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

email to

Return completed workbook by

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright

Office Licensing Division at

(202) 707-8150.

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						
DATE RECEIVED	AMOUNT					
8-29-23	\$					
	ALLOCATION NUMBER					

A	ACC	OUNTING 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)						
1 criou								
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)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as 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:						
	'	GREENE STATE CORRECTIONAL INSTITUTION						
		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 filling, a determination that would be made by a court of law.

Accounting Period:	2023/1							
	2023/ 1	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CEQUEL COMMUNICATIONS LLC 06260							
	Instructions: List each separate community served by the cable system. A "communit							
	"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.							
Alea	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	WAYNESBURG	PA						
Community	(GREENE SCI)							
Add Rows as Necessary								

counting Period	4. 2023/ I							FORM SA1	-2F DAC	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CEQUEL COMMUNICAT	TIONS LLC							0626	
Secondary Fransmission Service: Sub- scribers 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 of Block 2: If your cable system I printed in block 1 (for example, to with the number of subscribers a sufficient. BLO	has rate categor iers of services t and rates, in the OCK 1	ies fo hat ir	r secondary tra nclude one or m	nsmission ore secon	dary transm	issions), list t cription of the	ons), list them, together		
	04750000/05 0500/05	NO. OF		DATE	0.4.T	E00DV 0E	050//05	NO. OF	D 4.7	
	CATEGORY OF SERVICE Residential:	SUBSCRIBER	3	RATE	CAI	EGORY OF	SERVICE	SUBSCRIBERS	RAT	
	Service to first set		0	_						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		270	42.41						
	Converter									
	Residential									
	Non-residential									
Services Other Than Secondary ransmissions: 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.									
		BLOC						BLOCK 2		
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATE	GORY OF SERVICE	RA	
	Continuing Services:	l I		lation: Non-res	idential					
	• Pay cable	-		otel, hotel						
	Pay cable—add'l channel Figure 1 and 1 and 2 and 3 and	-		mmercial						
	Fire protection									
	· ·			y cable	_					
	•Burglar protection		• Pa	y cable-add'l ch	nannel					
	· ·		• Pa • Fir	,						

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062601 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

G

Primary Transmitters: **Television**

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 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.

substitute program basis, as explained in the next paragraph.

· 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.

2. B'CAST CHANNEL NUMBER 1. CALL SIGN 3. TYPE OF STATION 4. LOCATION OF STATION 2 Ν PITTSBURGH, PA KDKA-1 WPCB-1 I 40 GREENSBURG, PA WPCW-1 19 PITTSBURGH, PA WPGH-1 53 I PITTSBURGH, PA Ν WPXI-1 11 PITTSBURGH, PA WQED-1 13 Ε PITTSBURGH, PA WTAE-1 4 N PITTSBURGH, PA

Add Rows as Necessary

Accounting Period: 2023/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 062601

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

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.

Primary Transmitters: Radio

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).

CALLSION	ANA or ENA	6/D	LOCATION OF STATION	CALL SIGN	ANA or ENA	6/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	S/D	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION

