This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	by email to:			
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>		
General instru	ems (Short Form) uctions are located of this workbook	2-20-24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))			
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	2023	Barcode Data Filing Period (optional	- see instructions)			
Accounting Period						
В	Instructions: Give the full legal name of the owner of t the subsidiary, not that of the parent cor	-	liary of another corporation, give the full corp	porate title of		
Owner	List any other name or names under whi	ch the owner conducts the business of th	e cable system.			
	If there were different owners during the statement of account and royalty fee pay		ne last day of the accounting period should su iod.	ıbmit a single		
	Check here if this is the system's first filin	ng. If not, enter the system's ID number a	ssigned by the Licensing Division.	63917		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
	Falcon1, Inc.					
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)				
	Minford TV					
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	10717 State Route 139 (Number, street, rural route, apartment, or suite	number)				
	Minford, OH 45653 (City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line					
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTE	М:				
	2 (Number, street, rural route, apartment, or suite	number)				
	(City, town, state, zip code)					
<u> </u>						

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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Falcon1, Inc.	639
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv	unities within unincorporated areas and including single, discre
	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identifi
Area Served	city.	
	CITY OR TOWN	STATE
First	Scioto Township	OH
Community	Marion Township	ОН
	Madison Township	ОН
d Rows as Nasassan	Union Township	ОН
d Rows as Necessary	Hamilton Township	ОН
	Jefferson Township	ОН
	Clay Township	ОН
	Bloom Township	ОН
	Harrison Township	OH
	Valley Township	ОН

