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 COPYRIGH	Return completed workbook by email to	
DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
1-21-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		Barcode Data Filing Period (optional - see instructions)					
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.					
		r					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		Clarence Telephone Company					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		608 Lombard Street PO Box 246 (Number, street, rural route, apartment, or sulte number)					
	Clarence, IA 52216 (City, town, state, zip)						
	INIOTE						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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)					

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#				
Name		24909				
	Clarence Telephone Company					
_	Instructions: List each separate community served by the cable system. A "commu					
D	separate and distinct community or municipal entity (including unincorporated com	munities within unincorporated areas and including single, discrete				
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will see	ve as a form of system identification hereafter known as the "first				
	community." Please use it as the first community on all future filings.					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified					
Served	city.					
	CITY OR TOWN	STATE				
First	Clarence	IA				
Community	Stanwood					
oonnanty		IA				
	Tipton	IA				
Add Rows as Necessary						

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Clarence Telephone Co						010	TEM ID 2490	
Е	SECONDARY TRANSMISSION In General: The information in s			-	arv transmission	service of th	e cable		
—	system, that is, the retransmission	•	-		•				
Secondary	about other services (including p					those existin	g on the		
Transmission Service: Sub-	last day of the accounting period					blo system	brokon		
service: Sub-	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								
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 serv						- 		
	Rate: Give the standard rate c unit in which it is generally billed.	-				-			
	category, but do not include disc	· · ·	,			s wiu iir a pa			
	Block 1: In the left-hand block	in space E, the	form lists the	categories of se					
	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	once again unde	r "Service to a	additional set(s).	33				
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		ngint-nanu bit		lee-word descript				
	BLO	OCK 1				BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		TE CA	ATEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCIVIDE	.1.0 1.0				SUBSCRIBERS	1041	
	Service to first set		242	20.95 RESI	D SERV TO F	IRST SET	46	###	
	Service to additional set(s)				D SERV TO F		63	###	
	• FM radio (if separate rate)				D SERV TO F		17	###	
	Motel, hotel			RESI	D SERV TO F	IRST SET	14	50.9	
	Commercial								
	Converter								
	Residential								
	Non-residential							1	
								1	
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, the	•	,	•	• •				
•	service for a single fee. There ar								
Services	furnished at cost or (2) services	or facilities furni	shed to nonsu	ubscribers. Rate	information shou	ld include bo	oth the		
Other Than	amount of the charge and the un		usually billed.	f any rates are o	charged on a vari	able per-pro	gram basis,		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		e cable syste	n for each of the	applicable servi	ces listed			
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) descrip	otion and include	e the rate for e	each.		1 1			
		BLOC	CK 1				BLOCK 2		
	CATEGORY OF SERVICE		CATEGORY		RATE	CATEG	DRY OF SERVICE	RAT	
	Continuing Services:			Non-residential					
	• Pay cable		Motel, hot						
	• Pay cable—add'l channel		Commerce	ial					
	Fire protection		Pay cable						
	•Burglar protection			-add'l channel					
	Installation: Residential		Fire prote						
	• First set		 Burglar pr 						
	First set Additional set(s)		Other comin						
	 Additional set(s) 		Other service						
	• Additional set(s) • FM radio (if separate rate)		Reconnect	t					
	 Additional set(s) 		Reconnec Disconnec	rt St					
	• Additional set(s) • FM radio (if separate rate)		• Reconnec • Disconnec • Outlet relo	rt St					

ounting Period:	1			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER O			SYSTEM I				
	Clarence Telephone			249				
	PRIMARY TRANSMITTERS:							
G Primary ransmitters: 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, <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 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.							
	 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 basis. For further information Column 1: List each station	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 pr d with a station according to its over-the-	see page (v) of the general instructio ogram services such as HBO, ESPN	ns. I, etc. Identify each				
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter	el number the FCC assigned to the telev RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (f	station, an independent station, or a r for network multicast), "I" (for indepen	noncommercial ndent), "I-M"				
	For the meaning of these to Column 4: Give the location	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list idian stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is	s licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KGAN	2	I	CEDAR RAPIDS, IA				
	KWQC	6	I	DAVENPORT, IA				
ows as Necessary	KWWL	7	I	WATERLOO, IA				
	KCRG	9	I	CEDAR RAPIDS, IA				
	КЖКВ	20	I	WEST BRANCH, IA				
	WQPT	24	I	DAVENPORT, IA				
	KFXA	28	I	CEDAR RAPIDS, IA				
	KPXR	48	I	CEDAR RAPIDS, IA				
	KDIN	44	I	IOWA CITY, IA				

