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 COPYRIG	Return completed workbook by email to		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.	
General instructions are located in the first tab of this workbook.	8-29-23	ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	

ACC	OUNTING 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)
	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.
	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)
	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
1	IDENTIFICATION OF CABLE SYSTEM:
	SIBLEY, LA
	MAILING ADDRESS OF CABLE SYSTEM:
2	(Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)
	INST name 1

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.

Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CEQUEL COMMUNICATIONS LLC	000932
D	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated commununicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	nities within unincorporated areas and including single, discrete is a form of system identification hereafter known as the "first
Area Served	city.	
Firet	CITY OR TOWN SIBLEY	STATE LA
First Community	DOYLILNE	LA
 ,	DUBBERLY	LA
Add Rows as Necessary	HEFLIN	LA
·····,	LAKE BISTINEAU	LA
	RINGOLD	LA
	WEBSTER COUNTY	LA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							M SA1-2E. SYSTE					
Name	CEQUEL COMMUNICAT									0093				
Е	SECONDARY TRANSMISSION In General: The information in s					transmission s	ervice o	of the cable						
_	system, that is, the retransmission			-										
Secondary	about other services (including p						nose ex	isting on the						
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken													
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													
	u	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.		, ngin ne											
	BLO	DCK 1					BLC	DCK 2						
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBE	RS	RATE				
	Residential:						-							
	 Service to first set 		513	50.00										
	 Service to additional set(s) 													
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial		20	45.95										
	Converter													
	• Residential													
	Non-residential													
	SERVICES OTHER THAN SEC		NSMISS	IONS: RATES										
F	In General: Space F calls for rat	•	,											
Г	not covered in space E, that is, the													
Services	service for a single fee. There ar furnished at cost or (2) services	•					•	· /						
Other Than														
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.													
Transmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.													
Nates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a													
	brief (two- or three-word) description and include the rate for each.													
		BLO	CK 1					BLOCK	2					
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	ICE	RATE	CAT	EGORY OF SER\	/ICE	RATE				
	Continuing Services:		Installa	tion: Non-resid	dential									
	• Pay cable	17.00		el, hotel										
	• Pay cable—add'l channel	19.00		nmercial										
	Fire protection		5	cable										
	•Burglar protection		-	cable-add'l cha	annel									
	Installation: Residential	00.00		protection										
	First set	99.00		glar protection										
	Additional set(s) EM radio (if separate rate)	25.00		services:		40.00								
	 FM radio (if separate rate) Converter 			connect		40.00								
	- Converter			connect let relocation		25.00								
				IEL TEIOCALION		25.00								
			• Mov	e to new addre	ee	99.00								

ting Period: 2	2023/1			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF			SYSTEM				
	CEQUEL COMMUNIC			0009				
G Inimary Insmitters: Ievision	 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 <i>only</i> 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. <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. 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 multicast). "F' (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.<							
	1. CALL SIGN	 dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 	3. TYPE OF STATION	4. LOCATION OF STATION				
	KLTS-1	24	E	SHREVEPORT, LA				
	KLTS-HD1	24	E-M	SHREVEPORT, LA				
Necessary	KMSS-1	33	I	SHREVEPORT, LA				
	KMSS-HD1	33	I-M	SHREVEPORT, LA				
	KPXJ-1	21	I	MINDEN, LA				
	KPXJ-2	21.2	E-M	MINDEN, LA				
	KPXJ-3	21.3	I-M	MINDEN, LA				
	KPXJ-4	21.4	I-M	MINDEN, LA				
	KPXJ-HD1	21	I-M	MINDEN, LA				
	KSHV-1	45	I	SHREVEPORT, LA				
	KSHV-HD1	45	I-M	SHREVEPORT, LA				
	KSLA-1	12	N	SHREVEPORT, LA				
	KSLA-2	12.2	I-M	SHREVEPORT, LA				
	KSLA-3	12.3	I-M	SHREVEPORT, LA				
	KSLA-4	12.4	I-M	SHREVEPORT, LA				
	KSLA-HD1	12	N-M	SHREVEPORT, LA				
	KTAL-1	6	N	TEXARKANA, TX				
	KTAL-HD1	6	N-M	TEXARKANA, TX				
	KTBS-1	3	N	SHREVEPORT, LA				
	KTBS-2	3.2	I-M	SHREVEPORT, LA				
	KTBS-3	3.3	I-M	SHREVEPORT, LA				
	KTBS-3 KTBS-4	3.3 3.4	I-M	SHREVEPORT, LA				

	OWNER OF (SYSTEM I
CEQUEL CO	MMUNICA	TIONS	LLC						0009
	every radio s	tation ca	rried on a separate and discr					ied on an	Н
ll-band basis w	hose signals	were ger	nerally receivable by your cab	le	system during t	he accounting	period.		
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by nonitoring, to rmation about m. lentify the call tate whether t the radio stati	/ the sys be receiv t the Cop sign of e he statio ion's sigr	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the pyright Office regulations on the each station carried. on is AM or FM. nal was electronically process to mark in the "S/D" column.	at f sy his	the system's hea rstem's FM anter s point, see page	adend, and (2) nna, during ce e (v) of the ge) it can b ertain sta neral ins	e expected, ted intervals. tructions in the.	Primary Transmitters Radio
Column 4: G	ive the statior	n's locatio	on (the community to which th the community with which the				C or, in t	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							<u> </u>		