									1-2E. PAGE		
Name		ABLE SYSTEM:						513	6391 6391		
	Falcon1, Inc.										
-	SECONDARY TRANSMISSION	SERVICE: SUE	SCRIB	ERS AND RA	TES						
E	<b>In General:</b> 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										
Secondary											
Transmission	, <b>,</b> ,	ay cable) in space F, not here. All the facts you state must be those existing on the (June 30 or December 31, as the case may be).									
Service: Sub-	Number of Subscribers: Both						e system,	broken			
scribers and	down by categories of secondary			•							
Rates	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 cl							e and the			
	unit in which it is generally billed.	-	-				-				
	category, but do not include disc										
	Block 1: In the left-hand block	•		Ũ							
	systems most commonly provide that applies to your system. Note							5,			
	categories, that person or entity			-		-					
	subscriber who pays extra for ca	ble service to a	ditional	sets would b	e included	in the count und	er "Service	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.		0			•					
	BLC	DCK 1 NO. OF	—				BLOCK	X 2 NO. OF	T		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SER	VICE	SUBSCRIBERS	RATI		
	Residential:										
	<ul> <li>Service to first set</li> </ul>	1	,086	35.49	Basic			516	102.4		
	<ul> <li>Service to additional set(s)</li> </ul>	1	,694	5.95	Expand	led		437	112.4		
	• FM radio (if separate rate)				Premiu	m		114	134.4		
	Motel, hotel										
	Commercial		29	35.49							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SECO	ONDARY TRAN	SMISSI	ONS: RATES	6						
F	In General: Space F calls for rat	e (not subscribe	ər) inforn	nation with re	spect to all	your cable syste	em's servio	ces that were			
Г	not covered in space E, that is, the				combinatio	n with any cocor					
	service for a single fee. There are										
Services	furnished at cost or (2) services (	•	shed to		give rate i	nformation conce	erning (1)	services			
Services Other Than	furnished at cost or (2) services of amount of the charge and the un	or facilities furni		nonsubscribe	give rate i rs. Rate in	nformation conce	erning (1) s include b	services oth the			
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the	or facilities furni it in which it is ι rate column.	isually b	nonsubscribe illed. If any ra	give rate in ers. Rate in ites are cha	nformation conce formation should arged on a varial	erning (1) s include b ble per-pro	services oth the			
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate	or facilities furni it in which it is ι rate column. e charged by th	usually b e cable s	nonsubscribe illed. If any ra system for ea	give rate in rs. Rate in ites are cha ich of the a	nformation conce formation should arged on a varial pplicable service	erning (1) s include b ble per-pro	services oth the gram basis,			
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate <b>Block 2:</b> List any services that	or facilities furni it in which it is u rate column. e charged by th your cable syst	usually b e cable s tem furni	nonsubscribe illed. If any ra system for ea shed or offer	give rate in rs. Rate in ites are cha ich of the a ed during t	nformation conce formation should arged on a varial pplicable service ne accounting pe	erning (1) s include b ble per-pro es listed. eriod that v	services oth the gram basis, vere not			
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate	or facilities furni it in which it is u rate column. e charged by th your cable syst separate charge	usually b e cable s tem furni e was ma	nonsubscribe illed. If any ra system for ea shed or offer ade or establis	give rate in rs. Rate in ites are cha ich of the a ed during t	nformation conce formation should arged on a varial pplicable service ne accounting pe	erning (1) s include b ble per-pro es listed. eriod that v	services oth the gram basis, vere not			
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ounting Period: 2	2023/2			FORM SA1-2E. PAC					
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
	Falcon1, Inc.			639					
	PRIMARY TRANSMITTERS:								
G	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, <i>except</i> (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]								
Primary Transmitters:	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.								
Television	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
	<ul> <li>basis under specific FCC rules, regulations, or authorizations:</li> <li>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.</li> </ul>								
	basis. For further informati <b>Column 1:</b> List each static	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro	ee page (v) of the general instructi ogram services such as HBO, ESP	ions. N, etc. Identify each					
	multicast stream associate "WETA-2" as the same on	d with a station according to its over-the-a the form	air designation. For example, repo	ort multistream					
	Column 2: Give the chann	nel number the FCC assigned to the televi	sion station for broadcasting over	the air in its community					
		VRC is channel 4 in Washington, D.C. h case whether the station is a network st	ation, an independent station, or a	noncommercial					
	educational station, by ente	ering the letter "N" (for network), "N-M" (for	or network multicast), "I" (for indepe	endent), "I-M"					
	· · · · · · · · · · · · · · · · · · ·	<ul> <li>"E" (for noncommercial educational), or erms, see page (iv) of the general instruct</li> </ul>		onal multicast).					
	Column 4: Give the location	on of each station. For U.S. stations, list t	he community to which the station	-					
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WPBY	33	N	CHARLESTON, OH					
	WSYX	6	Ν	COLUMBUS, OH					
d Rows as Necessary	WSYX	9	N	COLUMBUS, OH					
	wosu	15	N	COLUMBUS, OH					
	WBNS	10	N	COLUMBUS, OH					
	WCHS	8	N	COLUMBUS, OH					
	WQCW	7	N	PORTSMOUTH, OH					
	<b>WCMH-TV</b>	4	N	COLUMBUS, OH					
	WLPX-TV	21	N	CHARLESTON, OH					
	WOWK=TV	13	Ν	CHARLESTON, OH					
	WSAZ-TV	3	N	CHARLESTON, OH					
	WVAH-TV	11	N	CHARLESTON, OH					
	WTZP-LP	23	Ν	PORTSMOUTH, OH					

