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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
Accounting Period		20231 Barcode Data Filing Period (optional - see instructions)								
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: CENTRALIA CORRECTIONAL FACILITY								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite number)								

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 filing, a determination that would be made by a court of law.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name									
	CEQUEL COMMUNICATIONS LLC	063547							
	Instructions: List each separate community served by the cable system. A "communi	ty" is the same as a "community unit" as defined in FCC rules:							
D	"a separate and distinct community or municipal entity (including unincorporated co	mmunities within unincorporated areas and including single,							
U	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.								
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area									
Served	identified city.								
	CITY OR TOWN	STATE							
First	CENTRALIA	IL .							
Community	(CENTRALIA CORR)								
Add Dows as Nasassani									
Add Rows as Necessary									

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

ccounting Perio	u. 2023/ 1						EODM 04.4	2E DAGE		
	LEGAL NAME OF OWNER OF CA	ADIE SVSTEM:					FORM SA1	TEM IC		
Name								06354		
	CEQUEL COMMUNICAT	IONS LLC						0000-		
_	SECONDARY TRANSMISSION	SERVICE: SUBS	SCRIBERS AND F	ATES						
E	In General: The information in s	•	_		•					
0	system, that is, the retransmission									
Secondary Transmission	about other services (including p					nose exist	ing on the			
Service: Sub-		ast 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								
scribers and	down by categories of secondary	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								
Rates							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				ra rato variatione	, wiami a k	odi ilodidi Tato			
	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 has rate categories for secondary transmission service that are different from those								
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	ind rates, in the n	gnt-nand block. A	two- or thre	e-word descripti	on or the s	service is			
		OCK 1				BLOCK 2				
	CATECORY OF CERVICE	NO. OF	O DATE	CAT	ATEGORY OF SERVICE		NO. OF	DAT		
	CATEGORY OF SERVICE Residential:	SUBSCRIBER	S RATE	CAT	EGURT OF SER	RVICE	SUBSCRIBERS	RATI		
	Service to first set		0 -							
	Service to mist set Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial	1	131 42.41							
	Converter		72.71							
	• Residential									
	Non-residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRANS	MISSIONS: RATE	S						
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			nisrieu. List	these other serv	ices in the	e ioiiii oi a			
	blief (two- of three-word) descrip				I	1				
	CATECORY OF SERVICE	BLOCK		אופר	I DATE	CATEC	BLOCK 2	I DAT		
	CATEGORY OF SERVICE Continuing Services:		ATEGORY OF SE stallation: Non-re		RATE	CATEG	ORY OF SERVICE	RATI		
	• Pay cable	1111	• Motel, hotel	Sideritiai						
		-	Commercial							
	Pay cable—add'l channel Fire protection	-								
	• Fire protection		Pay cable add'l.	shanna!						
	•Burglar protection		Pay cable-add'l	mannel						
	Installation: Residential		• Fire protection	_						
	• First set	-	Burglar protection	n						
	 Additional set(s) 	- 01	ther services:							

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
CEQUEL COMMUNICATIONS LLC

SYSTEM ID#
063547

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
KDNL-1	30	N	ST. LOUIS, MO
KETC-1	9	E	ST. LOUIS, MO
KMOV-1	4	N	ST. LOUIS, MO
KPLR-1	11		ST. LOUIS, MO
KSDK-1	5	N	ST. LOUIS, MO
KTVI-1	2		ST. LOUIS, MO
WRBU-1	46	<u>l</u>	ST. LOUIS, MO

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# 063547

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).

	T	.	T	,		T	ı	T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	od: 2023/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						1 010	SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	_C					063547
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	fy every nor ccounting pe ing that must CONCER	nnetwork televis eriod, under spe st be included in NING SUBST	cion program, broadcast by ecific present and former F0 this log, see page (v) of the ITUTE CARRIAGE	a <i>distant</i> stat CC rules, regu e general inst	lations, or a	authorizations the paper SA	. For a further 1-2 form.
Statement and Program Log	 During the accounting peri broadcast by a distant stat Note: If your answer is "No, 	tion?	·	•	·		YES	X NO
	period, was broadcast by a under certain FCC rules, reponder to the call of the case of Mexican or Cancolumn 5: Give the month of the case of Mexican or Cancolumn 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 stati gulations, or es like "mov Bulls." n was broad sign of the s dcast statio adian statio th and day "e "5/7." es when the Example: a er "R" if the nd regulatio	m on a separated add additional renetwork television and that your authorizations vies" or "basket live, enterstation broadcated in s, if any, the content of the substitute program carried listed program ons in effect during additional results and the substitute program carried listed program ons in effect during additional results and the substitute program carried listed program ons in effect during and the substitute program carried listed program ons in effect during and the substitute program ons in effect during and the substitute program on the substitute program of the substi	ows to the tables. sion program ("substitute or cable system substitute of See page (v) of the general ball." List specific program "Yes." Otherwise enter "Noting the substitute program of community to which the community with which the demonstrated the substitute of gram was carried by your end by a system from 6:01: was substituted for program of the accounting period	program") that d for the program titles, for exion." It is station is lice station is ider program. Use cable system 15 p.m. to 6:2 amming that y; enter the let	ensed by the tifled by the tifled). List the time time the time the time t	ne accounting of another state information cove Lucy" or the FCC or, in with the more should be the listed programmes accurate should be the listed programmes accurate and the listed programmes accurate accurate and the listed programmes accurate and the listed programmes accurate and the listed programmes accurate accurate accurate and the listed programmes accurate accurate accurate accurate and the listed programmes accurate accurate accurate accurate accurate acc	tion n. nth oly
	S	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION
		-			·			" -
								"
							_	
							_	"
		-						

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CEQUEL COMMUNICATIONS LLC	063547
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	n service
		. , ,
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 \$263,8 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. 	300.
	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 accounting period is \$52.00.	k-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 \$137,100)	
	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	_
	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)	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 of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	

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# 063547		
M 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. 7 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 68						
N Individual to Be Contacted	we can contact about this	statement of account.)	NFORMATION IS NEEDED (Identify an individual				
for Further Information		EY HASKINS		Telephone (903) 57	9-3152		
	(Number,	S SE LOOP 323 street, rural route, apartment, o R, TX 75701 n, state, zip)	or suite number)				
	Email	RODNEY.HASKINS	@ALTICEUSA.COM Fax (c	optional)			
O Certification							
			/s/ Alan Dannenbaum r an electronic signature on the line above to certify the r signature using an "/s/ signature" (e.g., /s/ John Smit				
		Typed or printed nam					
			P, PROGRAMMING position held in corporation or partnership)				
		Date:					

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

counting Period: 2023/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
EQUEL COMMUNICATIONS LLC	063547
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	
* 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	Numbe	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 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	
		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	