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				
2-26-24	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		Barcode Data Filing Period (optional - see instructions)					
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.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		Adams CATV, Inc.					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		19 North Main Street (Number, street, rural route, apartment, or suite number)					
		Carbondale, PA 18407					
		(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 unle is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	'	Thompson System Adams CATV, Inc.					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	19 North Main Street (Number, street, rural route, apartment, or suite number)					
		Carbondale, PA 18407 (City, town, state, zip code)					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 suffciency of the fling, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI					
	Adams CATV, Inc.	277					
	Instructions: List each separate community served by the cable system. A "community						
D	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 identified						
Area		me parks should be reported in parentheses below the identific					
Served	city.						
	CITY OR TOWN	STATE					
First	Ararat Twsp	PA					
Community	Brooklyn Twsp	PA					
	Gibson Twsp	PA					
Rows as Necessary	Great Bend Boro	PA					
	Great Bend Twsp	PA					
	Hallstead Boro	PA					
	Harford Twsp	PA					
	Harmony Twsp	PA					
	Herrick Twsp	PA					
	Hop Bottom	PA					
	Jackson Twsp	PA					
	Lanesboro Boro	PA					
	Lathrop Twsp	PA					
	New Milford Boro	PA					
	New Milford Twsp	PA					
	Oakland Boro	PA					
	Oakland Twsp	PA					
	Preston Twsp	PA					
	Starrucca Boro	PA					
	Susquehanna Boro	PA					
	Thompson Boro	PA					
	Thompson Twsp	PA					

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

27701

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Adams CATV, Inc.

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 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 at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS	RATE
Residential:	SOBSCRIBERS	IVAIL	CATEGORY OF SERVICE SUBSCRIBERS	IVAIL
Service to first set	1,527	46.00		
Service to additional set(s)		-		
• FM radio (if separate rate)		-		
Motel, hotel				
Commercial	3	\$10 per set		
Converter				
Residential	1,679			
Non-residential	3			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel	-	Expanded Basic	62.00
 Pay cable—add'l channel 	-	Commercial	-	HBO/Max	25.99
 Fire protection 	-	• Pay cable	-	Showtime/TMC/Flix	10.99
•Burglar protection	-	Pay cable-add'l channel	-	Choice	10.00
Installation: Residential	*We have no	Fire protection	-		
 First set 	install fees	Burglar protection	-		
Additional set(s)	-	Other services:			
 FM radio (if separate rate) 	-	Reconnect	-		
Converter	7.99 DVR	Disconnect	-		
	2.49 Non DVR	Outlet relocation	-		
		Move to new address	-		

FORM SA1-2E. PAGE 3. Accounting Period: 2023/2 SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

27701

4. LOCATION OF STATION

Adams CATV, Inc.

1. CALL SIGN

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

WYOU Scranton, PA 22 Ν **WBRE** 28 Wilkes-Barre, PA Ν WNEP 16 Ν Scranton, PA **WNEP-Antenna** 16.2 N-M Scranton, PA **WVIA** 44 Ε Scranton, PA WOLF ī 56 Hazelton, PA **WSWB** 38 Scranton, PA **WQPX** 64 ī Scranton, PA WICZ 40 ı Bignhamton, NY WQMY 53 ı Williamsport, PA **WBNG** 12 Ν Bignhamton, NY

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2023/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Adams CATV, Inc.

27701

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
N/A							
11/7							
							

Accounting Perio	4· 2023/2					EC	PRM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:			10	SYSTEM ID#	
Name	Adams CATV, Inc.						27701	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
1	n General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further symptom of the programming that must be included in this log see page (x) of the general instructions in the page SA1.2 form							
Substitute Carriage:	· •	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and Program Log	broadcast by a distant station?							
r rogram Log	Note: If your answer is "No		rest of this pag	e blank. If your answer is "	'Vee " vou mi	_		
	log in block 2.	, leave tile	rest of this pay	e blatik. It your allswel is	res, you mic	ist complete the progr	aiii	
	2. LOG OF SUBSTITUTE PROGRAMS 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. 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: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. 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). 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 "5/7." 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." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required 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 was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
	WHEN SUBSTITUTE PROGRAM CARRIAGE OCCUR				N SUBSTITUTE AGE OCCURRED	7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
	N/A							
								