Accounting P	eriod: 2023/	2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF		CABLE S	YSTEM:					SYSTEM ID:
Falcon1, Inc	-							6391
	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 a 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 abour m. lentify the call tate whether to the radio stati this by placing ive the station	y the sys be receivent t the Co sign of e he statio on's sign g a check o'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 the the community with which the	t the system's hea 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 ed by the FCC	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters: Radio
0411 01011		0/5				C / F		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2023/2						FORM SA1-2E. PA	GE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM	I ID#
Name	Falcon1, Inc.						63	917
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>				is. anv nonnet	work television pro	ogram	
Statement and Program Log	broadcast by a distant sta		,	<i>,</i>	, ,			
Program Log	<b>Note:</b> If your answer is "No		rost of this par	a blank. If your answer is	"Voc " vou mi			
	log in block 2.	, leave the	rest of this pag	je blarik. Il your answer is	res, you mu	ist complete the pi	ogram	
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs			te line. Use abbreviations	wherever pos	sible, if their mean	ing is	
	clear. If you need more spa	ice, please a	add additional	rows to the tables.			-	
				ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		vies of baske	tuali. List specific program	IT titles, for ex		y Oi	
			dcast live, ente	r "Yes." Otherwise enter "N	No."			
	Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	ım.			
				ne community to which the			or, in	
	the case of Mexican or Car							
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	numerals, with the	e month	
			e substitute pro	gram was carried by your	cable svstem.	List the times acc	uratelv	
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
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	effect on October 19, 1976	UBSTITUT	TE PROGRAM	• • •	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURREI 6. TIMES	DELETIC	

Accounting Period:	2023/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Faicon1, inc.				SYSTEM ID# 63917
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the se (as identified in space E) during the accounting period. For a further explanation 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	system's see	condary transmi compute this a	ssion service mount, see \$ 4	
	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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that you	u must pay for th	is 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 lin	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but l	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	449,504.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	185,704.00		
	4. Multiply line 3 by .01		\$	1,857.04	
	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	l, 5, and 6		\$	3,176.04
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	3,176.04	
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			\$	3,196.04
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				ghts!

Accounting Period:	2023/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Falcon1, Inc.	OWNER OF CABLE SYSTEM:					SYSTEM ID# 63917
M Channels	to its subscribe	You must give (1) the number ers, and (2) the cable system's al number of channels on whi	total num	ber of activated char	-		
		ed television broadcast station					13
	on which the	al number of activated channe e cable system carried televisi adcast services	on broadc				213
N Individual to Be Contacted		O BE CONTACTED IF FURT t about this statement of acco		DRMATION IS NEED	ED (Identify an in	dividual to whom	
for Further Information	Name	Roxi Hacker				Telephone 32	0-212-3427
	Address	130 Birch Avenue W (Number, street, rural route, apart		ite number)			
		Hector, MN 55342 (City, town, state, zip)					
	Email	roxih@intersta	tetelcom.o	com		Fax (optional	
	CERTIFICATION	(This statement of account m	ust be cer	rtified and signed in a	ccordance with C	opyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check c	ne, <i>but on</i>	<i>ly one</i> , of the boxes.)			
	(Own	er other than corporation or p	oartnershi	i <b>p)</b> I am the owner of th	he cable system as	s identified in line 1 of space B; or	
	(Ager	it of owner other than corpor in line 1 of space B and that th				ent of the owner of the cable system	m as identified
	X (Offi	<b>cer or partner)</b> I am an officer in line 1 of space B.	(if a corpor	ration) or a partner (if a	a partnership) of th	e legal entity identified as owner of	f the cable system
	are true, compl	d the statement of account and ete, and correct to the best of n tion 1001(1986)]					
	1		X	/s/ Casey Neal			
				electronic signature on nature using an "/s/ sig			
		Typed or printer	d name:	Casey Neal			
		Title:		ral Manager	ion or partnership)		
		Date:				2-20-2024	

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.

unting Period: 2023/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
on1, Inc.	63917
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.       \$         Name       Name         Mailing Address       Name	Concerning Gross Receipts Exclusion
Aailing Address Mailing Address	
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	L Q Interest Assessment
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	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	Interest Assessment
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	Interest Assessment
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	Interest Assessment
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	Interest Assessment
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	Interest Assessment

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C	Cable Worksheet		Total amount of Number of SAs rec'd Init remittance				
			Date of remittance	Check CFT	□ FILING FEES		
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			
	🗆 Accep	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	
□ Accepted	Phone call/Date/Contact	