Accounting Perio	od: 2023/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	_C					062601
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant star	ify every nor counting pering that must reconce the concert concert iod, did your tion?	nnetwork televis eriod, under spe st be included in NING SUBST r cable system	ion program, broadcast by ecific present and former Fo this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute bas	a <i>distant</i> stat CC rules, regu ne general inst is, any nonne	lations, or tructions in twork telev	authorizations the paper SA vision program YES	For a further 1-2 form.
	Note: If your answer is "No, log in block 2.	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mı	ust comple	ete the program	n
	period, was broadcast by a under certain FCC rules, report to not use general categori. The Basketball: 76ers vs. Column 2: If the program Column 3: Give the call to Column 4: Give the broad the case of Mexican or Can Column 5: Give the more first. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every nor distant staticulations, or les like "moves like "moves broad sign of the staticulation adian staticulation and day ve "5/7." es when the Example: a er "R" if the and regulaticulating that ye	m on a separate add additional renetwork televison and that your authorizations vies" or "basket licast live, enterstation broadcator's location (thens, if any, the company of the program carried listed program ons in effect durant additional research and the second program carried listed program ons in effect durant and the second program carried listed program ons in effect durant and the second listed program ons in effect durant and the second listed program ons in effect durant and the second listed program on the second listed listed listed program on the second listed list	ows to the tables. sion program ("substitute our cable system substitute our carried the substitute our carried the substitute our carried the substitute our carried by your our cable substitute our carried by a system from 6:01: was substituted for progra- our carried the accounting period	program") that of for the program titles, for existence in struction titles, for existence in titles, for existence in the station is lice station is identification. Use cable system 15 p.m. to 6:2 amming that yenter the let	ent, during the gramming of the for further ample, "I Learn the time of the following	he accounting of another staner information Love Lucy" or the FCC or, in the more should be the listed program of the listed program	tion n. nth ly
					WHE	EN SUBS	TITUTE	
	S		E PROGRAM		1	_	CURRED	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	
								"
		-			-			
					-			
							_	
							_	
							_	

Accounting Period:	2023/1	FORM SA	\1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 062601
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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.	ssion service mount, see	3,805.19 pss receipts)
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 \$2 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.	63,800.	
	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 th accounting period is \$52.00.	is 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		
	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 For and			
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 #		
	<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 mo		

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA					SYSTEM ID# 062601
M Channels	to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number on which the cable system.	the cable system's total of channels on which the broadcast stations of activated channels are carried television broadcast	al number of actions ne cable	tivated channels during th	ed television broadcast stations e accounting period.	7
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this	statement of account.)		N IS NEEDED (Identify an		(000) 04-0
for Further Information	Address 3027 S	S SE LOOP 323 street, rural route, apartment	t, or suite number)		Telephone	(903) 579-3152
		RODNEY.HASKINS	S@ALTICEUS	SA.COM	Fax (optional)	
O Certification	I, the undersigned, hereby (Owner other the line 1 of sports in line 1 of sports	certify that (Check one, be an corporation or partners) of the than corporation bace B and that the owner oner) I am an officer (if a coace B. The coace B. The coace B. The coace B.	but only one, of nership) I am the n or partnership er is not a corpor corporation) or a	the boxes.) e owner of the cable system f) I am the duly authorized a ation or partnership; or partner (if a partnership) of	th Copyright Office regulations as identified in line 1 of space Eagent of the owner of the cable so the legal entity identified as ownerness of fact contained herein ade in good faith.	3; or ystem as identified
			ter an electronic	in Dannenbaum signature on the line above ng an "/s/ signature" (e.g., /	•	-
			VP, PROGR	DANNENBAUM AMMING orporation or partnership)		

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unting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	062601
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 Mailing Address 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.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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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Letter sent

C	Cable Worksh	eet	Total amount of remittance	Number of SAs rec'd		lı	Initials	
			Date of remittance	_ Check	EFT	☐ FILI	NG FEES	
Cable ID #						Amount	Initials	
Examined by	Reviewe	ed by	Date examination completed	Allocation i	number			
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun peri	od) or /2 (for Jul-De	c period) No spa	ces)	
Period	Letter sent			Information recei	ved			
	☐ Accepted			Phone call/Date/0	Contact			
Space B Owner								
	Letter sent]	Information recei	ved			
	Accepted			Phone call/Date/0	Contact			
Space D Area Served								
	Letter sent		[Information recei	ved			
	Accepted			Phone call/Date/0	Contact			
Space E Secondary Transission								
Service Subscribers:	Letter sent			Information recei	ved			
and Rates	☐ Accepted			Phone call/Date/0	Contact			
Space G Primary Transmitters:								
Television	Letter sent			Information rece	ived			
	Accepted			Phone call/Date/	Contact			
Space H Primary Transmitters:								
Radio	Accepted			Phone call/Date/	Contact			
						Space Substi Carria	tute	

 $\hfill \square$ 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	