This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2-29-24	\$ 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 2023/2 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
	SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	2601 EAST STREET
	(Number, street, rural route, apartment, or suite number) TEXARKANA, AR 71854
	(City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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, 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 fling, a determination that would be made by a court of law.

Accounting Period: 2023/2 FORM SA1-2E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC. 63132 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 D unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified Area Served CITY OR TOWN STATE **FOUKE** AR First Community **FORT LYNN** AR **GENOA** AR TEXARKANA AR Add Rows as Necessary TRIGG AR DODDRIDGE AR **EMERSON** AR **TALLEY** AR **FULTON** AR WASHINGTON AR **RAVANA** AR **BLOOMBURG** TX HOPE AR BRISTER AR **MCNAB** AR GARLAND AR **KIBLAH** AR **BRIGHT STAR** AR ATLANTA ΤX **NOXOBE** AR **CAPPS CITY** AR **OZAN** AR YANCY AR COLUMBUS AR TAYLOR AR NASHVILLE AR **BLEVINS** AR **MACEDONIA** AR PHILADELPHIA AR MCCASKILL AR

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63132

SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.

E

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.

OCK 1		BLOCK 2			
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
629	40.95	LIFELINE	66	40.95	
158	5.00	PRO	75	85.95	
		PREMIER	444	91.95	
		ULTIMATE	13	#####	
		ULTIMATE-SHOW PROMO	31	#####	
	NO. OF SUBSCRIBERS 629 158	NO. OF SUBSCRIBERS RATE 629 40.95 158 5.00	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 629 40.95 158 5.00 PREMIER ULTIMATE ULTIMATE ULTIMATE-SHOW PROMO	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

brief (two- or three-word) description and include the rate for each.

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

BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential STARZ 8.95 Pay cable · Motel, hotel STARZENCORE ONLY 4.95 • Pay cable—add'l channel Commercial SHOWTIME 17.95 · Fire protection · Pay cable · Pay cable-add'l channel SHOWTIME PROMO 10.99 Burglar protection **HISPANIC** 8.95 Installation: Residential · Fire protection VARIETY PLUS 2.95 First set Burglar protection **MOVIE PAK** 1.95 Additional set(s) Other services: • FM radio (if separate rate) Reconnect Converter Disconnect Outlet relocation · Move to new address

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

63132

SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.



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
KTBS	3-1	N	SHREVEPORT, LA
KTBS-WX	3-2	N-M	SHREVEPORT, LA
KTBS-24	3-3	N-M	SHREVEPORT, LA
KTALDT	6-1	N	SHREVEPORT, LA
KSLA DT	12-1	N	SHREVEPORT, LA
BOUNCE	12-3	N-M	SHREVEPORT, LA
GRIT	12-4	N-M	SHREVEPORT, LA
KPXJ-HD	21-1	N	TEXARKANA, TX
KPXJ-ME	21-2	N-M	SHREVEPORT, LA
KPXJ-MO	21-3	N-M	SHREVEPORT, LA
KPXJ-AN	21-4	N-M	SHREVEPORT, LA
LPBHD	24-1	Е	MINDEN, LA
LPB2	24-2	E-M	MINDEN, LA
LPB3	24-3	E-M	MINDEN, LA
KMSSTV	33-1	N	MINDEN, LA
KSHV-HD	45-1	N	SHREVEPORT, LA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.

63132

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 -					
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Accounting Perio	d: 2023/2							FORM	/I SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF								SYSTEM ID#
Name	SOUTHWEST ARKANS	SAS TELE	PHONE CO	OPERATIVE, INC.					63132
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	ify every nor ccounting pe ing that mus	nnetwork televis eriod, under spe st be included ir	<i>sion program,</i> broadcast by ecific present and former FC n this log, see page (v) of th	a <i>distant</i> stat CC rules, regu	lations, or a	authoriz	zations.	For a further
Special	During the accounting per	riod, did you	ır cable system	n carry, on a substitute bas	sis, any nonn	etwork tele	evision	prograi	m
Statement and Program Log	broadcast by a distant stat	•	,	,	, ,			YES	X NO
Program Log	,		root of this no	go blank If your answer is	"Voo." vou n	aust sampl		_	
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. II your answer is	res, you n	iusi compi	ete the	e progra	m
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, cries like "mo Bulls." m was broad sign of the adcast static and and day eve "5/7." es when the Example: a ter "R" if the and regulation ming that y	am on a separa add additional annetwork televion and that your authorization or "basked dcast live, enterstation broadcast is coation (tons, if any, the when your system of a program carrolisted program ons in effect dispendent of the coation of	rows to the tables. vision program ("substitute our cable system substitute is. See page (v) of the genetball." List specific program "Yes." Otherwise enter "asting the substitute program ended in the community to which the community with which the stem carried the substitute or gram was carried by your ied by a system from 6:01 in was substituted for programing the accounting perio	program") the d for the properal instruction titles, for ending the station is lice station is lice station is ide program. Us cable system 15 p.m. to 6 camming that d; enter the left for the station is the station is ide program.	nat, during gramming ons for fur example, "I ensed by the entified). See numeral entified p. 28:30 p.m. your systeetter "P" if	the ac of and ther in Love I the FC s, with times a . shou	ecounting other state formatic Lucy" or CC or, in the moaccurate all be serequire ted programmer.	g Ition in. nth ely
	Sheet on Catabar 10, 1010	•			II whi	EN SUBST	FITUTI	F	
	S	UBSTITUT	E PROGRAM			IAGE OC			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. FROM	TIMES	TO	DELETION
							_		
							_		
					-		_		
						 			
