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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:	
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	2-26-24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YYY	(Y/(Period))	
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20	232 Barcode Data Filing Period (optional -	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner the subsidiary, not that of the parent of	of the cable system. If the owner is a subsidia corporation.	ary of another corporation, give the full corp	orate title of
Owner	List any other name or names under w	which the owner conducts the business of the	cable system.	
	-	the accounting period, only the owner on the payment covering the entire accounting perio		bmit a single
	Check here if this is the system's first	filing. If not, enter the system's ID number as	signed by the Licensing Division.	63003

	_	check here it and is the system sing thing. If not, enter the system site humber assigned by the Elechang Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		NW Communications Co
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 400
		(Number, street, rural route, apartment, or suite number)
		Blair, NE 68008
		(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 unless these as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	4	IDENTIFICATION OF CABLE SYSTEM:
	1	063003
		MAILING ADDRESS OF CABLE SYSTEM:
		PO Box 400
	2	(Number, street, rural route, apartment, or suite number)
		Blair, NE 68008
		(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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	NW Communications Co	63003
D Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	is the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
First Community	CITY OR TOWN Schell City Rockville	STATE MO MO
	Strafford	MO
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C								SA1-2E. PAGE	
Name	NW Communications Co									
	NW Communications Co)							6300	
F	SECONDARY TRANSMISSION									
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary	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									
Transmission	last day of the accounting period	, ,			2			ing on the		
Service: Sub-	Number of Subscribers: Both	blocks in space	e E call	for the numbe	r of subsc	ribers to the cab				
scribers and	down by categories of secondary									
Rates	each category by counting the nu separately for the particular service	-						charged		
	Rate: Give the standard rate c							e and the		
	unit in which it is generally billed.	-	-	•			-			
	category, but do not include disc									
	Block 1: In the left-hand block	•		0		•				
	systems most commonly provide that applies to your system. Note									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca	ble service to ac	dditiona	al sets would be	e included	in the count und	ler "Servio	e to the		
	first set" and would be counted o									
	Block 2: If your cable system h	-		•						
	printed in block 1 (for example, ti with the number of subscribers a									
	sufficient.	nu rates, in the	nym-na					ervice is		
	BLO	OCK 1					BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		6	\$109.99/mo						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO									
F	In General: Space F calls for rat									
•	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services		,		0		0()			
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the					C C		0		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	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									
	listed in block 1 and for which a separate charge was made or established. List these other services in the brief (two- or three-word) description and include the rate for each.							IOIII OI A		
		BLOC						BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVIC	E RATI	
	Continuing Services:			ation: Non-res						
	• Pay cable		• Mot	tel, hotel						
	• Pay cable—add'l channel			nmercial						
	Fire protection			/ cable						
	•Burglar protection			/ cable-add'l ch	annel					
	Installation: Residential			protection						
	First set			glar protection						
	Additional set(s)			services:						
	• FM radio (if separate rate)			connect						
	• Converter			connect						
	Converter		• Out							
				let relocation	ess					

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER C			6300
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eaci educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	1) stations carried only on a part-tir e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also the page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repo- ision station for broadcasting over the tation, an independent station, or a for network multicast), "I" (for indepen- "E-M" (for noncommercial education tions in the paper SA1-2 form. the community to which the station	me basis under ims [sections tions carried on a bostitute program Log)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	4. LOCATION OF STATION		
	KOAM	7	N	Joplin, MO
	KODE	9	N	
	NODE	0	IN	Joplin, MO
ows as Necessary	KSNF	3	N	Joplin, MO Joplin, MO
vs as Necessary				
s as Necessary	KSNF	3	N	Joplin, MO
as Necessary	KSNF KFJX	3 4	N N N	Joplin, MO Joplin, MO
as Necessary	KSNF KFJX KCWE-CW	3 4 23	N N	Joplin, MO Joplin, MO Kansas City, MO
ws as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO
lows as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO
Rows as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO
Rows as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO
Rows as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO
Rows as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO
Rows as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO
Rows as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO
Rows as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO
Rows as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO
Rows as Necessary	KSNF KFJX KCWE-CW KCPT	3 4 23 8	N N N E	Joplin, MO Joplin, MO Kansas City, MO Kansas City, MO

Accounting P							FORM	/I SA1-2E. PAGE 4
			YSTEM:					SYSTEM ID#
NW Commu	nications C	<i>,</i> 0						63003
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abourts. Internet whether to the radio station this by placing tive the station	y the syst be receivent t the Co sign of e he station on's sign g a check h's location	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	ne expected, ated intervals. structions in the. nd discrete	Primary Transmitters: Radio
		-	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		 						

