular serv									
	Rate: Give the standard rate c unit in which it is generally billed	-	-	-			-			
	category, but do not include disc				ny stanua		s wiu iir a p			
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servic	e that cable		
	systems most commonly provide	e to their subsc	ribers. (Give the numbe	er of subsc	ribers and rate f	or each lis	ted category		
	that applies to your system. Note			-		-				
	categories, that person or entity					• • •	•			
	subscriber who pays extra for ca first set" and would be counted o					a in the count un	der Servic	ce to the		
	Block 2: If your cable system					service that are	different fr	om those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the s	ervice is		
	sufficient.	OCK 1					BLOCK	(2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	-RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Service to first set		0							
	Service to additional set(s)			-						
	()									
	• FM radio (if separate rate)									
	Motel, hotel		404	40.44						
	Commercial		194	42.41						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	\$					
F	In General: Space F calls for rat	•	,		•					
	not covered in space E, that is, t									
Services	service for a single fee. There an furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0 /		
Transmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that listed in block 1 and for which a									
	brief (two- or three-word) descrip	•			SHEU. LISI	lifese olifer serv		e ionn or a		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE	
	Continuing Services:	RATE		ation: Non-res		RAIE	CATEG	ORT OF SERVICE	RAIE	
	• Pay cable			tel, hotel	lacilla					
	• Pay cable—add'l channel			mmercial						
	• Fire protection	_		y cable						
			-	y cable-add'l ch	annal					
	•Burglar protection Installation: Residential		-	e protection	annei					
	• First set			glar protection						
		-		• •						
	• Additional act(a)	-	ouners	services:					I	
	• Additional set(s)			oonneet						
	• FM radio (if separate rate)			connect		-				
			• Dis	connect		-				
	• FM radio (if separate rate)		• Dis • Out							

ounting Period:	-			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF			8YSTEM ID# 061734					
	CEQUEL COMMUNIC			081734					
G Primary ansmitters: 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, <i>except</i> (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 (refering 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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-4" (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 (i								
	Column 4: Give the locatio	n of each station. For U.S. stations, list dian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	st the community to which the station	-					
	WBRE-1	28	N	WILKES BARRE, PA					
	WNEP-1	<u></u> 16	N	SCRANTON, PA					
Vecessary	WOLF-1	56		HAZLETON, PA					
ecessary	WSWB-1	38	• •	SCRANTON, PA					
	WVIA-1	44	E	SCRANTON, PA					
	WYOU-1	22		SCRANTON, PA					
	WT00-1		Ν	SCRANTON, PA					

	MMUNICA	TIONS	LLC						SYSTEM I 0617
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
For detailed if (1) For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf Signal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be rece to the Co sign of the static ion's sig g a chec n's locat	II-Band FM Carriage: Understem whenever it is received ived at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the community with which the	l a e s n th ss	t the system's h system's FM ant his point, see pa ed by the cable he station is licer	eadend, and (enna, during ge (v) of the g system as a s	(2) it car certain s general separate	be expected, stated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	╞	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				1			-		
							.		
]			[

Accounting Perio	od: 2023/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name		TIONS LI	LC					061734
					`			
	SUBSTITUTE CARRIAGE							
	In General: In space I, identi substitute basis during the a	• •				•	•	
Substitute	explanation of the programm	• •	· ·	•	-			
Carriage:	1. SPECIAL STATEMENT	<u> </u>			9			
Special	During the accounting period				is any nonne	twork telev	vision program	ı
Statement and	broadcast by a distant stat				io, any nonno			
Program Log	-						YES	
	Note: If your answer is "No,	," leave the	rest of this pag	e blank. If your answer is '	"Yes," you mι	ust comple	ete the progra	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if the	eir meaning is	
				sion program ("substitute p	program") tha	it. durina t	he accounting	
	period, was broadcast by a							
	under certain FCC rules, reg	•						۱.
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I l	_ove Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live enter	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
		•		e community to which the		ensed by th	ne FCC or, in	
	the case of Mexican or Can							
			when your syst	tem carried the substitute	program. Use	numerals	, with the mor	hth
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	cable system	l ist the ti	imes accurate	lv.
	to the nearest five minutes.							iy
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	inu regula		
						EN SUBS		
	S		E PROGRAM		-		CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM		
							_	
					·	·		
						·		
							_	
					1			
							_	
						··		
							_	
1								
							 	······
							. <u> </u>	
					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061734
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	mission service
	during the accounting period	\$ 49,337.05 (Amount of gross receipts)
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	7,100)
	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 \$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	1,319.00
	ψ	.,



Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 061734
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	6 50
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name RODNEY HASKINS Telephone (903) 57	79-3152
	Address Address 3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) 	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as id in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system as id in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
	X /s/ Alan Dannenbaum Image: A state of the state of th	
	Date:	