		 	l				=		
	 	 	+						
					-				

Accounting Period:	2023/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE, INC.		S	YSTEM ID# 63132
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hor 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.	secondary transm w to compute this	ission service amount, see	4,545.30
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informati	than \$527,600 on.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00 Line 1. Royalty fee for accounting period	, ,		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	2	· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	00)	
	Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K	154,545.30	-	
	3. Subtract line 2 from line 1	109,254.70	-	
	4. Enter the amount of gross receipts from space K	\$ 1	154,545.30	
	5. Enter the amount from line 3		109,254.70	
	6. Subtract line 5 from line 4	\$	45,290.60	
	7. Multiply line 6 by .005 (enter figure here)			226.45
	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		\$	226.45
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bi	ut less than \$527	,600)	
	Enter the amount of gross receipts from space K		-	
	2. Base amount under statutory formula	263,800.00	=	
	Subtract line 2 from line 1		-	
	Novalty 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			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	.\$	226.45	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	246.45
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f			ts!

Accounting Period:	2023/2			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: ARKANSAS TELEPHONE COO	OPERATIVE, INC.	SYSTEM ID# 63132
M Channels	to its subscribe The subscribe The subscribe The subscribe system carrie Enter the total on which the	rs, and (2) the cable system's total all number of channels on which the detelevision broadcast stations all number of activated channels cable system carried television broadcast.		14 215
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.)	INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Tina Moore	Tele	ephone 870-653-8222
	Address	2601 East Street (Number, street, rural route, apartment, Texarkana, AR 71854 (City, town, state, zip)	, or suite number)	
	Email	tinam@swatco.com	n Fax (optional 870-	653-7156
O	I, the undersigned (Owned) (Agen X (Office) I have examined.	d, hereby certify that (Check one, but or other than corporation or partners of owner other than corporation in line 1 of space B and that the owner or partner) I am an officer (if a coin line 1 of space B. the statement of account and herebate, and correct to the best of my known 1001(1986)]	or partnership) I am the owner of the cable system as identified in line 1 of sport partnership) I am the duly authorized agent of the owner of the caner is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identified an analysis of the legal entity identified and sy declare under penalty of law that all statements of fact contained he wiledge, information, and belief, and are made in good faith. X /s/Tina Moore The caner is not a corporation or partnership; or the legal entity identified an analysis of the legal entity identified and any declare under penalty of law that all statements of fact contained he wiledge, information, and belief, and are made in good faith.	pace B; or able system as identified as owner of the cable system
		Title: Ac	ccountant/Compliance Officer official position held in corporation or partnership)	
		Date:	2/29/2023	

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Accounting Period: 2023/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

SOUTHWEST ARKANSAS TELEPHONE COOPERATIVE. INC.

63132

DOUTHWEST ARRANGAS TELETHONE GOOT ERATIVE, ING.	
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	<u> </u>
INTEREST ASSESSMENT	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line i Enter the amount of late payment or underpayment	-
x	_
Line 2. Multiply line 1 by the interset rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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	=
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
, idai oco	
ID number	
First community served	•
Accounting period	
	•••

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.

CONTROL #: REMITTANCE #:

Radio

Accepted

C	Ca. Wo	ble rksheet	Total amount of remittance	Number of SAs re	ec'd	Initials
			Date of remittance	Check EFT	FIL	ING FEES
Cable ID #					Amount	Initial
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	Jani	uary 1 - June 30, 2017]	July 1 - December 31, 2017		
	Lett	er sent]	Information received		
	Acc	epted		Phone call/Date/Contact		
Space B Owner						
	Lett	er sent	[Information received		
	Acc	epted	[Phone call/Date/Contact		
Space D Area Served						
	Lett	er sent	[Information received		
	Acc	epted	[Phone call/Date/Contact		

Area Served			
	Letter sent	☐ Information received	
	Accepted	Phone call/Date/Contact	
Space E Secondary Transission			
Service Subscribers:	Letter sent	☐ Information received	
and Rates	Accepted	Phone call/Date/Contact	
Space G Primary Transmitters:			
Television	Letter sent	Information received	
	Accepted	Phone call/Date/Contact	
Space H Primary Transmitters:			

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 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	