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(202) 707-8150.

General instructions are located in the first tab of this workbook.

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|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 2-28-25                       | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>A</div>                   | <div>ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))</div> <div><div>2024/2</div><div>Period 1 = January 1 - June 30</div><div>Period 2 = July 1 - December 31</div></div> <div><div>20242</div><div>Barcode Data Filing Period (optional - see instructions)</div></div> <div>Accounting Period</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <div>B</div> <div>Owner</div>  | <div><div>Instructions:</div><div>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.</div><div>List any other name or names under which the owner conducts the business of the cable system.</div><div>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.</div><div><div><input type="checkbox"/></div>Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.</div><div>035148</div></div> <div><div>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</div><div>CEQUEL COMMUNICATIONS LLC</div><div>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</div><div>SUDDENLINK COMMUNICATIONS</div><div>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</div><div>3027 S SE LOOP 323</div><div>(Number, street, rural route, apartment, or suite number)</div><div>TYLER, TX 75701</div><div>(City, town, state, zip)</div></div> |
| <div>C</div> <div>System</div> | <div><div>INSTRUCTIONS:</div><div>In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</div></div> <div><div>1</div><div>IDENTIFICATION OF CABLE SYSTEM:</div><div>ALVA, OK</div></div> <div><div>2</div><div>MAILING ADDRESS OF CABLE SYSTEM:</div><div></div><div>(Number, street, rural route, apartment, or suite number)</div><div></div><div>(City, town, state, zip code)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

**Privacy Act Notice:** Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Add Rows as Necessary

|      |                                                                          |                                    |
|------|--------------------------------------------------------------------------|------------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CEQUEL COMMUNICATIONS LLC</b> | <b>SYSTEM ID#</b><br><b>035148</b> |
|------|--------------------------------------------------------------------------|------------------------------------|

|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |       |                     |                    |      |
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| <b>E</b><br><br><b>Secondary Transmission Service: Subscribers and Rates</b> | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br><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 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).<br><b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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).<br><b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.<br><b>Block 1:</b> 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. <b>Note:</b> 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)."<br><b>Block 2:</b> 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. |                    |       |                     |                    |      |
|                                                                              | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |       | BLOCK 2             |                    |      |
|                                                                              | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO. OF SUBSCRIBERS | RATE  | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
|                                                                              | <b>Residential:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |       |                     |                    |      |
|                                                                              | • Service to first set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 471                | 50.00 |                     |                    |      |
|                                                                              | • Service to additional set(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |       |                     |                    |      |
| • FM radio (if separate rate)                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |       |                     |                    |      |
| <b>Motel, hotel</b>                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |       |                     |                    |      |
| <b>Commercial</b>                                                            | 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 45.95              |       |                     |                    |      |
| <b>Converter</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |       |                     |                    |      |
| • Residential                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |       |                     |                    |      |
| • Non-residential                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |       |                     |                    |      |

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|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|---------|---------------------|------|
| <b>F</b><br><br><b>Services Other Than Secondary Transmissions: Rates</b> | <b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br><b>In General:</b> 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.<br><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. |                           |                                      |         |                     |      |
|                                                                           | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                      | BLOCK 2 |                     |      |
|                                                                           | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RATE                      | CATEGORY OF SERVICE                  | RATE    | CATEGORY OF SERVICE | RATE |
|                                                                           | <b>Continuing Services:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <b>Installation: Non-residential</b> |         |                     |      |
|                                                                           | • Pay cable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17.00                     | • Motel, hotel                       |         |                     |      |
|                                                                           | • Pay cable—add'l channel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 19.00                     | • Commercial                         |         |                     |      |
| • Fire protection                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • Pay cable               |                                      |         |                     |      |
| • Burglar protection                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • Pay cable-add'l channel |                                      |         |                     |      |
| <b>Installation: Residential</b>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • Fire protection         |                                      |         |                     |      |
| • First set                                                               | 99.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | • Burglar protection      |                                      |         |                     |      |
| • Additional set(s)                                                       | 25.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Other services:</b>    |                                      |         |                     |      |
| • FM radio (if separate rate)                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • Reconnect               | 40.00                                |         |                     |      |
| • Converter                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • Disconnect              |                                      |         |                     |      |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • Outlet relocation       | 25.00                                |         |                     |      |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | • Move to new address     | 99.00                                |         |                     |      |

