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						
DATE RECEIVED AMOUNT						
7-10-23	\$					
7 10 20	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 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							
	Northeast Missouri Rural Telephone							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	718 S West St (Number, street, rural route, apartment, or suite number)							
	Green City, MO 63545 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:							
	MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)							
	(Number, street, rural route, apartment, or suite number) (City, town, state, zip code)							

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	I	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMIC
	Northeast Missouri Rural Telephone	630
_	Instructions: List each separate community served by the cable system. A "commun	
D	separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv	
	community." Please use it as the first community on all future filings.	e as a form of system identification flereafter known as the first
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the identifie
Area	city.	ionie parko snoala se reportea in parentileses selow the identile
Served	5.77	
	CITY OR TOWN	STATE
First	Green City	MO
Community	Arbela	MO
	Granger	MO
d Rows as Necessary	Luray	MO
	Memphis	MO
	Novinger Novinger	MO
	Green Castle	MO
	Livonia	MO
	Unionville	MO
	Queen City	MO

Accounting Period: 2023/1

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63018

Northeast Missouri Rural Telephone

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

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

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

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

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	1,054	52.00				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
 Residential 						
Non-residential						
		1			l	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel		Ш		
 Pay cable—add'l channel 	128.00	Commercial	29.95			
 Fire protection 		Pay cable		Ш		
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
 First set 	29.95	Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		• Reconnect	29.95			
 Converter 		Disconnect				
		Outlet relocation	30.00			
		Move to new address	29.95			•••••
				1 ľ		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63018

4. LOCATION OF STATION

Kansas City, MO

Northeast Missouri Rural Telephone

substitute program basis, as explained in the next paragraph.

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

KCPT



Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

19

KMCI 38 Kansas City, MO ı **KTVO** 3 N Kirksville, MO 10 Ν **WGEM** Quincy, IL KYOU 23 Ottumwa, IA **KDIN** 5 Ε Des Moines, IA **KTVO** 2 Ν Kirksville, MO **KDIN** Ε 11 Des Moines, IA KYOU N 15 Ottumwa, IA **KYOU** 8 Ν Ottumwa, IA Ottumwa, IA **KYOU** 13 **KYOU** 6 Ottumwa, IA **KYOU** 22 ı Ottumwa, IA KYOU 17 ī Ottumwa, IA **KTVO** 21 Kirksville, MO 12 **KDIN** Ε Des Moines, IA KDIN Ε 7 Des Moines, IA

3. TYPE OF STATION

Ε

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Northeast Missouri Rural Telephone

63018

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.

Н

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).

0.111.010::	=::	0./5		1 0444 01511		0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LUCATION OF STATION
							
							
					 		
					 		
					 		
					 		
					 		
		 			 		
							
							
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Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.		
Maria	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	Northeast Missouri Ru	ral Teleph	none					63018		
ı	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ad	fy every non	network televisi eriod, under spe	on program, broadcast by a cific present and former FC	C rules, regul	ations, or au	ıthorizations.	For a further		
Substitute	explanation of the programmi				e general insti	uctions in tr	ie paper SA1	-2 form.		
Carriage: Special	1. SPECIAL STATEMENT					-4				
Statement and		Ouring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	,	oadcast by a distant station?								
	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 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." 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 required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							ng ation on. r onth ely		
	effect on October 19, 1976.				П					
		LIDOTITLIT	E DDOODAM			WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA				
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		UKKED TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	-	— то			
							_			
							_			
							_			
							_			
							_			
								-		

ccounting Period:	2023/1				SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Northeast Missouri Rural Telephone			;	SYSTEM I 630
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's s ion of how	secondary transm to compute this a	ission service amount, see \$ 32	
	, , , , , ,	eceipis.		(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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less th	nan \$527,600.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00.	ty fee that y	ou must pay for th	nis six-month	
	Line 1. Royalty fee for accounting period				
	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 I			_	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	,		,	
	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 \$20	63,800 (bu	it less than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	328,692.00		
	2. Base amount under statutory formula	\$	263,800.00	_	
	3. Subtract line 2 from line 1	\$	64,892.00	_	
	4. Multiply line 3 by .01			- 648.92	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula) .			1,319.00	•
			· · <u> </u>	0.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines.				1,967.92
	FILING FEE AND TOTAL REMITTANCE D	IIE			
	TILINGT LE AND TOTAL NEWITTANGE B	OL			
Filing Fee and otal Remittance Due	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	1,967.92	
246	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			\$	1,982.92
	EFT Trace # or TRANSACTION ID #	2	76HGREG]	
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7.
Name		FOWNER OF CABLE SYSTEM: ssouri Rural Telephone	SYSTEM ID# 63018
M Channels	to its subscribe 1. Enter the to system carri 2. Enter the to on which the	otal number of activated channels	7
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual ct about this statement of account.)	
for Further	Name	Kayla Blaser Telephone 660-874-4111	
	Address	718 S West St (Number, street, rural route, apartment, or suite number) Green City, MO 63565 (City, town, state, zip)	
	Email	acctg@nemr.net Fax (optional 660-874-4100	
O Certification	I, the undersign (Own X (Ager (Office I have examine are true, comple	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, but only one, of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or ricer 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 in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein elete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ection 1001(1986)]	
		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: Kayla Blaser Title: Bookkeeper (Title of official position held in corporation or partnership)	

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Accounting Period: 2023/1 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 63018 Northeast Missouri Rural Telephone 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name Name 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. **Interest Assessment** days x 0.00274 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 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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CONTROL #: REMITTANCE #:

C	Cable Worksheet		Total amount of remittance	Nun	nber of SAs rec'o	l I	nitials		
			Date of remittance	_ Check	EFT	FILI	ING FEES		
Cable ID #				_		Amount	Initials		
Examined by	Reviewed	d by	Date examination completed	Allocatio	n number				
Space A			(enter four digit year and	d /1 (for Jan-Jun բ	period) or /2 (for Jul-	Dec period) No spa	ices)		
Accounting Period	Letter sent		[Information re	eceived				
	Accepted		[Phone call/Da	te/Contact				
Space B Owner									
	Letter sent		[Information re	rmation received				
Space D Area Served									
	Letter sent		[Information re	eceived				
	Accepted		[Phone call/Da	te/Contact				
Space E Secondary Transission									
Service Subscribers:	Letter sent		[Information re	eceived				
and Rates	Accepted		[Phone call/Da	te/Contact				
Space G Primary Transmitters:									
Television	Letter sent			Information r	eceived				
	Accepted			Phone call/Da	ate/Contact				
Space H Primary Transmitters:									
Radio	Accepted			Phone call/Da	ate/Contact				

Space I Substitute Carriage

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