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						
		20231 Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
		Instructions:						
В		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.	063548					
		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						
	INIOTE	(City, town, state, zip)	41					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		PENDLETON 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 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	063548
	Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated coldiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 h	mmunities within unincorporated areas and including single, will serve as a form of system identification hereafter known
Area	identified city.	- The state of the
Served		
	CITY OR TOWN	STATE
First	PENDLETON	IN
Community	(PENDLETON CORR)	
Add 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

O63548

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:					
 Service to first set 	0	-			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	42	42.41			
Converter					
Residential					
Non-residential					

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 1				OCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE RA
Continuing Services:		Installation: Non-residential			
• Pay cable	-	Motel, hotel			
 Pay cable—add'l channel 	-	Commercial			
 Fire protection 		• Pay cable			
Burglar protection		• Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	-	Burglar protection			
Additional set(s)	-	Other services:			
 FM radio (if separate rate) 		Reconnect	-		
 Converter 		Disconnect			
		Outlet relocation	-		
		Move to new address	-		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063548

CEQUEL COMMUNICATIONS LLC

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WDNI-1	19		INDIANAPOLIS, IN
WDTI-1	69	<u> </u>	INDIANAPOLIS, IN
WFWA-3	39.3	E	INDIANAPOLIS, IN
WFYI-1	20	E	INDIANAPOLIS, IN
WHMB-1	40	<u> </u>	INDIANAPOLIS, IN
WISH-1	8	N	INDIANAPOLIS, IN
WNDY-1	23	<u> </u>	INDIANAPOLIS, IN
WNDY-2	23.2	I-M	INDIANAPOLIS, IN
WRTV-1	6	N	INDIANAPOLIS, IN
WTHR-1	13	N	INDIANAPOLIS, IN
WTHR-2	13	<u> </u>	INDIANAPOLIS, IN
WTHR-3	13.3	I-M	INDIANAPOLIS, IN
WTTK-1	29	<u> </u>	INDIANAPOLIS, IN
WTTV-2	4.2	<u> </u>	INDIANAPOLIS, IN
WXIN-1	59	<u> </u>	INDIANAPOLIS, IN
WXIN-2	59.2	I-M	INDIANAPOLIS, IN
WXIN-3	59.3	I-M	INDIANAPOLIS, IN

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

SYSTEM ID# 063548

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

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 Perio	unting Period: 2023/1 FORM SA1-2E. PAGE 5.										
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#			
Name	CEQUEL COMMUNICA	TIONS L	LC					063548			
	SUBSTITUTE CARRIAGE	· CDECIA	I QTATEMEN	NT AND DDOCDAM LO	G						
ı											
	In General: In space I, identify				•		•				
Substitute	•	bstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further planation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:					no gonorai ii	oti dotiono in	ruio papor or				
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and		•	ır cable system	n carry, on a substitute ba	asis, any noi	inetwork tei	evision progr				
Program Log	oadcast by a distant station?										
	Note: If your answer is "No.	e: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program									
		g in block 2. LOG OF SUBSTITUTE PROGRAMS									
	In General: List each subst			ate line. Use abbreviation	s wherever	possible. if	their meaning	ı is			
	clear. If you need more spa					p = = = = = = = = = = = = = = = = = = =		,			
	Column 1: Give the title	of every no	nnetwork telev	vision program ("substitut	e program")	that, during	the account	ing			
	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,	in			
	the case of Mexican or Can			-		,					
	Column 5: Give the mon	-	when your sys	stem carried the substitute	e program. I	Jse numera	als, with the m	nonth			
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	ır cahle svet	em list the	times accura	ately			
	to the nearest five minutes.				•			atory			
	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	iming that y	your system wa	as permitted to delete und	der FCC rule	es and regu	lations in				
	effect on October 19, 1976.										
					∏ WH	EN SUBST	TITUTE				
	SI	JBSTITUT	E PROGRAM					7. REASON FOR			
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTI		TIMES	DELETION			
	1. TITLE OF TROOKAWI	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> </u> то				
							_				
					-						
							_				
					-						
							_				
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					1						
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							_				
							_				

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063548
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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.	nission service
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 \$ • 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	263,800.
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00.	this 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	
	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	
	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)
	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 m	. , ,

U.S. Copyright Office

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7.
Name		VNER OF CABLE SYSTEM: UNICATIONS LLC		SYSTEM ID# 063548
M Channels	to its subscribers 1. Enter the total	must give (1) the number of channels on which the cable system carrie and (2) the cable system's total number of activated channels during the number of channels on which the cable elevision broadcast stations	. 17	
	on which the ca	umber of activated channels le system carried television broadcast stations st services		64
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify a out this statement of account.)	n individual	
for Further Information	Name	RODNEY HASKINS	Telephone	(903) 579-3152
	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)	
	CERTIFICATION (his statement of account must be certified and signed in accordance w	ith Copyright Office regulations)
O Certification	• I, the undersigne	, hereby certify that (Check one, but only one, of the boxes.)		
	(Owner	other than corporation or partnership) I am the owner of the cable syste	em as identified in line 1 of space	B; or
		of owner other than corporation or partnership) I am the duly authorized a 1 of space B and that the owner is not a corporation or partnership; or	d agent of the owner of the cable	system as identified
		or partner) I am an officer (if a corporation) or a partner (if a partnership) e 1 of space B.	of the legal entity identified as o	wner of the cable system
		he statement of account and hereby declare under penalty of law that all st and correct to the best of my knowledge, information, and belief, and are r 1001(1986)]		n
		Enter an electronic signature on the line above	-	_
		Typed or printed name: ALAN DANNENBAUM	/s/ Joint Sinitil)	
		Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)		
		Date:		

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U.S. Copyright Office

counting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
EQUEL COMMUNICATIONS LLC	063548
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." 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. 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	P Special Statement Concerning Gross Receipts Exclusion
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 Interest Assessment
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)

			1.2					
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 ☐ Phone call/Date/Contact							
Space B Owner								
	☐ Letter sent		[☐ Information re	ceived			
	☐ Accepted		☐ Phone call/Date/Contact					
Space D Area Served								
	☐ Letter sent		С	☐ Information re	ceived			
	☐ Accepted		С	☐ Phone call/Dat	e/Contact			
Space E Secondary Transission								
Service Subscribers:	☐ Letter sent		[☐ Information re	ceived			
and Rates	☐ Accepted		☐ Phone call/Date/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/Dat	- 1C - 1 - 1			

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	