| Name                                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CEQUEL COMMUNICATIONS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                          | <b>SYSTEM ID#</b><br><b>035148</b> |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
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| <b>G</b><br><br><b>Primary Transmitters: Television</b> | <p><b>PRIMARY TRANSMITTERS: TELEVISION</b></p> <p><b>In General:</b> 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.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do <i>not</i> 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.</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> |                    |                          |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
|                                                         | <table border="1"> <thead> <tr> <th>1. CALL SIGN</th><th>2. B'CAST CHANNEL NUMBER</th><th>3. TYPE OF STATION</th><th>4. LOCATION OF STATION</th></tr> </thead> <tbody> <tr><td>KAUT-1</td><td>43</td><td>I</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KAUT-2</td><td>43.2</td><td>I-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KAUT-HD1</td><td>43</td><td>I-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KETA-1</td><td>13</td><td>E</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KETA-2</td><td>13.2</td><td>E-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KETA-HD1</td><td>13</td><td>E-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KFOR-1</td><td>4</td><td>N</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KFOR-2</td><td>4.2</td><td>I-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KFOR-HD1</td><td>4</td><td>N-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KOCB-1</td><td>34</td><td>I</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KOCB-HD1</td><td>34</td><td>I-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KOCO-1</td><td>5</td><td>N</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KOCO-2</td><td>5.2</td><td>I-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KOCO-HD1</td><td>5</td><td>N-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KOKH-1</td><td>25</td><td>I</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KOKH-2</td><td>25.2</td><td>I-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KOKH-3</td><td>25.3</td><td>I-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KOKH-HD1</td><td>25</td><td>I-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KSBI-1</td><td>52</td><td>I</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KSBI-HD1</td><td>52</td><td>I-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KTUZ-1</td><td>30</td><td>I</td><td>SHAWNEE, OK</td></tr> <tr><td>KTUZ-HD1</td><td>30</td><td>I-M</td><td>SHAWNEE, OK</td></tr> <tr><td>KWTV-1</td><td>9</td><td>N</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KWTV-2</td><td>9.2</td><td>I-M</td><td>OKLAHOMA CITY, OK</td></tr> <tr><td>KWTV-HD1</td><td>9</td><td>N-M</td><td>OKLAHOMA CITY, OK</td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1. CALL SIGN       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION                 | 4. LOCATION OF STATION | KAUT-1 | 43 | I | OKLAHOMA CITY, OK | KAUT-2 | 43.2 | I-M | OKLAHOMA CITY, OK | KAUT-HD1 | 43 | I-M | OKLAHOMA CITY, OK | KETA-1 | 13 | E | OKLAHOMA CITY, OK | KETA-2 | 13.2 | E-M | OKLAHOMA CITY, OK | KETA-HD1 | 13 | E-M | OKLAHOMA CITY, OK | KFOR-1 | 4 | N | OKLAHOMA CITY, OK | KFOR-2 | 4.2 | I-M | OKLAHOMA CITY, OK | KFOR-HD1 | 4 | N-M | OKLAHOMA CITY, OK | KOCB-1 | 34 | I | OKLAHOMA CITY, OK | KOCB-HD1 | 34 | I-M | OKLAHOMA CITY, OK | KOCO-1 | 5 | N | OKLAHOMA CITY, OK | KOCO-2 | 5.2 | I-M | OKLAHOMA CITY, OK | KOCO-HD1 | 5 | N-M | OKLAHOMA CITY, OK | KOKH-1 | 25 | I | OKLAHOMA CITY, OK | KOKH-2 | 25.2 | I-M | OKLAHOMA CITY, OK | KOKH-3 | 25.3 | I-M | OKLAHOMA CITY, OK | KOKH-HD1 | 25 | I-M | OKLAHOMA CITY, OK | KSBI-1 | 52 | I | OKLAHOMA CITY, OK | KSBI-HD1 | 52 | I-M | OKLAHOMA CITY, OK | KTUZ-1 | 30 | I | SHAWNEE, OK | KTUZ-HD1 | 30 | I-M | SHAWNEE, OK | KWTV-1 | 9 | N | OKLAHOMA CITY, OK | KWTV-2 | 9.2 | I-M | OKLAHOMA CITY, OK | KWTV-HD1 | 9 | N-M |
| 1. CALL SIGN                                            | 2. B'CAST CHANNEL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. TYPE OF STATION | 4. LOCATION OF STATION   |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KAUT-1                                                  | 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I                  | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KAUT-2                                                  | 43.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KAUT-HD1                                                | 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KETA-1                                                  | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E                  | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KETA-2                                                  | 13.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | E-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KETA-HD1                                                | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KFOR-1                                                  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N                  | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KFOR-2                                                  | 4.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KFOR-HD1                                                | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KOCB-1                                                  | 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I                  | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KOCB-HD1                                                | 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KOCO-1                                                  | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N                  | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KOCO-2                                                  | 5.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KOCO-HD1                                                | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KOKH-1                                                  | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I                  | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KOKH-2                                                  | 25.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KOKH-3                                                  | 25.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KOKH-HD1                                                | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KSBI-1                                                  | 52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I                  | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KSBI-HD1                                                | 52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KTUZ-1                                                  | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I                  | SHAWNEE, OK              |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KTUZ-HD1                                                | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I-M                | SHAWNEE, OK              |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KWTV-1                                                  | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N                  | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KWTV-2                                                  | 9.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |
| KWTV-HD1                                                | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N-M                | OKLAHOMA CITY, OK        |                                    |                        |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |        |      |     |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |          |    |     |                   |        |   |   |                   |        |     |     |                   |          |   |     |                   |        |    |   |                   |        |      |     |                   |        |      |     |                   |          |    |     |                   |        |    |   |                   |          |    |     |                   |        |    |   |             |          |    |     |             |        |   |   |                   |        |     |     |                   |          |   |     |