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Accounting Period:	2023/2			FORM	SA1-2E. PAGE 6.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#		
	Adams CATV, Inc.				27701		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatio 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 re	ystem's se	condary transmi compute this a	ssion service mount, see	35,821.29 gross receipts)		
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 less Use block 3 if the amount of gross receipts in space K is more than \$263,800 less page (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$130.	but less tha nformation.	n \$527,600	63,800			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty	fee that you	u must pay for thi	s 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 lin	nes 1 and 2		·			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)			
	Base amount under statutory formula	\$	263,800.00				
	Enter amount of gross receipts from space K						
	3. Subtract line 2 from line 1						
	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	3,800 (but	less than \$527,	600)			
	Enter the amount of gross receipts from space K	\$	435,821.29				
	Base amount under statutory formula	\$	263,800.00				
	3. Subtract line 2 from line 1	\$	172,021.29				
	4. Multiply line 3 by .01		\$	1,720.21			
	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	• • • • • • • • • • • • • • • • • • • •	\$	3,039.21		
	FILING FEE AND TOTAL REMITTANCE DU	IE					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	3,039.21			
Due	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			\$	3,059.21		
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				jhts!		

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM:	SYSTEM ID# 27701
M Channels	to its subscriber The subscriber The subscriber The subscriber Subscriber the total on which the	ou must give (1) the number of channels on which the cable system carried television broadcast stars, and (2) the cable system's total number of activated channels during the accounting period. In number of channels on which the cable at television broadcast stations. In number of activated channels cable system carried television broadcast stations deast services.	11 364
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Wendy Hartman Telep	hone 570-282-6121
	Address 	19 North Main Street (Number, street, rural route, apartment, or suite number) Carbondale, PA 18407 (City, town, state, zip)	
	Email	wendy@echoes.net Fax (optional 570-2	32-3787
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulati	ons)
O Certification	• I, the undersigne	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	r other than corporation or partnership) I am the owner of the cable system as identified in line 1 of sp	pace B; or
	(Agent	of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cin line 1 of space B and that the owner is not a corporation or partnership; or	able system as identified
	X (Offic	er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified a in line 1 of space B.	is owner of the cable system
		the statement of account and hereby declare under penalty of law that all statements of fact contained here, and correct to the best of my knowledge, information, and belief, and are made in good faith.	erein
	· 	X /s/Douglas V.R. Adams	
		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: Douglas V.R. Adams	
		Title: President (Title of official position held in corporation or partnership)	
		Date: 2/20/24	

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ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ams CATV, Inc.	27701
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 Receipts Exclusion
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 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 Name 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	
x days	
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@loc.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	
FIIST COMMUNITY SELVEU	1

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CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of remittance		Number of SAs re	c'd	In	itials
Date of remittance	_ □ Check	□ EFT		☐ FILING	FEES
			Am	ount	Initia
Date examination					

			Date of remittance	☐ Check	☐ EFT	☐ FILING	FEES	
Cable ID #						Amount	Initials	
Examined by	I	Reviewed by	Date examination completed	Allocatio	on number			
Space A Accounting Period				1				
	☐ Januar	y 1 - June 30, 2017] July 1 - Decem	nber 31, 2017				
	☐ Letter	sent	С] Information re	ceived			
	□ Accepted			☐ Phone call/Date/Contact				
Space B Owner								
	☐ Letter	sent	С	Information re	ceived			
	☐ Accept	ed	С	Phone call/Dat	e/Contact			
Space D Area Served								
	☐ Letter	sent	С	☐ Information re	ceived			
	☐ Accepted ☐			☐ Phone call/Date/Contact				
Space E Secondary Transission								
Service Subscribers:	☐ Letter	sent		Information re	ceived			
and Rates	☐ Accept	red	С	Phone call/Dat	e/Contact			
Space G Primary Transmitters:								
Television	□ Letter	sent	С	☐ Information re	eceived			
	☐ Accept	red	С	☐ Phone call/Dat	te/Contact			
Space H Primary Transmitters:								
Radio	☐ Accept	red		☐ Phone call/Dat	te/Contact			

		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	
☐ Letter sent	☐ 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	