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

for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT		
		<u>د</u>	coplicsoa@copyright.gov For additional information,	
General instructions are located in the first tab of this workbook.	2-13-24	ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	

A	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	ProVision LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 1728 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number: street nural route apartment or suite number).
	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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID#         ProVision LLC       61647         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, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified								
Humo									
D									
Served	city.								
First	CITY OR TOWN Altoona	STATE							
Community	(Oakland Pointe)								
2	(Spruce Pointe)								
Add Rows as Necessary	(Altoona Towers)								
	Urbandale	IA							
	(Cross Creek)								
	Grimes	IA							
	(Oak Crossing)								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1-				
Name	ProVision LLC	ADEE OTOTEM.					010	6164			
Е	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		-								
Secondary	about other services (including p										
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub- scribers and	<b>Number of Subscribers:</b> 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										
Rates	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).										
	<b>Rate:</b> 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										
	unit in which it is generally billed category, but do not include disc	•	,		d rate variations	within a partic	ular rate				
	Block 1: In the left-hand block				ondarv transmiss	ion service th	at cable				
	systems most commonly provide	•		•							
	that applies to your system. Note		•		•						
	categories, that person or entity					•					
	subscriber who pays extra for ca first set" and would be counted o				In the count und	er "Service to	the				
	Block 2: If your cable system				service that are o	different from	those				
	printed in block 1 (for example, t				,	,	0				
	with the number of subscribers a	nd rates, in the	e right-hand block.	two- or three	e-word descriptio	n of the servic	ce is				
-	sufficient.	OCK 1		П		BLOCK 2					
		NO. OF				DLOOKZ	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Residential:										
	Service to first set										
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel Commercial		544 90	5							
	Converter		544 8.9	5							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISSIONS: RAT	ES							
F	In General: Space F calls for rat	e (not subscrib	er) information with	respect to al	l your cable syste	em's services	that were				
Г	not covered in space E, that is, t										
Services	service for a single fee. There ar	•		•		• • •					
Other Than	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,										
Secondary	enter only the letters "PP" in the rate column.										
ransmissions: Rates	<ul><li>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</li><li>Block 2: List any services that your cable system furnished or offered during the accounting period that were not</li></ul>										
Nates	<b>Block 2:</b> 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) descrip										
		BLO	CK 1				BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	ERVICE	RATE	CATEGOR	Y OF SERVICE	RAT			
	Continuing Services:		Installation: Non-	residential							
	• Pay cable		<ul> <li>Motel, hotel</li> </ul>								
	<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial								
	Fire protection		<ul> <li>Pay cable</li> </ul>								
	•Burglar protection		• Pay cable-add	l channel							
	Installation: Residential		Fire protection								
	• First set	49.95	• Burglar protect	ion							
	Additional set(s)		Other services:		07 50						
	• FM radio (if separate rate)		Reconnect     Disconnect		27.50						
			I ucconnect								
	• Converter			-							
	• Converter		Outlet relocation     Move to new a								

ounting Period: 2	-			FORM SA1-2E. PA					
Name		OF CABLE SYSTEM:		SYSTEM 610					
	ProVision LLC	751514000		610					
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)								
G	carried by your cable syste	m during the accounting period, except (1	) stations carried only on a part-ti	me basis under					
Primary		in effect on June 24, 1981, permitting the $e^{3/2}$ and (4) or 76.63 (referring to 76.61)							
Transmitters: Television	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program								
	basis under specific FCC rules, regulations, or authorizations:								
	• Do <i>not</i> 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.								
		also in space I, if the station was carried b							
		on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro							
		d with a station according to its over-the-a	ir designation. For example, repo	ort multistream					
	"WETA-2" as the same on Column 2: Give the chann	the form. nel number the FCC assigned to the televis	sion station for broadcasting over	the air in its community					
		RC is channel 4 in Washington, D.C.	ation on independent station or a	noncommercial					
		h case whether the station is a network sta ering the letter "N" (for network), "N-M" (for	•						
	(for independent multicast)	, "E" (for noncommercial educational), or "	E-M" (for noncommercial education						
		erms, see page (iv) of the general instructi on of each station. For U.S. stations, list th		is licensed by the					
		adian stations, if any, give the name of the		-					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	woi	5	N	Ames, IA					
	KDSM	17	1						
				Des Moines, IA					
ld Rows as Necessary	KCCI	8	<u>N</u>	Des Moines, IA					
	KFPX	39 11	<u> </u>	Newton, IA					
	KDIN WHO	13	E N	Des Moines, IA Des Moines, IA					
	KCWI	23	<b>I</b>	Ames, IA					

LEGAL NAME OF		CABLE S	YSTEM:					SYSTEM I
ProVision L								616
	t every radio s	tation ca	nried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of f For detailed info paper SA1-2 for <b>Column 1</b> : lo <b>Column 2</b> : S	it is carried by monitoring, to prmation abour rm. dentify the call state whether t	/ the sys be receiv t the Cop sign of e he statio	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the s byright Office regulations on th each station carried. on is AM or FM. nal was electronically process	t the system's hea system's FM ante his point, see page	adend, and (2) nna, during ce e (v) of the ge	it can b rtain sta neral ins	e expected, ted intervals. tructions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing Give the statior	a check n's locatio	mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FCC			
			·				·	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			<b>-</b>					
		<u> </u>						
							+	