SYSTEM ID#

035148

## H


**Primary Transmitters:**  
**Radio**

**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).

[illegible]



|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                              | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CEQUEL COMMUNICATIONS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SYSTEM ID#</b><br><b>035148</b> |
| <b>K</b><br><b>Gross Receipts</b>        | <p><b>GROSS RECEIPTS</b><br/><b>Instructions:</b> 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.</p> <p>Gross receipts from subscribers for secondary transmission service(s)<br/>during the accounting period. . . . .</p> <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"><b>\$ 118,668.67</b><br/><small>(Amount of gross receipts)</small></div> <p><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |
| <b>L</b><br><b>Copyright Royalty Fee</b> | <p><b>COPYRIGHT ROYALTY FEE</b><br/><b>Instructions:</b> To compute the royalty fee you owe:</p> <ul style="list-style-type: none"><li>• Complete block 1, block 2, or block 3.</li><li>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li><li>• 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.</li><li>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li></ul> <p>See page (vii) of the general instructions located in the paper SA1-2 form for more information.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b></div> <p>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.</p> <p>Line 1. Royalty fee for accounting period . . . . . <b>\$ 52.00</b></p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . <b>0.00</b></p> <p>Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . . <b>\$ 52.00</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</b></div> <p>1. Base amount under statutory formula . . . . . <b>\$ 263,800.00</b></p> <p>2. Enter amount of gross receipts from space K . . . . .</p> <p>3. Subtract line 2 from line 1 . . . . .</p> <p>4. Enter the amount of gross receipts from space K . . . . .</p> <p>5. Enter the amount from line 3 . . . . .</p> <p>6. Subtract line 5 from line 4 . . . . .</p> <p>7. Multiply line 6 by .005 (enter figure here) . . . . .</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . <b>0.00</b></p> <p>9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . .</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</b></div> <p>1. Enter the amount of gross receipts from space K . . . . .</p> <p>2. Base amount under statutory formula . . . . . <b>\$ 263,800.00</b></p> <p>3. Subtract line 2 from line 1 . . . . .</p> <p>4. Multiply line 3 by .01 . . . . .</p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) . . . . . <b>\$ 1,319.00</b></p> <p>6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . <b>0.00</b></p> <p>7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . .</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"><b>FILING FEE AND TOTAL REMITTANCE DUE</b></div> <p><b>Filing Fee and Total Remittance Due</b></p> <p>1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . . <b>\$ 52.00</b></p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . . <b>\$ 15.00</b></p> <p>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . . <b>\$ 67.00</b></p> <p style="text-align: center;"><b>EFT Trace # or TRANSACTION ID #</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span></p> <p><b>Important:</b> 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.</p> |                                    |