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

			FORM SA1-2E. PA
AL NAME OF OWNER OF CA			SYSTEN
QUEL COMMUNICATI			061
The Satellite Home Viewe lowing sentence: "In determining the service of providin scribers and amou	total number of subscribers and the gross g secondary transmissions of primary broad	1(d)(1)(A), of the Copyright Act by adding the fol- amounts paid to the cable system for the basic dcast transmitters, the system shall not include sub- condary transmissions pursuant to section 119."	P Special Stateme Concerning Gro Receipts Exclusi
located in the paper SA1- During the accounting per made by satellite carriers	iod, did the cable system exclude any amo	unts of gross receipts for secondary transmissions	
XNO			
	ere and list the satellite carrier(s) below	\$	
	() 	·	
Name Address		Name Mailing Address	
	· · · · · · · · · · · · · · · · · · ·		
INTEREST ASSESS	MENT		
		ted as a result of a late payment or underpayment.	_
•		eral instructions located in the paper SA1-2 form.	Q
·			
Line 1 Enter the amount	of late payment or underpayment		Interest Assessm
Line 1 Enter the amount	of late payment or underpayment	x	Interest Assessm
	of late payment or underpayment	x	Interest Assessm
		×	Interest Assessm
Line 2 Multiply line 1 by	he interest rate* and enter the sum here	x 	Interest Assessm
Line 2 Multiply line 1 by		x 	Interest Assessm
Line 2 Multiply line 1 by t Line 3 Multiply line 2 by t	he interest rate* and enter the sum here he number of days late and enter the sum	x 	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the Line 4	he interest rate* and enter the sum here he number of days late and enter the sum 0.00274** and enter here	x	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the Line 4	he interest rate* and enter the sum here he number of days late and enter the sum	x	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the in space L (page 6 the space L (page	he interest rate* and enter the sum here he number of days late and enter the sum 0.00274** and enter here), block 1, line 2, or block 2, line 8, or block	x - x - x days here - x 0.00274 x 0.00274 x - x - x - x - x 0.00274 x - </td <td>Interest Assessm</td>	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the inspace L (page 6 * To view the interest in contact the Licensin	he interest rate* and enter the sum here he number of days late and enter the sum 0.00274** and enter here), block 1, line 2, or block 2, line 8, or block rate chart click on <i>www.copyright.gov/licen</i>	x	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the in space L (page 6) * To view the interest the contact the Licensin ** This is the decimal of NOTE: If you are filing this	he interest rate* and enter the sum here he number of days late and enter the sum 0.00274** and enter here i), block 1, line 2, or block 2, line 8, or block rate chart click on <i>www.copyright.gov/licens</i> g Division at (202) 707-8150 or licensing@ equivalent of 1/365, which is the interest as s worksheet covering a statement of account	x	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the in space L (page 6) * To view the interest the contact the Licensin ** This is the decimal of NOTE: If you are filing this list below the owner, addre	he interest rate* and enter the sum here he number of days late and enter the sum 0.00274** and enter here i), block 1, line 2, or block 2, line 8, or block rate chart click on <i>www.copyright.gov/licens</i> g Division at (202) 707-8150 or licensing@ equivalent of 1/365, which is the interest as s worksheet covering a statement of account	x	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the inspace L (page 6 the contact the Licensine the Licensine the Licensine the Licensine the list below the owner, addred Owner	he interest rate* and enter the sum here he number of days late and enter the sum 0.00274** and enter here i), block 1, line 2, or block 2, line 8, or block rate chart click on <i>www.copyright.gov/licens</i> g Division at (202) 707-8150 or licensing@ equivalent of 1/365, which is the interest as s worksheet covering a statement of account	x	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the in space L (page 6) * To view the interest the contact the Licensin ** This is the decimal of NOTE: If you are filing this list below the owner, addre	he interest rate* and enter the sum here he number of days late and enter the sum 0.00274** and enter here 0), block 1, line 2, or block 2, line 8, or block rate chart click on <i>www.copyright.gov/licens</i> g Division at (202) 707-8150 or licensing@ equivalent of 1/365, which is the interest as a worksheet covering a statement of accour ess, first community served, ID number, an	x	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the inspace L (page 6 the Line 4 Multiply line 3 by the inspace L (page 6 the Line 4 the Line 5 the L	he interest rate* and enter the sum here he number of days late and enter the sum 0.00274** and enter here 0), block 1, line 2, or block 2, line 8, or block rate chart click on <i>www.copyright.gov/licens</i> g Division at (202) 707-8150 or licensing@ equivalent of 1/365, which is the interest as a worksheet covering a statement of accour ess, first community served, ID number, an	x	Interest Assessm
Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by the inspace L (page 6 the contact the Licensine the Licensine the Licensine the Licensine the Licensine the list below the owner, address	he interest rate* and enter the sum here he number of days late and enter the sum 0.00274** and enter here 1), block 1, line 2, or block 2, line 8, or block rate chart click on <i>www.copyright.gov/licens</i> g Division at (202) 707-8150 or licensing@ equivalent of 1/365, which is the interest as a worksheet covering a statement of accour ess, first community served, ID number, an	x	Interest Assessm

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.

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

		Space I Substitute Carriage
Letter sent	Information received	

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