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					
8-29-23	\$					
	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.

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
A		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)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:								
		MONTANA STATE PRISON 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.

		FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Hame	CEQUEL COMMUNICATIONS LLC 063							
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC ru						
D	"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.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	DEER LODGE	MT						
Community	(MONTANA STATE PRISON)							
Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

ccounting Perio	u. 2023/ 1						FORM SA1	2E DAGE		
	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name								TEM II 06304		
	CEQUEL COMMUNICAT	IONS LLC						0000		
_	SECONDARY TRANSMISSION	SERVICE: SUBS	CRIBERS AND RA	ATES						
E	In General: The information in s	•	-		-					
0	system, that is, the retransmission									
Secondary Transmission	about other services (including plast day of the accounting period					iose existi	ing on the			
Service: Sub-	Number of Subscribers: Both					le system	, broken			
scribers and	down by categories of secondary	y transmission ser	vice. In general, yo	u can com	pute the numbe	r of subsci	ribers in			
Rates	each category by counting the ne						charged			
	separately for the particular serv Rate: Give the standard rate of						ne and the			
	unit in which it is generally billed	-				-				
	category, but do not include disc			iriy olarida	ra rato variatione	, with mind h	artiodiai rato			
	Block 1: In the left-hand block	•			•					
	systems most commonly provide									
	that applies to your system. Note categories, that person or entity		_		_					
	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 I	-	_							
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	ind rates, in the rig	gnt-nand block. A ti	wo- or thre	e-word description	on or the s	service is			
		OCK 1				BLOCK 2				
	CATEGORY OF SERVICE	NO. OF	S RATE	САТ	EGORY OF SEF	אוורב	NO. OF SUBSCRIBERS	RAT		
	Residential:	SUBSCRIBERS	KAIE	CAT	EGUNT OF SER	KVICE	SUBSCRIBERS	KAI		
	Service to first set		0 -							
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		37 42.41							
	Converter									
	Residential									
	Non-residential									
	11011 100140111141									
	SERVICES OTHER THAN SEC	ONDARY TRANS	MISSIONS: RATES	8						
F	In General: Space F calls for rat	,		•						
Г	not covered in space E, that is, t				•	•				
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.	,		_		,			
ransmissions:	Block 1: Give the standard rat									
Rates	Block 2: List any services that listed in block 1 and for which a	•		-	• .					
	brief (two- or three-word) descrip			isileu. Lisi	lilese olilei serv		s loilli oi a			
	Sher (two or times word) descrip									
	04750000/05 0500//05	BLOCK		\//05	I DATE	OATEO	BLOCK 2	I DAT		
	CATEGORY OF SERVICE Continuing Services:		ATEGORY OF SER		RATE	CATEG	ORY OF SERVICE	RATI		
	• Pay cable			lueliliai						
			Motel, hotelCommercial							
	Pay cable—add'l channel Fire protection									
	• Fire protection		• Pay cable	anna!						
	•Burglar protection		Pay cable-add'l cl Fire protection	iarinei						
	Installation: Residential		Fire protection Purglar protection							
	• First set		Burglar protection							
	 Additional set(s) 	- Ot	her services:							

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

ounting Period:	2023/1			FORM SA1-2E. PAG						
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	CEQUEL COMMUNICATIONS LLC									
	PRIMARY TRANSMITTERS:	TELEVISION								
G		entify every television station (including								
G	1	m during the accounting period, exception of the accounting permitting in the state of the account of the accou	• • • • • • • • • • • • • • • • • • • •							
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.		•						
ransmitters: Television		s explained in the next paragraph. : With respect to any distant stations o	carried by your cable system on a sub	ostitute program						
TOTOVISION	basis under specific FCC ru	ıles, regulations, or authorizations:								
	• Do <i>not</i> list the station here station was carried <i>only</i> on	e in space G—but do list it in space I (a substitute basis	the Special Statement and Program	Log)—if the						
	• List the station here, and a	also in space I, if the station was carri								
		on concerning substitute basis stations o's call sign. <i>Do not</i> report origination								
	multicast stream associated	d with a station according to its over-th	. •							
	"WETA-2" as the same on t	the form. el number the FCC assigned to the tel	evision station for broadcasting over	the air in its community						
		RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the all in its community						
		case whether the station is a network	·							
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),								
	For the meaning of these te	erms, see page (iv) of the general inst	ructions in the paper SA1-2 form.	·						
		n of each station. For U.S. stations, list dian stations, if any, give the name of		•						
	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 OF STATION						
	KBTZ-1	24	İ							
	ND1Z-1	— ·		BUTTE, MT						
	KBZK-1	7	N	BUTTE, MT BOZEMAN, MT						
d Rows as Necessary										
d Rows as Necessary	KBZK-1	7	N	BOZEMAN, MT						
l Rows as Necessary	KBZK-1 KTVM-1	7 6	N N	BOZEMAN, MT BUTTE, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
l Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
d Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						
dd Rows as Necessary	KBZK-1 KTVM-1 KUSM-1	7 6 9	N N E	BOZEMAN, MT BUTTE, MT BOZEMAN, MT						

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 063044

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).

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						FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#	
Name	CEQUEL COMMUNICA	TIONS LL	_C					063044	
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	ify every non ccounting pe ing that mus	nnetwork televis eriod, under spe st be included in	ion program, broadcast by ecific present and former F0 this log, see page (v) of th	a <i>distant</i> stat CC rules, regu	lations, or	authorizations	. For a further	
Special Statement and Program Log	During the accounting per broadcast by a distant star	-	r cable system	carry, on a substitute bas	is, any nonne	twork telev	vision progran	XNO	
	Note: If your answer is "No, log in block 2.	" leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust comple	ete the program	n	
	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								
	effect on October 19, 1976.		WHEN SUBSTITUTE						
	S		E PROGRAM		1	IAGE OC	CURRED TIMES	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 S.	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	YSTEM ID# 063044
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. (Amount of gross)	9,360.00 oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800. 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 this six-month accounting period is \$52.00.	
	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 \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	4. Enter the amount of gross receipts from anges V	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	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 of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.		
Name	LEGAL NAME OF OWNER O					SYSTEM ID# 063044		
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 to of channels on which n broadcast stations of activated channels em carried television	otal numl the cabl s broadcas			36		
N Individual to Be Contacted	we can contact about this	statement of accoun		RMATION IS NEEDED (Identify an individual				
for Further Information	Name RODN	IEY HASKINS		Тє	elephone (903)) 579-3152		
	(Number,	S SE LOOP 323 street, rural route, apartm R, TX 75701 n, state, zip)	nent, or suit	e number)				
	Email	RODNEY.HASK	INS@AL	_TICEUSA.COM Fax (optional)				
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
				/s/ Alan Dannenbaum electronic signature on the line above to certify this statement lature using an "/s/ signature" (e.g., /s/ John Smith)	t.			
		Typed or printed Title:		ALAN DANNENBAUM PROGRAMMING				
		(Title of off Date:	ficial positic	n held in corporation or partnership)				

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063044
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 Name 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.	O
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 (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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Letter sent

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

 $\hfill \square$ Information received

Accepted	Phone call/Date/Contact	7
		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	1
		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	1
		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	