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			
	\$			
	ALLOCATION NUMBER			
8-29-23				

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	ACCOUNTIN	NG PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	2023/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		20231 Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
	Instructio	ons:							
В		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 diary, not that of the parent corporation.							
Owner	List any o	other name or names under which the owner conducts the business of the cable system.							
		vere different owners during the accounting period, only the owner on the last day of the accounting period should submit a single 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	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	CEQUEL COMMUNICATIONS LLC								
	BUSINE	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	SUDDEN	NLINK COMMUNICATIONS							
		G ADDRESS OF OWNER OF CABLE SYSTEM							
		S SE LOOP 323 street, rural route, apartment, or suite number)							
	TYLEF (City, town,	R, TX 75701 , state, zip)							
С		NS: In line 1, give any business or trade names used to identify the business and operation of the system un y appear in space B. In line 2, give the mailing address of the system, if different from the address given in s							
System	IDENTIFIC	ICATION OF CABLE SYSTEM:							
	BIG MUDDY CORRECTIONAL FACILITY								
	MAILING	ADDRESS OF CABLE SYSTEM:							
	2 (Number, s								
	(Number, s	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						
	2023/ 1	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	CEQUEL COMMUNICATIONS LLC 063587						
	Instructions: List each separate community served by the cable system. A "communit						
	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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.						
Alea	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First	INA	IL					
Community	(BIG MUDDY 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. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063587 **CEQUEL COMMUNICATIONS LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Е 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 Secondary **Transmission** last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-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 transmission service. In general, you can compute the number of subscribers in Rates 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. **BLOCK 2 BLOCK 1** NO. OF NO. OF CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set Service to additional set(s) • FM radio (if separate rate) Motel, hotel 94 Commercial 42.41 Converter Residential Non-residential 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 F 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 **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, **Other Than** Secondary 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. **Transmissions**: Block 2: List any services that your cable system furnished or offered during the accounting period that were not **Rates** 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** BLOCK 2 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **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:

Reconnect

Disconnect

Outlet relocationMove to new address

• FM radio (if separate rate)

Converter

Accounting Period: 2023/1

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

CEQUEL COMMUNICATIONS LLC

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.

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 CAPE GIRARDEAU. MO 12 WDKA-1 49 PADUCAH, KY WKPD-1 29 Ε PADUCAH, KY WPSD-1 6 Ν PADUCAH, KY KFVS(WQWQ)-1 12.2 I PADUCAH, KY WSIL-1 3 Ν HARRISBURG, IL

Add Rows as Necessary

063587

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CEQUEL COMMUNICATIONS LLC

SYSTEM ID#

063587

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.

Н

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
							
							ļ
							
	<u> </u>						l .

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF						SYSTEM ID#
	CEQUEL COMMUNICA	TIONS LL					063587
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LO	 G		
	In General: In space I, identi					tion that your cable syst	em carried on a
-	substitute basis during the ad						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	ne general ins	tructions in the paper SA	.1-2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	 During the accounting peri 	od, did youı	cable system	carry, on a substitute bas	sis, any nonne	etwork telev <u>ision</u> prograi	m
Program Log	broadcast by a distant stat	ion?				YES	X NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If vour answer is	"Yes." vou m	ust complete the progra	m
	log in block 2.				, , , , , , , , , , , , , , , , , , ,		
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever pos	ssible, if their meaning i	S
	clear. If you need more space						_
	Column 1: Give the title period, was broadcast by a	•					•
	under certain FCC rules, reg						
	Do not use general categori		/ies" or "baske	ball." List specific program	m titles, for ex	cample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		cast live enter	· "Ves " Otherwise enter "I	No."		
	Column 3: Give the call s						
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice		
	the case of Mexican or Cana						41 ₅
	Column 5: Give the mon first. Example: for May 7 giv		wnen your syst	em carried the substitute	program. Use	e numerais, with the mo	ntn
	Column 6: State the time		substitute prog	gram was carried by your	cable system	. List the times accurate	ely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. should be	•
	stated as "6:00–6:30 p.m."	~ "□" if the	listed presures	was substituted for progra	amanain a thaat .	value avatama vivaa waxiii	a d
	Column 7: Enter the letter to delete under FCC rules a						
	was substituted for program						iam
	effect on October 19, 1976.		•	•		· ·	
					10 10/14	EN SUBSTITUTE	
	SUBSTITUTE PROGRAM					RIAGE OCCURRED	7. REASON FOR
			3. STATION'S		5. MONTH		DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM — TO	
						_	
					-		
					-		
		-					
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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# 063587
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.	e total of 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 \$263,80. 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.	00.
	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.	-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 #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co 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# 063587	
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 roof channels on which the broadcast stations of activated channels are carried television broadcast		eriod.	7 48	
N Individual to Be Contacted	we can contact about this	statement of account.)	IFORMATION IS NEEDED (Identify an individual			
for Further Information		EY HASKINS		Telephone (903) 579-3152		
	(Number, s	S SE LOOP 323 street, rural route, apartment, c R, TX 75701 n, state, zip)	r suite number)			
	Email	RODNEY.HASKINS(@ALTICEUSA.COM Fax (optio	nal)		
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]					
			/s/ Alan Dannenbaum an electronic signature on the line above to certify this startsignature using an "/s/ signature" (e.g., /s/ John Smith)	tement.		
		Typed or printed name	e: ALAN DANNENBAUM P, PROGRAMMING			
			osition held in corporation or partnership)			
		Date:				

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

unting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	063587
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.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 (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	

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Letter sent

C	Cable Worksheet		Total amount of Number of SAs re remittance		er of SAs rec'd	ec'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 received						
	Accepted Phone call/Date/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/0	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	
		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	