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			
1-18-24	\$			
	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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31				
		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.	0502			
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		Cunningham Communications, Inc.				
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM				
		PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number)				
		Glen Elder, KS 67446-9795				
		(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 se 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:				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		,				
		(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.

Accounting Period:	2023/2	EODM SA1 2E DACE 1b						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#						
Name								
	Cunningham Communications, Inc.	30502						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, anathments, condominiums, or mobile home parks should be reported in parentheses below the identified.							
Area Served	ICITY.							
	CITY OR TOWN	STATE						
First	Concordia	KS						
Community								
Add Rows as Necessary								

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cunningham Communications, Inc.

30502

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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.

BL	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	515	58.50	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial			
Converter			
Residential			
Non-residential			
		1	

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		
Continuing Services:		Installation: Non-residential			
• Pay cable	10.25-52.75	Motel, hotel		Expanded Basic	134.5
 Pay cable—add'l channel 		Commercial		Digital Basic	14.9
 Fire protection 		• Pay cable		HD Plus	4.
 Burglar protection 		Pay cable-add'l channel		Out of Market Tier	11.
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

30502

Cunningham Communications, Inc.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNB	4	N	Superior, NE
KSNC	2	N	Great Bend, KS
KSNT	22	N	Topeka, KS
KFXL	4	N	Superior, NE
KSCW	33	N	Wichita, KS
KAKE	10	N	Wichita, KS
KBSH	7	N	Hays, KS
WIBW	13	N	Topeka, KS
KOOD	9	E	Bunker Hill, KS
KGIN	10	N	Lincoln, NE
KHGI	13	N	Kearney, NE
KAAS	18	N	Salina, KS
КЅНВ	41	N	Kansas City, MO
KMTW	35	N	Wichita, KS
KTMJ	43	N	Topeka, KS
KTKA	49	N	Topeka, KS
KTKACW+	49	N	Topeka, KS

Cunningham Communications, Inc.

30502

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).

	I	0:-	I	T a	I		I
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			 				
		ļ					
		 					

Accounting Perio	nd· 2023/2						FOR	M SA1-2E. PAGE 5.
_	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Cunningham Commun	ications,	Inc.					30502
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In 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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						For a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televisio	n progran	1
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	'Yes," you mu	st complete th	ne prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor	ce, please a of every no distant stat gulations, o ies like "mo	add additional r nnetwork televi ion and that your authorizations	rows to the tables. ision program ("substitute p ur cable system substituted s. See page (v) of the gene	orogram") that d for the progreral instruction	t, during the a ramming of ar ns for further in	ccounting nother stan	l tion
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Can	n was broad sign of the s adcast station adian station	station broadca on's location (th ons, if any, the o		m. station is lice station is iden	tified).		
	first. Example: for May 7 giv	ve "5/7." es when the	substitute pro	tem carried the substitute p gram was carried by your o ed by a system from 6:01:1	cable system.	List the times	accurate	
	•	and regulation	ons in effect du		; enter the lett	ter "P ["] if the lis	ted progr	
	S	WHEN SUBSTITUTE CARRIAGE OCCURRE			7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM	ES TO	DELETION
						_		
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ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE YSTEM ID
Name	Cunningham Communications, Inc.				3050
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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.	system's tion of hov	secondary transm v to compute this a	ission service amount, see	1,525.50
	IMPORTANT: You must complete a statement in space P concerning gross			(Amount of gi	,
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	lty fee that	you must pay for th	nis six-month	
	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	d 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L	ESS (but	more than \$137,	100)	
	Base amount under statutory formula		·	=	
	2. Enter amount of gross receipts from space K			=	
	3. Subtract line 2 from line 1	\$	82,274.50	-	
	4. Enter the amount of gross receipts from space K			181,525.50	
	5. Enter the amount from line 3		\$	82,274.50	
	6. Subtract line 5 from line 4			99,251.00	
	7. Multiply line 6 by .005 (enter figure here)				496.26
	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		\$	496.26
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2	63,800 (b	ut less than \$527	7,600)	
				-	
	Enter the amount of gross receipts from space K			_	
	Base amount under statutory formula	\$	263,800.00	=	
	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).				
	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	6		
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	496.26	
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)			20.00	
	2. Filling Fee (See the instructions for more information on nilling fee calculations)		<u> </u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	516.26
	1				

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Communications, Inc.	SYSTEM ID# 30502
M Channels	to its subscriber The subscriber The subscriber The subscriber Subscriber the total on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. It is total number of activated channels be cable activated channels be cable system carried television broadcast stations broadcast stations broadcast stations broadcast stations broadcast stations broadcast services broadcast services broadcast services broadcast stations broadcast services broadcast services broadcast stations broadcast services broadcast services broadcast stations broadcast services broadcast services broadcast services broadcast services broadcast services broadcast services broadcast stations broadcast services broadcast services broadcast services broadcast services broadcast stations broadcast services broadcast	
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Brent Cunningham Telephone 785-545-3215	
	Address	PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number) Glen Elder, KS 67446 (City, town, state, zip)	
	Email	brent@ctcfiber.net Fax (optional 785-545-3277	
	CERTIFICATION	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned	ned, hereby certify that (Check one, but only one, of the boxes.)	
	X (Owne	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agen	ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Office	icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	1
	are true, comple	ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein olete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		X /s/ Brent Cunningham	
		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: Brent Cunningham	
		Title: GM/VP (Title of official position held in corporation or partnership)	
		Date: 1-18-24	

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ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
nningham Communications, Inc.	30502
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.	P Special Statement Concerning Gross 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? NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	· -
INTEREST ASSESSMENT	<u>'</u>
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
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	
Accounting period	

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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	