Accounting Perio							FOF	RM SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	ProVision LLC							61647			
-	SUBSTITUTE CARRIAGI	E: SPECIAI	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.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and Program Log	proadcast by a distant station?										
Frogram Log					() / "						
	Note: If your answer is "No	o," leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist comple	te the progra	am			
	log in block 2.										
	2. LOG OF SUBSTITUTI In General: List each subs			te line. Lise abbreviations	wherever nos	sible if the	air meaning i	c			
	clear. If you need more spa				wherever pos		an meaning i	5			
	Column 1: Give the title	of every nor	nnetwork televi	sion program ("substitute							
	period, was broadcast by a										
	under certain FCC rules, re Do not use general catego										
	"NBA Basketball: 76ers vs.	. Bulls."		"Yes." Otherwise enter "							
		0		sting the substitute progra			500 ·				
	the case of Mexican or Car			e community to which the			e FCC or, in				
				em carried the substitute			, with the mo	onth			
	first. Example: for May 7 gi	ive "5/7."									
	Column 6: State the tim to the nearest five minutes			gram was carried by your				ely			
			program carrie	ed by a system norm 0.01.	. 15 p.m. to 0.2	0.50 p.m.					
	Istated as "6:00–6:30 p.m."										
		ter "R" if the		was substituted for progra							
	<b>Column 7:</b> Enter the lett to delete under FCC rules	ter "R" if the and regulatio	ons in effect du	ring the accounting period	d; enter the let	ter "P" if th	e listed prog				
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for program	ter "R" if the and regulatic mming that y	ons in effect du	ring the accounting period	d; enter the let	ter "P" if th	e listed prog				
	<b>Column 7:</b> Enter the lett to delete under FCC rules	ter "R" if the and regulatic mming that y	ons in effect du	ring the accounting period	d; enter the let er FCC rules a	ter "P" if th ind regulat	e listed prog ions in				
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y 5. SUBSTITUT	ons in effect du our system wa	ring the accounting period s permitted to delete unde	d; 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			
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y 3.	ons in effect du our system wa	ring the accounting period s permitted to delete unde	d; enter the let er FCC rules a	ter "P" if th ind regulat EN SUBST	e listed prog ions in	ram			
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y 5. SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	d; 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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	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y 5. SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	d; 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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	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y 5. SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	d; 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			
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y 5. SUBSTITUT 2. LIVE?	E PROGRAM	ring the accounting period s permitted to delete unde	d; 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			

Accounting Period:	<b>2023/2</b> FORM SA1-2E. P	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: ProVision LLC 6	M ID# 1647
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, 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 \$263,800. 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 \$ 52.0	00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	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	<u> </u>
	o. Interest charge. Enter the amount from line 4, space Q, page 6	<u>, , , , , , , , , , , , , , , , , , , </u>
	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 \$ 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) \$ 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	
Filler Fr.		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)       \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.0	00
	EFT Trace # or TRANSACTION ID # 27BROJLB	
	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:	2023/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF ProVision LL	F OWNER OF CABLE SYSTEM: . <b>C</b>	SYSTEM ID# 61647
<b>M</b> Channels	to its subscrit 1. Enter the to system car 2. Enter the to on which th	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. total number of channels on which the cable rried television broadcast stations	7 30
N Individual to		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual ct about this statement of account.)	
Be Contacted for Further Information	Name	Donelda Koble Telephone 7	01 838-5776
	Address	PO Box 1728 (Number, street, rural route, apartment, or suite number) Minot, ND 58702 (City, town, state, zip)	
	Email		
O Certification	(Ow (Age X (Off • I have examin are true, com	aned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) <b>ner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; of <b>ant of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or <b>ficer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. Hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. action 1001(1986)]	tem as identified
		X       /s/ Darla Whitty         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:       Darla Whitty         Title:       Partner         (Title of official position held in corporation or partnership)	
		Date: 2-13-24	

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.

unting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Vision LLC	61647
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 made by satellite carriers to satellite dish owners?         NO         YES. Enter the total here and list the satellite carrier(s) below.         Name         Mailing Address	P Special Statement Concerning Gross Receipts Exclusion
<b>INTEREST ASSESSMENT</b> 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SAT-2 form.	~
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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C	Cal Wol	ble rksheet	Total amount of remittance	Nu	1	Initials				
			Date of remittance	Check	🗆 EFT	□ FILING 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-Dec period) No spaces)								
Period		Letter sent     Information received								
		oted	C	] Phone call/Da	te/Contact					
Space B Owner										
	□ Letter	rsent	Information received							
		oted	Phone call/Date/Contact							
Space D Area Served										
	□ Letter	r sent	□ Information received							
		oted	Phone call/Date/Contact							
Space E Secondary Transission										
Service Subscribers:	□ Letter	r sent	Information received							
and Rates		oted	Phone call/Date/Contact							
Space G Primary Transmitters:										
Television	□ Letter	r sent	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		