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**

Return completed workbook by

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	email to					
	ary Transmissions by	DATE RECEIVED	AMOUNT					
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>				
			\$	For additional information, contact the U.S. Copyright				
General instru	ictions are located	8-29-23		Office Licensing Division at				
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.				
r								
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))					
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	20231	Barcode Data Filing Period (optional -	see instructions)					
Accounting								
Accounting Period								
	Instructions:							
	Give the full legal name of the owner of th		iary of another corporation, give the full corp	orate title				
B	of the subsidiary, not that of the parent of	orporation.						
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 fe	ee payment covering the entire accounti	ng period.					
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	063780				
	LEGAL NAME OF OWNER/MAILING	G 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 n	imber)						
	(City, town, state, zip)							
	<b>INSTRUCTIONS:</b> In line 1, give any busin	ess or trade names used to ident	ify the business and operation of the s	vstem unless these				
C	names already appear in space B. In line							
System	IDENTIFICATION OF CABLE SYSTEM:							
	ROXBURY CORRECTIONA							
	MAILING ADDRESS OF CABLE SYSTEM							
	2 (Number, street, rural route, apartment, or suite no	imber)						
	(City, town, state, zip code)							
Privacy Act Notic	e: Section 111 of Title 17 of the United States Code at	uthorizes the Copyright Office to collect the	personally identifying information (PII) requeste	ed 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I					
Name	CEQUEL COMMUNICATIONS LLC	06378					
D	Instructions: List each separate community served by the cable system. A "community" 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
Area Served	identified city.	blie nome parks should be reported in parentneses below the					
	CITY OR TOWN	STATE					
First	HAGERSTOWN	MD					
Community	(ROXBURY CORRECTIONAL)						
dd Rows as Necessary							

	LEGAL NAME OF OWNER OF O		FORM SA1-2E. PAGE 2 SYSTEM ID#									
Name	CEQUEL COMMUNICATIONS LLC						06378					
Е	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											
Secondary	about other services (including					•						
Transmission	last day of the accounting period	d (June 30 or E	Decemb	er 31, as the c	ase may b	e).		-				
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and Rates	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	vice at the rate	indicat	ed—not the nu	mber of se	ets receiving ser	vice).	-				
	Rate: Give the standard rate of											
	unit in which it is generally billed					ard rate variatior	is 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 provid											
	that applies to your system. <b>Not</b> categories, that person or entity			•		•						
	subscriber who pays extra for ca						•					
	first set" and would be counted	•			• • •							
	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.		-									
	BLO	OCK 1 NO. OF					BLOCK 2					
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI			
	Residential:											
	<ul> <li>Service to first set</li> </ul>		0	-								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel Commercial		65	42.41								
	Converter		00	72.71								
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC											
-	In General: Space F calls for ra					all your cable sy	stem's sei	rvices that were				
F	not covered in space E, that is,					•						
Services	service for a single fee. There a furnished at cost or (2) services				•		• •					
Other Than	amount of the charge and the u											
Secondary	enter only the letters "PP" in the					- -						
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not											
	BIOCK 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) descri	ption and inclue	de the r	ate for each.			_					
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:			ation: Non-res	sidential							
	• Pay cable	-		otel, hotel mmercial								
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>	-	-	y cable								
	•Burglar protection			y cable-add'l cl	nannel							
	Installation: Residential			e protection								
	• First set	-		rglar protection	1							
	<ul> <li>Additional set(s)</li> </ul>	-		services:								
	• FM radio (if separate rate)		• Re	connect		-						
	O a muse mt a m		• Dis	sconnect								
	• Converter											
	• Converter		• Ou	itlet relocation		-						

ng Period:	2023/1				SA1-2E. PAGE		
ame	LEGAL NAME OF OWNER C				O6378 06378		
	CEQUEL COMMUNICATIONS LLC						
G imary smitters: evision	<ul> <li>PRIMARY TRANSMITTERS: TELEVISION</li> <li>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, <i>except</i> (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), 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.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>List the station here, and also in space I, if the station scarried 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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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.</li> <li>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.</li> <li>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 station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network station, or "E-M" (for noncommercial educational multicast). "F" (for independent, "I</li></ul>						
		on of each station. For U.S. stations, lis adian stations, if any, give the name of t <b>2. B'CAST CHANNEL NUMBER</b>	-	-	ΓΙΟΝ		
	WDCW-1	50	1	WASHINGTON, DC			
	WHUT-1	6	E	WASHINGTON, DC			
as Necessary	WJLA-1	7	N	WASHINGTON DC			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WRC-1	4	N	WASHINGTON, DC			
	WTTG-1	5		WASHINGTON DC			
	WUSA-1	2	Ν	WASHINGTON DC			
	WETA-1	8					
			E	IWASHINGI ON DC			
	WDCA-1	9	E I	WASHINGTON DC WASHINGTON DC			
	WDCA-1	9	E I	WASHINGTON DC WASHINGTON DC			
	WDCA-1	9	E I				
	WDCA-1	9	E I				
	WDCA-1	9	E I				
	WDCA-1	9	E I				
	WDCA-1	9					
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		9					
		9					
		9					
		9					
		9					
		9					

