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

		<b></b>		Return completed workbook by
STATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	email to
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) uctions are located o of this workbook.	8-29-23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A	ACCOUNTING PERIOD COVERED	<b>BY THIS STATEMENT: (Y</b> Period 1 = January 1 - June 30	<b>YYYY/(Period))</b> Period 2 = July 1 - December 31	
Accounting Period	2023	1 Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: 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	ich the owner conducts the business of	the cable system.	
	If there were different owners during th single statement of account and royalty Check here if this is the system's first fili	fee payment covering the entire accou		ubmit a 062589
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	BUSINESS NAME(S) OF OWNER O	E CABLE SYSTEM (IE DIFFEREN	r)	

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

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	062589
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
		STATE
First Community	SOMERSET (SOMERSET CORR)	PA
Add Rows as Necessary		

								FORM SA1-	2E. PAGI			
Name									06258			
		TIONS LLC										
Е	SECONDARY TRANSMISSION											
E	In General: The information in s	•		•		•						
Secondary	system, that is, the retransmissi about other services (including											
Fransmission	last day of the accounting period	d (June 30 or D	)ecemb	er 31, as the c	ase may b	be).		0				
Service: Sub-		last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and Rates	down by categories of secondar each category by counting the n	•		-		•						
Nales	separately for the particular serv		-	•••		•	-	scharged				
	Rate: Give the standard rate of	charged for eac	ch categ	ory of service	. Include b	ooth the amount	of the cha	0				
	unit in which it is generally billed			,	•	ard rate variatior	ns within a	particular rate				
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion serv	vice that cable				
	systems most commonly provid			-		•						
	that applies to your system. Not											
	categories, that person or entity						•					
	subscriber who pays extra for ca first set" and would be counted of						nder "Serv	vice to the				
	Block 2: If your cable system	•			• • •		e different	from those				
	printed in block 1 (for example,	-		•								
	with the number of subscribers a	and rates, in th	e right-l	hand block. A	two- or thre	ee-word descrip	tion of the	service is				
	sufficient.	OCK 1			1		BLOCK	( )				
	BLU	NO. OF					BLUUR	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	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											
	Commercial		325	42.41								
	Converter											
	• Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	S							
E	In General: Space F calls for ra	te (not subscri	ber) info	ormation with r	espect to a	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.											
Rates	<b>Block 2:</b> 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											
	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.											
		BLO						BLOCK 2				
	CATEGORY OF SERVICE			GORY OF SEF	RVICE	RATE	CATEG	ORY OF SERVICE	RAT			
				ation: Non-res								
	Continuing Services:		• Mo	tel, hotel								
	• Pay cable	-										
	-			mmercial								
	• Pay cable		• Co	mmercial / cable								
	• Pay cable • Pay cable—add'l channel		• Co • Pa		hannel							
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>		• Col • Pay • Pay	y cable	hannel							
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	- - -	• Col • Pay • Pay • Fire	γ cable γ cable-add'l c								
	<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>	- - - - - -	• Col • Pay • Pay • Fire • Bui	y cable y cable-add'l c 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>	- - - - - -	• Col • Pay • Pay • Fire • Bui Other	y cable y cable-add'l c e protection glar 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>	- - - - -	• Col • Pay • Pay • Fire • Bui • Bui • Ree • Dis	y cable y cable-add'l c e protection rglar protectior <b>services:</b> connect 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> <li>FM radio (if separate rate)</li> </ul>	- - - - -	• Col • Pay • Pay • Fire • Bui • Bui • Ree • Dis	y cable y cable-add'l c e protection glar protectior <b>services:</b> connect								

ccounting Period:	2023/1			FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID			
Hamo	CEQUEL COMMUNIC	ATIONS LLC		062589			
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(4 substitute program basis, an <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channel of license. For example, Wi <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast). For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations in's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. in case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instr- in of each station. For U.S. stations, lis	<i>t</i> (1) stations carried only on a part-t the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als s, see page (v) of the general instruct program services such as HBO, ESF ne-air designation. For example, rep- evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education cuctions in the paper SA1-2 form. st the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community the air in its community a noncommercial endent), "I-M" ional multicast).			
	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						
	WATM-1	23	N	ALTOONA, PA			
	WJAC-1	6	N	JOHNSTOWN, PA			
ows as Necessary	WKBS-1	47	l	ALTOONA, PA			
	WPCW-1	19		PITTSBURGH, PA			
	WPSU-1	3	E	CLEARFIELD, PA			
	WTAJ-1	10	Ν	ALTOONA, PA			
	WWCP-1	8	I	JOHNSTOWN, PA			

EGAL NAME OI								SYSTEM I 0625
PRIMARY TRA								
	-		arried on a separate and disc nerally receivable by your cal					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about rm. lentify the call tate whether to the radio stat this by placing sive the station	y the sys be rece it the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the pyright Office regulations on the 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 the community with which the	at the system's h system's FM an this point, see pa sed by the cable he station is lice	eadend, and ( tenna, during o age (v) of the g system as a s nsed by the FC	2) it can certain s jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
						·		
						·		
						·		

Accounting Perio	od: 2023/1						FORM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 062589		
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	fy every noi ccounting p ing that mus	nnetwork televi eriod, under sp st be included i	s <i>ion program,</i> broadcast by ecific present and former F n this log, see page (v) of th	v a <i>distant</i> sta CC rules, reg	ulations, or autho	rizations. For a further		
Carriage: Special Statement and Program Log	<ul> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> <li>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.</li> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>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.</li> <li>Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>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."</li> <li>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."</li> </ul>								
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulati	ons in effect d	uring the accounting periods as permitted to delete unc	d; enter the ler FCC rules	etter "P" if the lis	E E E E E D 7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	TO		
				·					
			·		· · · · · · · · · · · · · · · · · · ·				
			·						
			·		· · · · · · · · · · · · · · · · · · ·				
							······		

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062589				
K Gross Receipts	<ul> <li>GROSS RECEIPTS</li> <li>Instructions: The figure you give in this space determines the form you file and the amount you pay. 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 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.</li> <li>IMPORTANT: You must complete a statement in space P concerning gross receipts.</li> </ul>	ismission service				
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE 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>					
	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					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13)	′,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	<u>)</u>				
	3. Subtract line 2 from line 1	_				
	4. Multiply line 3 by .01					

	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
	EFT Trace # or TRANSACTION ID #			
	<b>Important:</b> Your remittance must be in the form of an electronic payment payabl 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	-		

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC	SYSTEM ID# 062589
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 I television broadcast stations	7
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	51
N Individual to Be Contacted		<b>D BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual about this statement of account.)	
for Further Information	Name	RODNEY HASKINS Telephone (903) 5	79-3152
	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	<ul> <li>I, the undersigned</li> <li>(Owned)</li> <li>(Agentation in labeled)</li> <li>X</li> <li>(Officient in labeled)</li> <li>I have examined</li> </ul>	(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 ther 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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	06258
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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 Assessmen
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 \$ - (interest charge)	_
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	

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C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd		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 period) or /2 (for Jul-Dec period) No spaces)						
Period	Letter sent     Information received						
		Phone call/Date/Contact					
Space B Owner							
	□ Letter sent	□ Information received					
		Phone call/Date/Contact					
Space D Area Served							
	□ Letter sent	□ Information received					
	□ Accepted	Phone call/Date/Contact					
Space E Secondary Transission							
Service Subscribers:	Letter sent     Information received						
and Rates		Phone call/Date/Contact					
Space G Primary Transmitters:							
Television	□ Letter sent	□ Information received					
		[	□ Phone call/Date/Co	ontact			
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 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	