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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting		20231 Barcode Data Filing Period (optional - see instructions)						
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 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:						
		MONTGOMERY CORRECTIONAL FACILITY						
		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					
	CEQUEL COMMUNICATIONS LLC 0631						
	Instructions: List each separate community served by the cable system. A "co						
D	"a separate and distinct community or municipal entity (including unincorpora						
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y						
	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 mobile home parks should be reported in parentheses below the						
Served	identified city.						
	2007/2000						
	CITY OR TOWN	STATE					
First	BOYD (MONTOOMEDY CODD)	MD					
Community	(MONTGOMERY CORR)						
Rows as Necessary							

ccounting Period	u. 2023/ 1							FORM SA1	-2F PAGE
	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM IC
Name	CEQUEL COMMUNICAT	TIONS LLC							06319
_	SECONDARY TRANSMISSION	SERVICE: SUE	SSCR	IBERS AND RA	ATES				
Ε	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								
Cocondoni									
Secondary Fransmission	about other services (including plast day of the accounting period						nose existi	ing on the	
Service: Sub-	Number of Subscribers: Both						ole system	, broken	
scribers and	down by categories of secondar								
Rates	each category by counting the n							charged	
	separately for the particular services Rate: Give the standard rate of							e and the	
	unit in which it is generally billed	-					_		
	category, but do not include disc				,		s. p		
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. <b>Not</b>								
	categories, that person or entity			-		_			
	subscriber who pays extra for ca								
	first set" and would be counted of	once again unde	r "Se	vice to addition	al set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, to with the number of subscribers a								
	sufficient.	and rates, in the	rigiit-	Harid block. A ti	vo- or time	e-word descripti	on or the s	oci vice is	
	BLOCK 1				BLOCK 2				
	04750000050505005	NO. OF		DATE	0.4.T	E00DV 0E 0E	2) // 0 =	NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		0						
	Service to first set     Service to additional set(s)		U	-					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		13	42.41					
	Converter		10	72.71					
	• Residential								
	Non-residential								
	Non-residential	• Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATES	3				
_	In General: Space F calls for ra					ll your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There at 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 ra								
Rates	Block 2: List any services that	•			-	• .			
	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.								
	CATECORY OF CERVICE	BLOC		CORV OF CER	VIOE	DATE	CATEC	BLOCK 2	LDAT
	CATEGORY OF SERVICE Continuing Services:			GORY OF SER lation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	• Pay cable	_		otel, hotel	lucilliai				
	Pay cable—add'l channel			ommercial					
	Fire protection			ommerciai ay cable					
	•Burglar protection			iy cable iy cable-add'l cl	nannal				
	Installation: Residential			re protection	iai ii ICi				
	• First set			e protection irglar protection					
	• Additional set(s)			services:					<b></b>
				SHIVILES"					4

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

counting Period:	2023/1			FORM SA1-2E. PAGE				
N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID				
Name	CEQUEL COMMUNICA	ATIONS LLC		06319				
	PRIMARY TRANSMITTERS: TELEVISION							
G 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 program basis, as explained in the next paragraph.  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-N" (for network multicast), "E" (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 for							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
		-						
	1. CALL SIGN WJLA-1 WTTG-1	2. B'CAST CHANNEL NUMBER  7  5	3. TYPE OF STATION  N	4. LOCATION OF STATION  WASHINGTON DC  WASHINGTON DC				
Rows as Necessary	WJLA-1	7		WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
ows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
ows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
ws as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
ows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
lows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
ows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				
Rows as Necessary	WJLA-1 WTTG-1	7 5	N I	WASHINGTON DC WASHINGTON DC				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

## CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

063191

## 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
		_					
		<b>-</b>					
		_					
		<b>-</b>					
						.=====	
						.=====	

Accounting Perio							FORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#
	CEQUEL COMMUNICA	TIONS LI	<u>.C</u>				063191
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LO	G		
l I	In General: In space I, identi					ition that your cable	system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of t	he general ins	structions in the pap	er SA1-2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did you	cable system	carry, on a substitute ba	sis, any nonne	etwork telev <u>ision</u> pr	ogram
Program Log	broadcast by a distant stat	tion?				Y	ES X NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If vour answer is	"Yes." vou m	oust complete the p	rogram
	log in block 2.				, <b>,</b> , ,	г	9
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever po	ssible, if their mear	ning is
	clear. If you need more spa						
	<b>Column 1:</b> Give the title period, was broadcast by a	•					•
	under certain FCC rules, reg						
	Do not use general categori		/ies" or "baske	tball." List specific progra	m titles, for ex	xample, "I Love Luc	cy" or
	"NBA Basketball: 76ers vs. Column 2: If the program		cast live enter	· "Ves " Otherwise enter "	No."		
	Column 3: Give the call						
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	e station is lic		or, in
	the case of Mexican or Can						a manuth
	<b>Column 5:</b> Give the mon first. Example: for May 7 giv		wnen your syst	em carned the substitute	program. Us	e numerais, with th	e montn
	Column 6: State the time		substitute prog	gram was carried by your	cable system	n. List the times ac	curately
	to the nearest five minutes.	Example: a	program carrie	ed 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."	~ "D" if the	listed presures	was substituted for progr	anamaina that		a au sima al
	<b>Column 7:</b> Enter the letter to delete under FCC rules a						
	was substituted for program						program
	effect on October 19, 1976.						
					\_\\\	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			RIAGE OCCURRE	
			3. STATION'S		5. MONTH		DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			то
						_	
						_	

<b>Accounting Period:</b>	<b>2023/1</b> FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	STEM ID# 063191
<b>K</b> 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)	,258.00 ss 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)	
	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 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 #	
	Important: 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.	

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063191
<b>M</b> Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	18
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name RODNEY HASKINS  Telephone	(903) 579-3152
Information	Address  3027 S SE LOOP 323  (Number, street, rural route, apartment, or suite number)  TYLER, TX 75701  (City, town, state, zip)	
	Email RODNEY.HASKINS@ALTICEUSA.COM Fax (optional)	
Ocertification	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  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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 own 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)]  X /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)	; or estem as identified
	Typed or printed name: ALAN DANNENBAUM  Title: SVP, PROGRAMMING  (Title of official position held in corporation or partnership)  Date:	

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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	063191
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	

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Letter sent

C	Cable Worksh	eet	Total amount of remittance	er of SAs rec'd	l:	nitials	
			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 received						
	☐ 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	