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.

Α	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	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: KY STATE PEN								
	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 0633									
	Instructions: List each separate community served by the cable system. A "cor	mmunity" is the same as a "community unit" as defined in FCC rul								
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 you list will serve as a form of system identification hereafter know 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.									
	CITY OR TOWN	STATE								
First	EDDYVILLE	KY								
Community	(KY STATE PEN)									
d Rows as Necessary										

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

ccounting Period	J. 2023/ I							FORM SA1	-2E. PAGE		
	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM IC		
Name	CEQUEL COMMUNICAT	TIONS LLC							06335		
	SECONDARY TRANSMISSION	SERVICE: SUE	SSCR	IBERS AND RA	ATES						
E		n General: The information in space E should cover all categories of secondary transmission service of the cable ystem, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including p										
Transmission	last day of the accounting period						IIOSC CAISU	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 separately for the particular serv							charged			
	Rate: Give the standard rate of							ie and the			
	unit in which it is generally billed	_					_				
	category, but do not include disc	counts allowed fo	or adv	ance payment.	•		·				
	Block 1: In the left-hand block	•		-		•					
	systems most commonly provide										
		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 a										
	sufficient.	and rates, in the	rigiit-	Harid block. A ti	vo- or time	e-word descripti	on or the s	ici vice is			
	BLOCK 1						BLOCK 2				
	0.4750000/.05.0500//.05	NO. OF		5475	0.17			NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT		
	Residential:		0								
	• Service to first set		0	-							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel Commercial		72	40.44							
			12	42.41							
	Converter								<u> </u>		
	• Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMIS	SIONS: RATES							
_	In General: Space F calls for rate					ll your cable sys	tem's servi	ices that were			
F	not covered in space E, that is, t										
Comicos	service for a single fee. There as										
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		isuaii	y billed. If ally le	iles are cr	larged on a valid	able pel-pi	ogram basis,			
ransmissions:	Block 1: Give the standard rate	te charged by the									
Rates	Block 2: List any services that	•			-	• .					
	listed in block 1 and for which a				shed. List	these other sen	rices in the	e form of a			
	brief (two- or three-word) descrip	otion and include	the i	ate for each.							
		BLOC	K 1					BLOCK 2			
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT		
	Continuing Services:	I		lation: Non-res	idential						
	Pay cable	-	• Mo	otel, hotel					ļ		
	 Pay cable—add'l channel 	-	• Co	ommercial							
	Fire protection			y cable							
	•Burglar protection		• Pa	ıy cable-add'l cl	nannel						
	Installation: Residential		• Fi	e protection							
	• First set	-	• Bu	ırglar protection							
	Additional set(s)		Othor	services:							

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

FORM SA1-2E. PAGE 3. **Accounting Period: 2023/1** SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063351 **CEQUEL COMMUNICATIONS LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

Primary Transmitters: **Television**

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

substitute program basis, as explained in the next paragraph.

· List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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

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

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

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

4. LOCATION OF STATION 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION KBSI-1 CAPE GIRARDEAU, MO 23 KFVS-1 Ν 12 CAPE GIRARDEAU, MO WDKA-1 49 PADUCAH, KY WPSD-1 6 Ν PADUCAH, KY KFVS(WQWQ)-1 12.2 PADUCAH, KY WSIL-1 3 Ν HARRISBURG, IL CARDONDALE, IL WSIU-1 Ε 8

Add Rows as Necessary

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

063351

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
		-					
		_					
· 		<u> </u>					

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					063351
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant star	ify every nor counting pering that must reconce the concert concert iod, did your tion?	nnetwork televis eriod, under spe st be included in NING SUBST r cable system	ion program, broadcast by ecific present and former Fo this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute bas	a <i>distant</i> stat CC rules, regu ne general inst is, any nonne	lations, or tructions in twork telev	authorizations the paper SA vision program YES	For a further 1-2 form.
	Note: If your answer is "No, log in block 2.	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mı	ust comple	ete the program	m
	period, was broadcast by a under certain FCC rules, report to not use general categori. The Basketball: 76ers vs. Column 2: If the program Column 3: Give the call to Column 4: Give the broad the case of Mexican or Can Column 5: Give the mortifiest. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every nor distant staticulations, or les like "moves like "moves broad sign of the staticulation adian staticulation and day ve "5/7." es when the Example: a er "R" if the and regulaticulating that ye	m on a separate add additional renetwork televison and that your authorizations vies" or "basket licast live, enterstation broadcator's location (thens, if any, the company of the program carried listed program ons in effect durant additional research and the second program carried listed program ons in effect durant and the second program carried listed program ons in effect durant and the second listed program ons in effect durant and the second listed program ons in effect durant and the second listed program on the second listed listed listed program on the second listed list	ows to the tables. sion program ("substitute our cable system substitute our carried the substitute our carried the substitute our carried the substitute our carried by your our cable substitute our carried by a system from 6:01: was substituted for progra- our carried the accounting period	program") that of for the program of titles, for existence in the left in the program. Use the left in the l	ent, during the gramming of the for further ample, "I Learn the tipe of the following	he accounting of another staner information Love Lucy" or the FCC or, in the more should be the listed program of the listed program	tion n. nth ly
			WHE	WHEN SUBSTITUTE				
	S		E PROGRAM		1	IAGE OC		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	
								"
		-			-			
					-			
							_	
								"
							_	
							_	

Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063351
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	8,434.34 pss 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00.	is six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3	<u> </u>	
	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)	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

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 OF CEQUEL COMMUNICA					SYSTEM ID# 063351
M Channels	to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's total of channels on which the broadcast stations of activated channels are carried television broadcast	tal numb			36
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			MATION IS NEEDED (Identify an individual		
for Further Information	Name RODN	IEY HASKINS		T	elephone (903) 579-3152
	(Number, s	S SE LOOP 323 street, rural route, apartment R, TX 75701 n, state, zip)	ent, or suite	number)		
	Email	RODNEY.HASKIN	NS@AL	TICEUSA.COM Fax (optional)		
O Certification	Owner other that (Agent of owner in line 1 of sp. X (Officer or partrin line 1 of sp. I have examined the staten	certify that (Check one, an corporation or partners) and that the owner once B and that the owner once B. The content of account and here the to the best of my known on the content of t	, but only tnership) on or par ner is not a corporat	ified and signed in accordance with Copyright Office real one, of the boxes.) I am the owner of the cable system as identified in line 1 Inership) I am the duly authorized agent of the owner of the corporation or partnership; or sion) or a partner (if a partnership) of the legal entity identified are under penalty of law that all statements of fact contains, information, and belief, and are made in good faith.	of space B; he cable sys fied as owne	tem as identified
			inter an el	/s/ Alan Dannenbaum ectronic signature on the line above to certify this statementure using an "/s/ signature" (e.g., /s/ John Smith)	nt.	
		Typed or printed na	"	ALAN DANNENBAUM		
				held in corporation or partnership)		
		Date:				

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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	063351
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Letter sent

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

 $\hfill \square$ Information received

Accepted	Phone call/Date/Contact	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	