EGAL NAME O	FOWNER OF C						Ţ	SYSTEM II 249
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl				ied on an	Н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Sive the station	y the sys be receivent t the Cop sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. n is AM or FM. hal was electronically processa a mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Name	d: 2024/2						FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	Clarence Telephone C	ompany						24909
	SUBSTITUTE CARRIAGE	-	-					
	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	ations, or a	uthorizations.	For a further
Substitute Carriage:					e general insu		ne paper SA	1-2 10111.
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 							
Statement and								
Program Log	-				(() / P			
	Note: If your answer is "No	," leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust comple	ete the progr	am
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subs	titute progra	am on a separa		wherever po	ssible, if th	eir meaning	is
	clear. If you need more spa				······································	مغربان سأنحم		
	period, was broadcast by a			ision program ("substitute our cable system substitute				
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the gen	eral instruction	ons for furt	her informati	ion.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific program	n titles, for ex	kample, "I I	Love Lucy" c	or
			dcast live. ente	r "Yes." Otherwise enter "	No."			
	Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	am.			
	Column 4: Give the broat the case of Mexican or Car			ne community to which the			ne FCC or, ir	า
				tem carried the substitute			s, with the m	onth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:				tely
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976.					and regard		
					WHE	N SUBST	ITUTE	
					CARR	AGE OCC	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		

Accounting Period:	2024/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Clarence Telephone Company	S	YSTEM ID# 24909
ĸ	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm	ission service	24303
Gross Receipts	(as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.		4,771.38
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gr	-
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 \$: • 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.	263,800.	
	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 th accounting period is \$52.00.	nis six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · · <u> </u>	
	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 \$ 214,771.38	-	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount of gross receipts from space K	214,771.38	
	5. Enter the amount from line 3	49,028.62	
	6. Subtract line 5 from line 4	165,742.76	
	7. Multiply line 6 by .005 (enter figure here)	\$	828.71
	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	. \$	828.71
	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)	828.71	
	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	\$	848.71
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: phone Company			SYSTEM ID# 24909
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system' al number of channels on wh ed television broadcast static al number of activated chann e cable system carried televis	ns	accounting period.	9 264
N Individual to Be Contacted		O BE CONTACTED IF FUR about this statement of acco	HER INFORMATION IS NEEDED (Identify an unt.)	individual	
for Further Information	Name	Chad Fall		Telephone 563-4	52-3852
	Address	608 Lombard Street (Number, street, rural route, apa Clarence, IA 52216 (City, town, state, zip)			
	Email	ctcmanager@	etins.net	Fax (optional	
O Certification	I, the undersign (Owned) (Agen X (Offic I have examined)	ed, hereby certify that (Check c er other than corporation or p t of owner other than corpor in line 1 of space B and that th cer or partner) I am an officer in line 1 of space B. d the statement of account and ete, and correct to the best of n	nust be certified and signed in accordance with ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system a ation or partnership) I am the duly authorized ag e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the nereby declare under penalty of law that all statem y knowledge, information, and belief, and are made	as identified in line 1 of space B; or ent of the owner of the cable system as he legal entity identified as owner of the o nents of fact contained herein	
			X /s/ Chad Fall Enter an electronic signature on the line above t Enter signature using an "/s/ signature" (e.g., /s,		
		Typed or printe			
		Title: (1	General Manager te of official position held in corporation or partnership)		
		Date:		01/20/2025	

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unting Period: 2024/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ence Telephone Company	2490
 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.	Q
	Q Interest Assessmen
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
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C	Cable Worksheet	Total amount of remittance	Number of SAs rec'	d Initials			
		Date of remittance	Check EFT	FILING FEES			
Cable ID #				Amount Initials			
Examined by	Reviewed by	Date examination completed	Allocation number				
Space A		(enter four digit year and	l /1 (for Jan-Jun period) or /2 (for Ju	l-Dec period) No spaces)			
Accounting Period	Letter sent						
	Accepted	[Phone call/Date/Contact				
Space B Owner							
	Letter sent	[Information received				
	Accepted	[Phone call/Date/Contact				
Space D 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:							
Radio	Accepted		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	
Accepted	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	