Accounting Perio	d: 2023/2						F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:					SYSTEM ID#
Name	NW Communications	Co						63003
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	itions, or au	uthorization	is. For a further
Carriage:	1. SPECIAL STATEMENT				5			
Special	During the accounting per				is any nonnel	work telev	rision prog	ram
Statement and	broadcast by a distant sta	-			io, any normo			X
Program Log	-		_				YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE			4- Kara		-:		- :-
	In General: List each subs clear. If you need more spa				wnerever pos	SIDIE, IT THE	eir meaning	gis
				sion program ("substitute	program") tha	t, during th	ne account	ling
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming c	of another a	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	ove Lucy"	or
			dcast live, ente	r "Yes." Otherwise enter "N	No."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	am.			
				e community to which the			e FCC or,	in
	the case of Mexican or Car			community with which the steep carried the substitute r			with the n	nonth
	first. Example: for May 7 give		when your sys		program. Ose	numerais	, with the f	nonui
			e substitute pro	gram was carried by your o	cable system.	List the tir	nes accur	ately
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."							
	Column 7: Enter the lett			was substituted for progra				
	Column 7: Enter the lett to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if th	e listed pro	
	Column 7: Enter the lett	and regulation nming that y	ons in effect du	ring the accounting period	l; enter the let	ter "P" if th	e listed pro	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program	and regulation nming that y	ons in effect du	ring the accounting period	l; enter the let er FCC rules a	ter "P" if th ind regulat	e listed pro ions in	
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	and regulation nming that y SUBSTITUT	ons in effect du your system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a WHE CARRI	ter "P" if th ind regulat	e listed pro ions in ITUTE CURRED	7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	and regulation nming that y	ons in effect du /our system wa	ring the accounting period s permitted to delete unde	l; enter the let er FCC rules a	ter "P" if th ind regulat	e listed pro ions in ITUTE	7. REASON FOR DELETION
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	and regulation nming that y	ons in effect du your system wa	ring the accounting period s permitted to delete unde	I; enter the let FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat N SUBST AGE OCC 6.	e listed pro ions in TTUTE CURRED TIMES	7. REASON FOR DELETION
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Accounting Period:	2023/2 FORM SA1-2E. PA	GE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
	NW Communications Co 630	003
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.	
	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 \$263,800 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	0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00	0
	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
	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 0.00	
	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 Due	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)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00	D
	EFT Trace # or TRANSACTION ID # 27C6OJMN	
	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 NW Communi	OWNER OF CABLE SYSTEM: cations Co				SYSTEM ID# 63003
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system's t al number of channels on which ed television broadcast stations al number of activated channel e cable system carried television	otal numb n the cable ss n broadcas		unting period.	7 45
N Individual to Be Contacted		t about this statement of accour	nt.)	RMATION IS NEEDED (Identify an indivi		
for Further Information	Name Address	Joy McConnell-Coucl 13200 Metcalf, Suite 4 (Number, street, rural route, apartm Overland Park, KS 66 (City, town, state, zip)	100 nent, or suite	number)	Telephone 72	20-853-1330
	Email	jmcouch@fastw	yre.com		Fax (optional	
O Certification	I, the undersign (Own (Ager X (Offi I have examine are true, compl	ed, hereby certify that (Check on er other than corporation or pa it of owner other than corporat in line 1 of space B and that the cer or partner) I am an officer (if in line 1 of space B. d the statement of account and h	e, but only artnership; tion or par e owner is r i a corporat ereby decla	ied and signed in accordance with Copy one, of the boxes.)) I am the owner of the cable system as ide tnership) I am the duly authorized agent of not a corporation or partnership; or tion) or a partner (if a partnership) of the le are under penalty of law that all statements e, information, and belief, and are made in	entified in line 1 of space B; or of the owner of the cable syste egal entity identified as owner o s of fact contained herein	m as identified
			Enter an el	/s/ Keith Soldan ectronic signature on the line above to certi ature using an "/s/ signature" (e.g., /s/ John		
		Typed or printed Title: (Titl	Chief F	Keith Soldan inancial Officer iosition held in corporation or partnership)		
		Date:		F	February 26, 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 fling, a determination that would be made by a court of law.

ounting Period: 2023/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Communications Co	6300
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? X NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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@copyright.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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C	Cable Worksheet		Total amount of remittance	d Initials	
			Date of remittance	Check CFT	
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗆 Janua	ary 1 - June 30, 2017		July 1 - December 31, 2017	
	🗆 Lette	r sent		Information received	
	Accept	oted		Phone call/Date/Contact	
Space B Owner					
	🗆 Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space D Area Served					
	□ Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	🗆 Lette	r sent		Information received	
and Rates		oted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	🗆 Lette	r sent		Information received	
		oted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio		oted		Phone call/Date/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 Fee
□ 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	
	Phone call/Date/Contact	