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

FOR COPYRIGHT OFFICE USE ONLY			
DATE RECEIVED	AMOUNT	coplicsoa@	
8-29-23	\$ ALLOCATION NUMBER	For addition contact the Office Licen (202) 707-8	

Return completed workbook by

Copyright.gov

nal information, U.S. Copyright nsing Division at 3150.

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A		20231 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
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)
	INCT	
С		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:
		ROEDERER CORRECTIONAL FACILITY
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	e: Section	n 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.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	CEQUEL COMMUNICATIONS LLC	0629
D Area	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	mmunity" is the same as a "community unit" as defined in FCC rule ated communities within unincorporated areas and including single you list will serve as a form of system identification hereafter know ngs.
Served	identified city.	
		STATE
First Community	LAGRANGE (ROEDERER CORR)	KY
 		
d Rows as Necessary		

		FORM SA1-2E. PAGE 2							
Name	LEGAL NAME OF OWNER OF C		SYSTEM ID						
	CEQUEL COMMUNICA	TIONS LLC							0629
Е	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCR	BERS AND R	ATES				
Ε	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmissi about other services (including								
Fransmission	last day of the accounting period		-					sung en une	
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken								
scribers and Rates	down by categories of secondar	•		•		•			
Rales	each category by counting the r separately for the particular service		-	•••		•	-	scharged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	· ·		,	•	ard rate variatior	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion serv	rice that cable	
	systems most commonly provid	•		-		•			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca						nder "Serv	rice to the	
	first set" and would be counted a Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example,	-							
	with the number of subscribers	and rates, in th	e right-	hand block. A	two- or thre	ee-word descrip	tion of the	service is	
	sufficient.							()	
	BLU	OCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		0	-					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		40	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES								
F	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,								
Services	service for a single fee. There a furnished at cost or (2) services				•		• •		
Other Than									
Secondary	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.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.								
	BLOCK 1							BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	RVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res					
	• Pay cable	-	• Mo	tel, hotel					
	• Pay cable—add'l channel	-	• Co	mmercial					
	Fire protection		• Pa	/ cable					
	•Burglar protection		• Pa	/ cable-add'l cl	hannel				
	Installation: Residential		• Fire	e protection					
	• First set	-	• Bu	glar protection	ı				
	-	- Other services:		services:					
	 Additional set(s) 		Other services: • Reconnect						
	• FM radio (if separate rate)					-			
			• Dis	connect		-			
	• FM radio (if separate rate)		• Dis			-			

Name	LEGAL NAME OF OWNER OF							
Name		CABLE SYSTEM:		SYSTEM ID#				
		ATIONS LLC		062951				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. t With respect to any distant stations of	ot (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta	ime basis under ams [sections tions carried on a				
	 Do not list the station here station was carried only on List the station here, and a 	also in space I, if the station was carrie	ed both on a substitute basis and also	o on some other				
	Column 1: List each station multicast stream associated "WETA-2" as the same on t	on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tel	program services such as HBO, ESF ne-air designation. For example, repo	PN, etc. Identify each ort multistream				
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	RC is channel 4 in Washington, D.C. case whether the station is a network rring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. St the community to which the station	endent), "I-M" onal multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WAVE-1	3	N	LOUISVILLE, KY				
	WDRB-1	41		LOUISVILLE, KY				
Necessary	WHAS-1	11	N	LOUISVILLE, KY				
cessary	WKMJ-1	68	E	LOUISVILLE, KY				
	WKPC-1	15	E	LOUISVILLE, KY				
	WLKY-1	32	N	LOUISVILLE, KY				
	WMYO-1	58	I	SALEM, IN				
		12.2	I	***				
	KFVS(WQWQ)-1	12.2		PADUCAH, KY				

	OWNER OF OMMUNICA							SYSTEM I 0629
PRIMARY TRA								
n General: List	t every radio s	tation ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stat	y the sys be rece it the Co sign of he static ion's sig	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's h system's FM an this point, see pa	eadend, and (tenna, during (age (v) of the g	2) it can certain s jeneral i	be expected, tated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	the community with which the		-	CC or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·	·	
					+			

Accounting Perio	od: 2023/1						FORM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF						SYSTEM ID# 062951	
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the are explanation of the programm 1. SPECIAL STATEMENT	fy every nor ccounting pe ing that must CONCER	nnetwork televis eriod, under sp st be included in NING SUBS	sion program, broadcast by ecific present and former F n this log, see page (v) of th FITUTE CARRIAGE	a <i>distant</i> sta CC rules, reg le general ins	ulations, or autho tructions in the pa	rizations. For a further aper SA1-2 form.	
Statement and Program Log	 During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES X NO Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting 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." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program 							
	was substituted for program effect on October 19, 1976.	nming that		as permitted to delete unc	WHE		E ED 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	TO DELETION	
			·	·				
			·					
	 		·	·				

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 062951
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	ismission service
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00.	or this six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	···· <u>\$ 52.00</u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	7,100)
	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 \$ 263,800.00	<u>)</u>
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	

	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.		····	
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	 Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 f			

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC	SYSTEM ID# 062951
M Channels	to its subscribers 1. Enter the tota	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. Il number of channels on which the cable	8
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	43
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name Address	RODNEY HASKINS Telephone (903) 579-315 3027 S SE LOOP 323 3027 S	52
	Email	(Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip) RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
O Certification	• I, the undersigne	(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.) Fr other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent in l X (Offic in l • I have examined	t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified line 1 of space B and that the owner is not a corporation or partnership; or cer 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 sy 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.	

/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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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
QUEL COMMUNICATIONS LLC	06295
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 fol- lowing 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 sub- scribers 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 Exclusior
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
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 \$	
(interest charge)	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
(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.	
 (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. 	
 (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 	
(interest charge) * 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	
(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	

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C	Cable Worksheet	Total amount of Number of SAs rec'd remittance		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	C] Information receive	ed		
		d Define call/Date/Contact				
Space D Area Served						
	□ Letter sent	□ Information received				
	□ Accepted	E] Phone call/Date/Co	ntact		
Space E Secondary Transission						
Service Subscribers:	Letter sent Information received					
and Rates	Accepted 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/Co	ontact		

Space I
Substitute
Carriage

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