EGAL NAME OF								SYSTEM I 0637
PRIMARY TRA								
n General: List	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing	y the sys be rece it the Co sign of the static ion's sig g a chec	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which t	at the system's h system's FM an this point, see pa sed by the cable	eadend, and ( tenna, during o age (v) of the g system as a s	2) it can certain s jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the		-	50 0I, III		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2023/1						FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF							SYSTEM ID# 063780	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy <i>every noi</i> ccounting p	nnetwork televis eriod, under sp	sion program, broadcast by ecific present and former F	a <i>distant</i> sta CC rules, regi	ulations, or	authorization	ns. For a further	
Carriage:	1. SPECIAL STATEMENT				<u> </u>				
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant sta	broadcast by a distant station?							
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must comp	plete the pro	gram	
	<ul> <li>log in block 2.</li> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.</li> <li>Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: T6ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 4: Give the broadcast 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).</li> <li>Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."</li> <li>Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."</li> <li>Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system is effect on October 19, 1976.</li> </ul>								
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
				·					
				·					
				·					
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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# 063780					
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay.         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar         (as identified in space E) during the accounting period. For a further explanation of how to compute th         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.	nsmission service					
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>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.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	o \$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 f accounting period is \$52.00.	or this six-month					
	Line 1. Royalty fee for accounting period	···· <b>\$ 52.00</b>					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)					
	1. Base amount under statutory formula    \$    263,800.0	0					
	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 \$5.	27,600)					
	1. Enter the amount of gross receipts from space K	_					
	2. Base amount under statutory formula \$ 263,800.0	0					
	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 Due	<ol> <li>Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)</li></ol>		52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
	EFT Trace # or TRANSACTION ID #			
	<b>Important:</b> Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 f			

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC	SYSTEM ID# 063780
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		I number of channels on which the cable I television broadcast stations	8
	on which the c	I number of activated channels able system carried television broadcast stations cast services	28
N Individual to Be Contacted		<b>D BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual about this statement of account.)	
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)         RODNEY.HASKINS@ALTICEUSA.COM         Fax (optional)	
O Certification	<ul> <li>I, the undersigned (Owned)</li> <li>(Owned)</li> <li>(Agention)</li> <li>X (Officient)</li> <li>I have examined</li> </ul>	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of t line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

/s/ Alan Dannenbaum
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed name: ALAN DANNENBAUM
Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)
Date:

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	2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OV	/NER OF CABLE SYSTEM:	SYSTEM ID
	IUNICATIONS LLC	06378
The Satellite H lowing senten "In dete service scriber	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic e of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
During the acc	paper SA1-2 form. counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
made by sate	lite carriers to satellite dish owners?	
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	-
You must com For an explan	ASSESSMENT nplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multip	x	
Line 3 Multip	ly line 2 by the number of days late and enter the sum here	
	ly line 3 by 0.00274** and enter here ce L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 <b>\$</b> - (interest charge)	
	the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please he Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
	he decimal equivalent of 1/365, which is the interest assessment for one day late.	
** This is t		
NOTE: If you	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
NOTE: If you		

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C	Cable Worksheet	Total amount of remittance	Numbe	r of SAs rec'd	Initials		
		Date of remittance	Check	EFT	🗆 FILIN	G FEES	
Cable ID #					Amount	Initials	
Examined by	Reviewed by	Date examination completed	Allocation n	umber			
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun peric	od) or /2 (for Jul-De	c period) No spa	ces)	
Period	Letter sent     Information received						
		C	] Phone call/Date/Co	ntact			
Space B Owner							
	□ Letter sent	Information received					
		E	] Phone call/Date/Co	ntact			
Space D Area Served							
	□ Letter sent	Ľ	] Information receive	d			
		E	] Phone call/Date/Co	ntact			
Space E Secondary Transission							
Service Subscribers:	□ Letter sent	C	□ Information received				
and Rates	Accepted     Phone call/Date/Contact						
Space G Primary Transmitters:							
Television	□ Letter sent	[	] Information receive	ed			
		[	□ Phone call/Date/Co	ontact			
Space H Primary Transmitters:							
Radio	□ Accepted	[	☐ Phone call/Date/Co	ontact			

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 Fee
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	
	Phone call/Date/Contact	