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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
	ary Transmissions by	DATE RECEIVED	AMOUNT	_				
General instru	ems (Short Form) actions are located of this workbook	2/27/24 \$ ALLOCATION NUMBER		<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))					
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	2023:	Barcode Data Filing Period (optiona	I - see instructions)					
Accounting Period								
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the par		sidiary of another corporation, give the full	corporate				
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 filin	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.					
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM	Λ					
	Venture Communications Coop.							
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	T)					
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM						
	PO Box 157							
	(Number, street, rural route, apartment, or suite i Highmore, SD 57345 (City, town, state, zip)	umber)						
С	INSTRUCTIONS: In line 1, give any busi	ness or trade names used to ide	entify the business and operation of t	he system unless these				
_	names already appear in space B. In line	2, give the mailing address of t	he system, if different from the addre	ess given in space B				
System	1							
	MAILING ADDRESS OF CABLE SYSTEM	1:						
	2 (Number, street, rural route, apartment, or suite i	umber)						
	(City, town, state, zip code)							
Privacy Act Notic	e: Section 111 of title 17 of the United States Code at	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this				

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 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 fling, a determination that would be made by a court of law.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	Venture Communications Coop.	27					
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 know as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First	Rosholt	SD					
Community							
dd Rows as Necessary							

									1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:	:					SYS	
	Venture Communication	ns Coop.							279
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s			-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	`				,	le system	, broken	
scribers and	down by categories of secondar	, transmission	service.	In general, yo	u can com	pute the numbe	r of subsc	ribers in	
Rates	each category by counting the n			U J (charged	
	separately for the particular serv Rate: Give the standard rate c					•	,	ne and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc				,				
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			0		0			
	subscriber who pays extra for ca								
	first set" and would be counted of	once again und	er "Serv	ice to addition	al set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a					•			
	sufficient.	nu rates, in the	e nym-n					Service 13	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SER	VICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		161	122.39	Core			9	53.1
	 Service to additional set(s) 				My Cho	oice		12	58.0
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	•				
					5				
E	In General: Space F calls for rat		per) infor	mation with re		ll your cable sys	tem's serv	vices that were	
F	In General: Space F calls for rat not covered in space E, that is, t	te (not subscrib hose services	that are	not offered in o	spect to a combinatio	on with any seco	ndary trar	ismission	
-	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar	te (not subscrib hose services re two exceptio	that are ns: you	not offered in a do not need to	spect to a combinatio give rate	on with any seco information cond	ndary trar cerning (1)	smission services	
F Services Other Than	In General: Space F calls for rain not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services	te (not subscrit hose services e two exceptio or facilities furr	that are ns: you nished to	not offered in o do not need to o nonsubscribe	spect to a combinatio give rate rs. Rate ir	on with any seco information cond nformation shoul	ndary trar cerning (1) d include	smission) services both the	
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Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
lame	Venture Communicat	tions Coop.		2					
	PRIMARY TRANSMITTERS:	TELEVISION							
G imary	carried by your cable syste FCC rules and regulations	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the $\chi(2)$ and (4) or 76 63 (referring to 76 61	(1) stations carried only on a part- e carriage of certain network progr	time basis under rams [sections					
smitters:	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.								
evision	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 her station was carried only or	e in space G—but do list it in space I (then a substitute basis.		0,					
		also in space I, if the station was carried on concerning substitute basis stations, s							
	Column 1: List each statio	n's call sign. Do not report origination pr	rogram services such as HBO, ES	PN, etc. Identify each					
	"WETA-2" as the same on	d with a station according to its over-the- the form.	-air designation. For example, rep	ort multistream					
		el number the FCC assigned to the telev	vision station for broadcasting over	r the air in its community					
		/RC is channel 4 in Washington, D.C. n case whether the station is a network s	station, an independent station, or	a noncommercial					
		ering the letter "N" (for network), "N-M" (f							
		, "E" (for noncommercial educational), or erms, see page (iv) of the general instruct		tional multicast).					
	Column 4: Give the location	on of each station. For U.S. stations, list t	the community to which the station	-					
	FCC. For Mexican or Cana	idian stations, if any, give the name of th	ie community with which the stallo	n is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KDLO	3	N	FLORENCE, SD					
		3 5	N N						
	KDLO			FLORENCE, SD					
	KDLO KDLT	5	N	FLORENCE, SD SIOUX FALLS, SD					
	KDLO KDLT KTTW	5 7	N	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD					
	KDLO KDLT KTTW KABY	5 7 9	N N N	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD					
	KDLO KDLT KTTW KABY KDSD	5 7 9 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					
	KDLO KDLT KTTW KABY KDSD KWCM	5 7 9 10 10	N N N E	FLORENCE, SD SIOUX FALLS, SD SIOUX FALLS, SD SIOUX FALLS, SD ABERDEEN, SD APPLETON, MN					

