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	ACC	DUNTING 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							
		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:							
	<u> </u>	TURNEY CENTER							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

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	T	FORM SA1-2E. PAGI							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
	CEQUEL COMMUNICATIONS LLC 063								
	Instructions: List each separate community served by the cable system. A "commur								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here								
	as the "first community." Please use it as the first community on all future filings.								
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the							
Area Served	identified city.								
Serveu									
	CITY OR TOWN	STATE							
First	CLIFTON	TN							
Community		I IV							
Community	(TURNEY CENTER)								
Rows as Necessary									

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

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

O63545

## 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		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	0	-			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	31	42.41			
Converter					
<ul> <li>Residential</li> </ul>					
Non-residential					
				1	Î

## 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	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT	
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	-	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>	-	Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		• Pay cable-add'l channel			····
Installation: Residential		<ul> <li>Fire protection</li> </ul>			
• First set	-	Burglar protection			····
<ul><li>Additional set(s)</li></ul>	-	Other services:			·····
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	-		····
Converter		Disconnect			)
		Outlet relocation	-		)
		Move to new address	-		

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

063545

## G

#### Primary Transmitters: Television

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-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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION NASHVILLE, TN WKRN-1 2 N Ε WNPT-1 8 NASHVILLE, TN 4 N NASHVILLE, TN WSMV-1 5 Ν WTVF-1 NASHVILLE, TN WZTV-1 N NASHVILLE, TN 17

Add Rows as Necessary

### SYSTEM ID# 063545

# **CEQUEL COMMUNICATIONS LLC**

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

H

**Primary Transmitters:** Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

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.

- **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 Period: 2023/1 FORM SA1-2E. PAGE 5.										
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	CEQUEL COMMUNICA	TIONS L	LC					063545		
	SUBSTITUTE CARRIAGE	: CDECIA	I QTATEMEN	NT AND DROCE AM LO	G					
1						. 41 41 4				
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
Substitute	_	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:		I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special						4 4 1				
Statement and	<ul> <li>During the accounting per</li> </ul>	•	ir cable system	n carry, on a substitute ba	isis, any nor	inetwork tei	evision progr			
Program Log	broadcast by a distant stat	roadcast by a distant station?								
	<b>Note:</b> If your answer is "No	" leave the	rest of this pa	ge blank. If vour answer i	s "Yes." vou	must comp	lete the proa	ram		
	log in block 2.	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	g	, <b>,</b>					
	2. LOG OF SUBSTITUTE	: DPOGPA	MS							
	In General: List each subst			ate line. Use abbreviation	s wherever	possible, if t	their meaning	ıis		
	clear. If you need more spa					,		,		
	Column 1: Give the title	of every no	nnetwork telev	vision program ("substitute	e program")	that, during	the accounti	ng		
	period, was broadcast by a		•	-	•	•	•			
	under certain FCC rules, re	•								
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am uues, ioi	example,	I Love Lucy	OI		
	Column 2: If the program		dcast live, ente	er "Yes." Otherwise enter	"No."					
	Column 3: Give the call									
	Column 4: Give the broa		,	•		•	the FCC or, i	in		
	the case of Mexican or Can			•		,				
	Column 5: Give the mon	-	when your sys	stem carried the substitute	e program. l	Jse numera	ils, with the m	nonth		
	first. Example: for May 7 give Column 6: State the time		e substitute nro	ogram was carried by you	ır cahle eveti	am List the	times accura	ately		
	to the nearest five minutes.				•			liciy		
	stated as "6:00–6:30 p.m."			,,						
	Column 7: Enter the lette									
	to delete under FCC rules a	•		0.			•	gram		
	was substituted for program		your system wa	as permitted to delete und	der FCC rule	es and regu	lations in			
	effect on October 19, 1976.									
					ll wh	EN SUBST	ITUTE			
	SI	JBSTITUT	E PROGRAM			RIAGE OCC		7. REASON FOR		
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION		
	1. THEE OF TROOPAN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
							_			
						<b> </b>				
							_			
							_			
				·						
							_			
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					-					
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							_			

Accounting Period:	·	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CEQUEL COMMUNICATIONS LLC  06354	
<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 receipts)	
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	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	$\exists$
	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	
	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	
	FILITO I LETATO TO THE NEW THAT THE DOL	
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	
	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.	

U.S. Copyright Office

Accounting Period:	2023/1						FORM SA1-2E. PAG	GE 7.		
Name		WNER OF CABLE SYSTEM:					SYSTEM 063	1 ID# 3545		
<b>M</b> Channels	to its subscribers  1. Enter the total system carried	u must give (1) the number o , and (2) the cable system's t number of channels on which television broadcast stations	5							
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accoun		RMATION IS NEEDED	Identify an inc	dividual				
for Further Information	Name	RODNEY HASKINS				Telephone	(903) 579-3152			
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartit  TYLER, TX 75701  (City, town, state, zip)		te number)						
	Email	RODNEY.HASI	(INS@AL	_TICEUSA.COM		Fax (optional)				
	CERTIFICATION (	(This statement of account m	ust be cert	tified and signed in acco	ordance with C	Copyright Office regulations)				
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but onl</i>	<i>ly one</i> , of the boxes.)						
	(Owner	r other than corporation or p	artnership	<b>p)</b> I am the owner of the o	able system a	s identified in line 1 of space	B; or			
		of owner other than corpora ne 1 of space B and that the o	_		_	ent of the owner of the cable	system as identified			
		er or partner) I am an officer ( ne 1 of space B.	f a corpora	ation) or a partner (if a pa	rtnership) of th	ne legal entity identified as ow	ner of the cable system			
		the statement of account and e, and correct to the best of my on 1001(1986)]	-							
			Enter an e	/s/ Alan Dannenba	line above to c	-				
		Typed or printed		ALAN DANNENB						
		Title: (Title of of		PROGRAMMING  n held in corporation or partn	ership)					
		Date:								

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U.S. Copyright Office

ounting Period: 2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063545
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	
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	

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Accounting period

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

C	Cable Worksh	eet	Total amount of remittance	Nur	nber of SAs rec'd	ı	nitials		
			Date of remittance	_ □ Check	□ EFT	☐ FILIN	G FEES		
Cable ID#						Amount	Initials		
Examined by	Reviewe	ed by	Date examination completed	Allocatio	on number				
Space A			(enter four digit year and	d /1 (for Jan-Jun	period) or /2 (for Jul-I	Dec period) No spa	ices)		
Accounting Period	☐ Letter sent ☐ Information received								
	☐ Accepted		С	☐ Phone call/Dat	e/Contact				
Space B Owner									
	☐ Letter sent ☐ Information received								
	☐ Accepted		☐ Phone call/Date/Contact						
Space D Area Served									
	☐ Letter sent		☐ Information received						
	☐ Accepted		☐ Phone call/Date/Contact						
Space E Secondary Transission									
Service Subscribers:	☐ Letter sent		☐ Information received						
and Rates	☐ Accepted		Ε	☐ Phone call/Dat	e/Contact				
Space G Primary Transmitters:									
Television	☐ Letter sent		☐ Information received						
	☐ Accepted		Ţ	☐ Phone call/Dat	te/Contact				
Space H Primary Transmitters:									
Radio	☐ Accepted ☐ Phone call/Date/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	