This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8-29-23	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	CEQUEL COMMUNICATIONS LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	SUDDENLINK COMMUNICATIONS							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)							
	TYLER, TX 75701 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM: GREAT PLAINS CORRECTIONAL FACILITY							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							

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Accounting Period:	2023/1						
		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	CEQUEL COMMUNICATIONS LLC	063645					
	Instructions: List each separate community served by the cable system. A "communit	ty" is the same as a "community unit" as defined in FCC rules:					
	"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.						
Area Served	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	HINTON	OK					
Community	(GREAT PLAINS CORR)						
Add Rows as Necessary							

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

ccounting Period	1. 2023/1							FORM SA1	2E D^2
	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name									TEM II 06364
	CEQUEL COMMUNICAT	IONS LLC							00304
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCR	IBERS AND RA	ATES				
E	In General: The information in s		_	_	_	y transmissio	n service of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						e those exist	ing on the	
ransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						cable system	broken	
scribers and	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								
Rates	each category by counting the n	umber of billings	in tha	at category (the	number o	f persons or	organizations		
	separately for the particular serv							1.0	
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•			-		
	category, but do not include disc				ny Standa	iu iale valiali	ons willin a p	Darticulai Tate	
	Block 1: In the left-hand block				ries of sec	ondary transi	mission servic	ce that cable	
	systems most commonly provide								
	that applies to your system. Note			_		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted or					a iii tiie count	under Servi	ce to the	
	Block 2: If your cable system I					service that a	are different fi	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	right-l	nand block. A t	vo- or thre	e-word descr	iption of the s	service is	
	sufficient.	OCK 1					BLOCK	()	
	BEC	NO. OF			BLOCK		NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	EGORY OF S	SERVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		0	_					
	Service to additional set(s)								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		11	42.41					
	Converter								
	Residential								
	Non-residential								
		<u> </u>		<u> </u>				l.	
	SERVICES OTHER THAN SEC					ll vour ooblo	watam'a aan	iona that ware	
F	In General: Space F calls for rat not covered in space E, that is, t	`	,		•	•	•		
-	service for a single fee. There are					•	•		
Services	furnished at cost or (2) services	or facilities furnis	shed t	to nonsubscribe	ers. Rate ii	nformation sh	ould include	both the	
Other Than	amount of the charge and the ur		sually	billed. If any ra	ites are ch	narged on a v	ariable per-pı	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		s cabl	a system for as	ch of the	annlicable co	rvicae lietad		
Rates	Block 2: List any services that							were not	
ratoo	listed in block 1 and for which a	•			-		• .		
	brief (two- or three-word) descrip								
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res					
	• Pay cable	_	• Mc	otel, hotel					
	• Pay cable—add'l channel	-		mmercial					
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	nannel				
	J F		. 4	,					.
	Installation: Residential		• Fir	e protection					
	Installation: Residential • First set	_		e protection rglar protection					

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

Accounting Period: 2023/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name CEQUEL COMMUNICATIONS LLC

1. CALL SIGN

063645

4. LOCATION OF STATION

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.

2. B'CAST CHANNEL NUMBER

KAUT-1 43 OKLAHOMA CITY, OK KETA-1 Ε OKLAHOMA CITY. OK 13 KFOR-1 4 Ν OKLAHMA CITY, OK 34 I OKLAHOMA CITY, OK KOCB-1 KOCO-1 Ν OKLAHOMA CITY, OK 5 KOKH-1 25 I OKLAHOMA CITY, OK KSBI-1 52 OKLAHOMA CITY, OK I KTUZ-1 30 SHAWNEE, OK KUOK-1 35 **WOODWARD, OK** 9 KWTV-1 Ν OKLAHOMA CITY, OK

3. TYPE OF STATION

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#

063645

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
3, LL 01014	7 (141 OF 1 1VI	5,5	230/11/3N ST STATION	5, LE 51014	7 (147 OF 1 1VI	3,0	230, 1131 31 31 A1101

Accounting Perio	nd: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				1010	SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	_C					063645
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting peri	fy every non ccounting pe ing that mus CONCER	nnetwork televis eriod, under spe st be included in NING SUBST	ion 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	broadcast by a distant state Note: If your answer is "No, log in block 2.	tion?		•	•		YES	X NO
	period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call second the case of Mexican or Cancolumn 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program	itute prograice, please a of every nor distant staticgulations, or es like "moves like "moves broadsign of the stationation stationation thand day ve "5/7." es when the Example: a er "R" if the land regulation districts and land regulational regulational er "R" if the land regulational regu	m on a separated add additional ranetwork televison and that your authorizations vies" or "basked cast live, enterstation broadcan's location (thans, if any, the cowhen your system of the cast live program carried listed program ons in effect during additional results.	ows to the tables. sion program ("substitute our cable system substitute of the see page (v) of the general desired in the substitute program of the substitute program of the substitute program of the substitute program of the substitute of the substituted for program of the accounting period	program") that d for the program titles, for ex lo." m. station is lice station is ider program. Use cable system 15 p.m. to 6:2 mming that y; enter the let	t, during the ramming one for furth ample, "I Lensed by the attified). List the ties:30 p.m. Tour system ter "P" if the	ne accounting of another stater information ove Lucy" or the FCC or, in with the more accurate should be the listed programmes accurate and the should be the listed programmes accurate and the listed programmes accurate accurate and the listed programmes accura	tion n. nth oly
	effect on October 19, 1976.					N SUBS		
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OC	CURRED TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
								" -
								"
								"
							_	
							_	
							_	
1								

Accounting Period:	2023/1	FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	,	8YSTEM ID# 063645
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service imount, see	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00.	is six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	_
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 040 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

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

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.		
Name		/NER OF CABLE SYSTEM: UNICATIONS LLC			SYSTEM ID# 063645		
M Channels	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. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 10						
N Individual to Be Contacted	we can contact a	SE CONTACTED IF FURTHER INFORMATION out this statement of account.)	N IS NEEDED (Identify an in				
for Further Information	Name	RODNEY HASKINS		Telephone (90	3) 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@ALTICEUS	SA.COM	Fax (optional)			
	CERTIFICATION (his statement of account must be certified an	d signed in accordance with	Copyright Office regulations)			
O Certification	 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 (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)] 						
		Enter an electronic	in Dannenbaum signature on the line above to ng an "/s/ signature" (e.g., /s/)				
		Title: SVP, PROGR	DANNENBAUM AMMING				
		(Title of official position held in o					

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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	063645
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	
* 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	Numbo	Number of SAs rec'd		nitials
			Date of remittance	_ Check	EFT	☐ FILI	NG FEES
Cable ID #						Amount	Initials
Examined by	Reviewe	ed by	Date examination completed	Allocation i	number		
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun peri	od) or /2 (for Jul-De	c period) No spa	ces)
Period	Letter sent			Information recei	ved		
	☐ Accepted			Phone call/Date/0	Contact		
Space B Owner							
	Letter sent]	Information recei	ved		
	Accepted			Phone call/Date/0	Contact		
Space D Area Served							
	Letter sent		[Information recei	ved		
	Accepted			Phone call/Date/0	Contact		
Space E Secondary Transission							
Service Subscribers:	Letter sent			Information recei	ved		
and Rates	☐ Accepted			Phone call/Date/0	Contact		
Space G Primary Transmitters:							
Television	Letter sent		☐ Information received				
	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	