EGAL NAME OI								SYSTEM I 27
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pay ed by the cable s re station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Peric	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5 SYSTEM ID#
Name	Venture Communicati							2797
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	DG			
I	In General: In space I, ident	tify every no	onnetwork telev	<i>ision program</i> , broadcast b	y a <i>distant</i> sta	tion, that	your cable sys	stem carried on a
	substitute basis during the a	accounting p	period, under sp	ecific present and former F	- - CC rules, reg	julations, d	or authorizatio	ons. For a further
Substitute	explanation of the programn				the general ins	structions	in the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	• During the accounting pe		ur cable syster	n carry, on a substitute ba	asis, any nonr	network te		
Program Log	broadcast by a distant sta						YES	X NO
	Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must com	plete the pro	gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broo the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	a distant sta egulations, ries like "m. Bulls." m was broa sign of the adcast stat nadian stati nth and day ve "5/7." ies when th . Example: ter "R" if the and regulat	ation and that y or authorizatio ovies" or "bask adcast live, ent station broadd ion's location (ions, if any, the y when your sy he substitute pr a program car e listed program tions in effect of	ns. See page (v) of the ge etball." List specific progr- er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you ried by a system from 6:0 n was substituted for prog luring the accounting perior	ted for the pro- eneral instruct am titles, for e "No." ram. he station is live e station is live e program. U- tr cable syste 1:15 p.m. to e gramming that bod; enter the l	ogrammir tions for fu example, censed by lentified). se numer m. List the 5:28:30 p. t your sys letter "P"	ng of another urther informa "I Love Lucy" y the FCC or rals, with the e times accu m. should be stem was <i>req</i> if the listed p	station ation. ' or , in month rately <i>uired</i>
	effect on October 19, 1976	-		·	11			1
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED		7. REASON FOR DELETION
	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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		+	+					
			+					
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Accounting Period:	2023/2 FORM	M SA1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Venture Communications Coop.	2797						
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 tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	vice						
	COPYRIGHT ROYALTY FEE							
L 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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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-mon accounting period is \$52.00	th						
	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 \$137,100)							
	1. Base amount under statutory formula \$ 263,800.00							
	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						
	o. meres charge. Enter the amount from the 4, space Q, page o	0.00						
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula							
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01							
	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	<u> </u>						
	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)	0						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	0						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00						
	EFT Trace # or TRANSACTION ID # 27C7RPR8							
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrigh See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more informat							

Accounting Period:	2023/2			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: nunications Coop.		SYSTEM ID# 2797
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	s, and (2) the cable system's total number I number of channels on which the cable television broadcast stations I number of activated channels able system carried television broadcast		6
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFOR about this statement of account.)	RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Tyler McPeak	Telephone	605 852-2224
	Address	PO Box 157 (Number, street, rural route, apartment, or suite Highmore, SD 57345 (City, town, state, zip)	number)	
	Email	tylermc@venture.coop	Fax (optional)	
O Certification	I, the undersig (Own (Age i X (Off i I have examin are true, compl	er other than corporation or partnership at of owner other than corporation or partnership line 1 of space B and that the owner is not cer or partner) I am an officer (if a corpora line 1 of space B. d the statement of account and hereby dec te, and correct to the best of my knowledge on 1001(1986)]	b) I am the owner of the cable system as identified in line 1 of space rtnership) I am the duly authorized agent of the owner of the cable	system as identified /ner of the cable system
		Title: Genera	al Manager held in corporation or partnership)	
		Date:	2-27-2024	

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 fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ture Communications Coop.	279
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 fol- lowing 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 sub- scribers 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 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 Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>
xdays	s
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	
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	-
	<u>-</u>
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u>-</u>
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u> </u>
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u>-</u>
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	• • • • • • • • • • • • • • • • • • •
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	• • • • • • • • • • • • • • • • • • •

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