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	OUNTING 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		
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LECAL NAME OF CAMPED/MAILING ADDRESS OF CARLE SYSTEM
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CEQUEL COMMUNICATIONS LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		SUDDENLINK COMMUNICATIONS
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)
		TYLER, TX 75701 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	CHILLICOTHE CORRECTIONAL CENTER
		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						
	T	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 063883					
	CEQUEL COMMUNICATIONS LLC						
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	nity" is the same as a "community unit" as defined in FCC rules:					
D	"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	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	CHILLICOTHE	MO					
Community	(CHILLICOTHE CORRECTIONAL CENTER)						
Add Rows as Necessary							

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

ccounting Period	-							FORM SA1	1-2E. PAGE
	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM IC
Name	CEQUEL COMMUNICAT	TIONS LLC							06388
	CECOND ADV TDANCMICCION	CEDVICE: CUD	e c D I D	ALDS AND D	NTEC				
E	In General: The information in s		_	_	_	y transmission :	service of t	he cable	
	system, that is, the retransmission	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information							
Secondary	about other services (including p	, ,			•		hose exist	ing on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	broken	
scribers and		•					•		
Rates	d 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 serv								
	Rate: Give the standard rate of	_	_	•			-		
	unit in which it is generally billed category, but do not include disc				iny standa	rd rate variation	s within a p	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide	e to their subscrib	bers. G	ive the number	er of subsc	cribers and rate	for each lis	sted category	
	that applies to your system. <b>Not</b>			-		-			
		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							
						a in the count ur	idei Seivii	ce to the	
	first set" and would be counted once again under "Service to additional set(s)."  Block 2: If your cable system has rate categories for secondary transmission service that are different from those								
	printed in block 1 (for example, t					•	•	_	
	with the number of subscribers a	and rates, in the i	right-ha	and block. A t	wo- or thre	e-word descript	ion of the s	service is	
	sufficient.	OCK 1		<u> </u>	T		BLOC	( )	
	BE	NO. OF				BLOCK 2		NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBER	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		0	_					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		162	42.41					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES								
_	In General: Space F calls for rate	_			_	Il vour cable svs	tem's serv	ices that were	
F	not covered in space E, that is, t	•	•		•	•			
_	service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		isually i	ollied. II any ra	ales are cr	iarged on a vari	abie per-pi	rogram basis,	
ansmissions:	Block 1: Give the standard rate		e cable	system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	t your cable syste	em furn	ished or offer	ed during	the accounting	period that		
	listed in block 1 and for which a				ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and include	the ra	te for each.					
		BLOCI						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	li li		tion: Non-res	idential				
	Pay cable	-		el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	-		nmercial					
	Fire protection		•	cable					
	•Burglar protection		•	cable-add'l cl	nannel				
	Installation: Residential			protection					
	• First set	_		glar protection					
	<ul> <li>Additional set(s)</li> </ul>	- C	Other s	ervices:					

Reconnect

DisconnectOutlet relocationMove to new address

• FM radio (if separate rate)

Converter

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 063883 **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.

	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCTV-1	5	N	KANSAS CITY, MO
	KCWE-1	29	l	KANSAS CITY, MO
Add Rows as Necessary	KMBC-1	9	N	KANSAS CITY, MO
	KMOS-1	6	E	SEDALIA,MO
	KSHB-1	41	N	KANSAS CITY, MO
	WDAF-1	4	l	KANSAS CITY, MO
1				

U.S. Copyright Office

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

### **CEQUEL COMMUNICATIONS LLC**

SYSTEM ID#

063883

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
2, 2.0.,	1 5. 1 111			5 5.0.1	5. 1 171	-,-	
			<b> </b>				
	•						1

Accounting Perio						FOF	RM SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF CEQUEL COMMUNICA						SYSTEM ID# 063883		
	CEQUEE COMMUNICA	TIONS EL					063003		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LO	G				
	In General: In space I, identi								
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	<ul> <li>During the accounting peri</li> </ul>	od, did youı	r cable system	carry, on a substitute bas	sis, any nonne	etwork telev <u>ision</u> prograr	m		
Statement and Program Log	broadcast by a distant stat	ion?				YES	X NO		
1.09.4209	<b>Note:</b> If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you m				
	log in block 2.			•	-				
	2. LOG OF SUBSTITUTE								
	In General: List each subst clear. If you need more space				wherever pos	ssible, if their meaning is	S		
	Column 1: Give the title				program") tha	at, during the accounting	g		
	period, was broadcast by a	distant stati	on and that you	ur cable system substitute	ed for the prog	gramming of another sta	ation		
	under certain FCC rules, reg								
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	ıbalı. List specilic prograf	n lilles, for ex	cample, I Love Lucy of			
	Column 2: If the program	n was broad							
	Column 4: Give the call s					anced by the ECC or in			
	Column 4: Give the broathe case of Mexican or Cana								
	Column 5: Give the mon						nth		
	first. Example: for May 7 giv					1.1-4.41	- I		
	<b>Column 6:</b> State the time to the nearest five minutes.						егу		
	stated as "6:00–6:30 p.m."	<u> глаттріс.</u> а	program came	od by a system nom o.or.	10 p.m. to 0.2	20.00 p.m. should be			
	Column 7: Enter the letter								
	to delete under FCC rules a was substituted for program						ram		
	effect on October 19, 1976.	ming that y	odi System wa	o permitted to delete dilat	21 1 00 Tales (	and regulations in			
					TI				
	e e	I IDOTITI IT				EN SUBSTITUTE	7. REASON FOR		
			E PROGRAM  3. STATION'S		5. MONTH	6. TIMES	DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM — TO			
						_			
						_			
						_			
					-				
					-				
					_				
						_			
					-				
					-				
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					-				
					-				
					_				

<b>Accounting Period:</b>	2023/1	FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID: 063883
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion service
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 \$26.  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.	3,800.
	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 this accounting period is \$52.00.	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 \$137,10	0)
	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	<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 \$527,6	00)
		,
	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)	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	
Elling France		
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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

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Accounting Period:	2023/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	SYSTEM ID# 063883
<b>M</b> 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.	38
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name RODNEY HASKINS  Telephone	(903) 579-3152
Information	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)	
Ocertification	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  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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 own 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)]	; or stem as identified
	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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U.S. Copyright Office
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ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
QUEL COMMUNICATIONS LLC	063883
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Letter sent

C	Cable Worksh	eet	Total amount of remittance	Numbe	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 r	number			
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun perio	od) or /2 (for Jul-De	ec period) No spa	ces)	
Period	Letter sent			Information receiv	ved			
	☐ Accepted			Phone call/Date/C	Contact			
Space B Owner								
	Letter sent			Information receiv	ved			
	Accepted			Phone call/Date/C	Contact			
Space D Area Served								
	Letter sent		[	Information receiv	ved			
	Accepted			Phone call/Date/C	Contact			
Space E Secondary Transission								
Service Subscribers:	Letter sent			Information receiv	ved			
and Rates	☐ Accepted			Phone call/Date/C	Contact			
Space G Primary Transmitters:								
Television	Letter sent			☐ Information received				
	Accepted			Phone call/Date/0	Contact			
Space H Primary Transmitters:								
Radio	Accepted			Phone call/Date/0	Contact			
						Space Substi Carria	tute	

 $\hfill \square$  Information received

Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	☐ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐ Info/add'l fee received	
Accepted	Phone call/Date/Contact	