Accounting Perio	d: 2023/1						FOF	RM SA1-2E. PAGE 5.					
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#					
Name	CEQUEL COMMUNICA	ATIONS LL	_C					000932					
	SUBSTITUTE CARRIAGE	E: SPECIAI	L STATEMEN	T AND PROGRAM LOG	;								
Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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	Ouring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
Statement and	broadcast by a distant sta	•		ourly, on a substitute bas	is, any nonno		· •						
Program Log	broadcast by a distant station? YES XNO Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program												
	Note: If your answer is "No	," leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist comple	te the progra	m					
	log in block 2.												
	2. LOG OF SUBSTITUTE			4- Kara		-:		_					
	In General: List each subs clear. If you need more spa				wherever pos	sidle, if the	eir meaning is	5					
				sion program ("substitute	program") tha	it, during th	ne accounting	9					
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	ed for the prog	ramming c	of another sta	ition					
	under certain FCC rules, re												
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	m titles, for ex	ample, "I L	ove Lucy" or						
			lcast live, enter	"Yes." Otherwise enter "N	No."								
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	am.								
				e community to which the			e FCC or, in						
	the case of Mexican or Car	nadian statio	ns, if any, the o when your syst	community with which the second the substitute	station is iden	itified). numerals	with the mo	nth					
	first. Example: for May 7 giv		when your syst		piogram. Use	Tiumerais		iiui					
			substitute prog	gram was carried by your	cable system.	List the tir	mes accurate	ely					
	to the nearest five minutes.	. Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be						
	stated as "6:00–6:30 p.m."	or "D" if the	liated program	was substituted for progra	amming that w								
	Column 7: Enter the lett			was substituted for progra									
		and regulatio	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	e listed prog						
	Column 7: Enter the lett to delete under FCC rules a	and regulation nming that y	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	e listed prog						
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y	ons in effect du our system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if th ind regulat	e listed prog ions in	ram					
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	And regulatic nming that y	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	e listed prog ions in TITUTE CURRED TIMES						
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulatic nming that y SUBSTITUT	ons in effect du our system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a WHE CARR	ter "P" if th ind regulat EN SUBST	e listed prog ions in TITUTE CURRED	7. REASON FOR					
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	And regulatic nming that y	E PROGRAM	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARR 5. MONTH	ter "P" if th ind regulat EN SUBST IAGE OCC	e listed prog ions in TITUTE CURRED TIMES	7. REASON FOR					
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Accounting Period:	2023/1 FORM SA1-20	E. PAGE 6.
Name		TEM ID# 000932
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 total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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 \$263,800. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.	
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 148,990.34	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 148,990.34	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
		70.00
		70.90 0.00
		70.90
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	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	
	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) \$ 170.90	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 19	90.90
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: IMUNICATIONS LLC				SYSTEM ID# 000932
M Channels	to its subscrib 1. Enter the to	ers, and (2) the cable system's tal number of channels on whic	total num h the cab	els on which the cable system carried t ber of activated channels during the a lle	ccounting period.	23
	on which th	tal number of activated channe e cable system carried televisio adcast services	n broadca	ast stations		271
N Individual to		TO BE CONTACTED IF FURTH		DRMATION IS NEEDED (Identify an in	dividual	
Be Contacted for Further Information	Name	RODNEY HASKINS			Telephone (90	3) 579-3152
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartr TYLER, TX 75701 (City, town, state, zip)	nent, or suit	te number)		
	Email		(INS@AL	LTICEUSA.COM	Fax (optional	
O Certification	I, the undersig (Owr (Age X (Off I have examinare true, comp	ned, hereby certify that (Check or ner other than corporation or part in tof owner other than corpora in line 1 of space B and that the icer or partner) I am an officer (if in line 1 of space B.	ne, <i>but onl</i> artnership tion or pa e owner is f a corpora nereby dea	tified and signed in accordance with C // one , of the boxes.) p) I am the owner of the cable system a artnership) I am the duly authorized ago not a corporation or partnership; or ation) or a partner (if a partnership) of th clare under penalty of law that all statem ge, information, and belief, and are mad	s identified in line 1 of space B; or ent of the owner of the cable system he legal entity identified as owner of ments of fact contained herein	
			Enter an e	/s/ Alan Dannenbaum electronic signature on the line above to c nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name:	ALAN DANNENBAUM		
		Title: (Tit		PROGRAMMING position held in corporation or partnership)		
l		Date:			8/29/2023	

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.

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
QUEL COMMUNICATIONS LLC	000932
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
	-
Name 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
	Interest Assessment
	Interest Assessment
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C	Cal Wol	ble rksheet	Total amount of remittance	Number of SAs rec'd In			nitials	
			Date of remittance	Check	🗆 EFT	🗆 FILIN	G FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocati	on number			
Space A Accounting			(enter four digit year and	/1 (for Jan-Jun	period) or /2 (for Jul-De	ec period) No spa	ces)	
Period		r sent	C] Information re	eceived			
		oted	C] Phone call/Da	te/Contact			
Space B Owner								
	□ Letter	rsent	C	Information re	eceived			
		oted	Phone call/Date/Contact					
Space D Area Served								
	□ Letter	r sent	Ľ	Information re	eceived			
		oted	C] Phone call/Da	te/Contact			
Space E Secondary Transission								
Service Subscribers:	□ Letter	r sent	C] Information re	eceived			
and Rates		oted	C] Phone call/Da	te/Contact			
Space G Primary Transmitters:								
Television	□ Letter	rsent	C] Information r	eceived			
		oted	C] Phone call/Da	ite/Contact			
Space H Primary Transmitters:								
Radio		oted	[] Phone call/Da	ite/Contact			

		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	
C 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
	□ Info/add'l fee received	
□ Letter sent		