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CEQUEL COMMUNICATIONS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>SYSTEM ID#</b><br><b>035148</b> |
| <b>M</b><br><br><b>Channels</b>                                           | <b>CHANNELS</b><br><b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>25</b><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>225</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |
| <b>N</b><br><br><b>Individual to Be Contacted for Further Information</b> | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <b>RODNEY HASKINS</b> Telephone <b>(903) 579-3152</b><br><br>Address <b>3027 S SE LOOP 323</b><br>(Number, street, rural route, apartment, or suite number)<br><b>TYLER, TX 75701</b><br>(City, town, state, zip)<br><br>Email <b>RODNEY.HASKINS@ALTICEUSA.COM</b> Fax (optional) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |
| <b>O</b><br><br><b>Certification</b>                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or<br><br><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or<br><br><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.<br><br>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br>[18 U.S.C., Section 1001(1986)]<br><br><div style="text-align: center;"><br/><b>X</b> /s/ Alan Dannenbaum<br/><hr style="border: 0.5px solid black;"/><br/>Enter an electronic signature on the line above to certify this statement.<br/>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)<br/><br/>Typed or printed name: <b>ALAN DANNENBAUM</b><br/><br/>Title: <b>SVP, PROGRAMMING</b><br/>(Title of official position held in corporation or partnership)<br/><br/>Date: <b>2/28/2025</b></div> |                                    |

**Privacy Act Notice:** Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.



LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

035148

**SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS**

The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:

"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."

For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.

During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?

☒ NO☐ YES. Enter the total here and list the satellite carrier(s) below. . . . . \$**P****Special Statement  
Concerning Gross  
Receipts Exclusion**

Name

Mailing Address

Name

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 . . . . .

x

Line 2 Multiply line 1 by the interest rate\* and enter the sum here . . . . . -

x

days

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](http://www.copyright.gov/licensing/interest-rate.pdf). For further assistance please contact the Licensing Division at (202) 707-8150 or [licensing@copyright.gov](mailto: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

**Q****Interest Assessment**

**Privacy Act Notice:** Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

CONTROL #:

REMITTANCE #:



# 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  
Accounting  
Period☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace B  
Owner☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace D  
Area Served☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace E  
Secondary  
Transmission  
Service  
Subscribers:  
and Rates☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace G  
Primary  
Transmitters:  
Television☐ Letter sent☐ Information received☐ Accepted☐ Phone call/Date/ContactSpace H  
Primary  
Transmitters:  
Radio☐ Accepted☐ Phone call/Date/ContactSpace I  
Substitute

|                                                |                                                              |
|------------------------------------------------|--------------------------------------------------------------|
|                                                | <b>Carriage</b>                                              |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space J<br/>Part-time<br/>Carriage Log<br/>(SA3 only)</b> |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space K<br/>Gross Receipts</b>                            |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space L<br/>Copyright Filing<br/>and Royalty Fees</b>     |
| <input type="checkbox"/> Royalty Fee should be | <input type="checkbox"/> Refund request to fiscal            |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space M<br/>Channels</b>                                  |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space O<br/>Certification</b>                             |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space P<br/>Statement of<br/>Gross Receipts</b>           |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Information received                |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |
|                                                | <b>Space Q<br/>Interest<br/>Assessment</b>                   |
| <input type="checkbox"/> Letter sent           | <input type="checkbox"/> Info/add'l fee received             |
| <input type="checkbox"/> Accepted              | <input type="checkbox"/> Phone call/Date/Contact             |