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

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
2-28-25	\$			
	ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	Barcode Data Filing Period (optional - see instructions)						
Accounting Period							
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner	List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Great Plains Cable Television						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	P. O. Box 500 (Number, street, rural route, apartment, or suite number)						
	Blair, NE 68008						
	(City, town, state, zip)						
С	INSTRUCTIONS: 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.						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural mute, anadment, or suite number).						
	Z (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						

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

Accounting Period:	2024/2						
Accounting Feriou.	2027/2	FORM CALL OF DACE 16					
	Leave were as a super as a super aversaria	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	Great Plains Cable Television	704					
	Instructions: List each separate community served by the cable system. A "community"	is the same as a "community unit" as defined in FCC rules: "a					
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first						
ט							
	community." Please use it as the first community on all future filings.	·					
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identified					
Area	city.						
Served	Jess,						
	CITY OR TOWN	STATE					
First	Sutherland	Nebraska					
Community	Hershey	Nebraska					
	Tryon iTV	Nebraska					
Add Rows as Necessary							
Add Nows as Necessary							

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Great Plains Cable Television

SYSTEM ID#

704

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	159	24.95	Broadcaster Fee	159	31.50
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions:

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RAT
Continuing Services:		Installation: Non-residential		
• Pay cable	16.95	Motel, hotel		
 Pay cable—add'l channel 	12.95	Commercial		
 Fire protection 		Pay cable		
 Burglar protection 		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	65.00	Burglar protection		
 Additional set(s) 		Other services:		
 FM radio (if separate rate) 		Reconnect	65.00	
Converter		Disconnect		
		Outlet relocation	65.00	
		Move to new address	65.00	

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4 LOCATION OF STATION

Great Plains Cable Television

1 CALL SIGN

704

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2 R'CAST CHANNEL NUMBER

2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
2.1	N	North Platte, NE
13.1	N	Kearney, NE
13.3	I-M	
12.1	E	Lincoln, NE
12.2	E-M	
12.3	E-M	
4.2	I-M	Superior, NE
10.1	N	North Platte, NE
11.1	N	North Platte, NE
11.2	I-M	
	2.1 13.1 13.3 12.1 12.2 12.3 4.2 10.1 11.1	2.1 N 13.1 N 13.3 I-M 12.1 E 12.2 E-M 12.3 E-M 10.1 N 11.1 N

3 TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Great Plains Cable Television

704

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
OALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI UI FIVI	3/10	LOCATION OF STATIO
							
							
							
							
							
							
							L
							L
				L			

Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.
Name	Great Plains Cable Tel		EM:					SYSTEM ID# 704
Substitute Carriage: Special Statement and Program Log	Great Plains Cable Tele SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptantion of the programming of the programming of the programming the accounting periphroadcast by a distant state that the substitute of the programming of the product of the programming of the product of the p	evision E: SPECIA fy every non ecounting pe ing that mus CONCER iod, did you tion? ', leave the E PROGRA itute progra ce, please a of every non distant stati gulations, o les like "mo Bulls." n was broad sign of the s	L STATEMEN Interwork televis Intervork televis I	ion program, broadcast by cific present and former FC this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute base ge blank. If your answer is tet line. Use abbreviations rows to the tables. Is is in program ("substitute ur cable system substitute s. See page (v) of the general states are substituted in the substitute of t	a distant statio CC rules, regula e general instru sis, any nonnet "Yes," you mu wherever pos program") tha ed for the prog eral instructior m titles, for exa No."	titions, or au actions in the twork televing ast complet sible, if the t, during the ramming o ns for furth ample, "I La	ision program YES e the program ir meaning is e accounting f another state in formation ove Lucy" or	n carried on a For a further 2 form. NO m
	0, 1, 1, 1, 1, 2, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					ely		
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то — —	
					-			
					-			

Accounting Period:	2024/2 FORM SA1-2E.	. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	EM ID# 704
		1 04
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	
•	COPYRIGHT ROYALTY FEE	
Copyright Royalty Fee	Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	2.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	2.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	7.00
	EFT Trace # or TRANSACTION ID # 76-1316/1049	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	: 2024/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 704
M Channels	CHANNELS Instructions: 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations	10
	and nonbroadcast services	109
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Ryan Lentz Telephone	402-456-6457
Information	Name Ryan Leniz	102-130-013 1
	Address P. O. Box 500 (Number, street, rural route, apartment, or suite number)	
	Blair, NE 68808 (City, town, state, zip)	
	Email rlentz@gpcom.com Fax (optional	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B.	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy	stem as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.	er of the cable system
	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. [18 U.S.C., Section 1001(1986)]	
	X /s/Nicholas Holle	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Nicholas Holle	
	Title: Corporate Counsel (Title of official position held in corporation or partnership)	
	Date: February 21, 2025	

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ounting Period: 2024/2				FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID:
eat Plains Cable Television				704
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the generative of providing secondary transmissions of primary becomes and amounts collected from subscribers receiving	on 111(d)(1)(A), of the gross amounts paid broadcast transmitte	ne Copyright Act by addi to the cable system for t ers, the system shall not	he basic include sub-	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the located in the paper SA1-2 form.	ie note on page (vii)	of the general instruction	ons	Trocorpte Excitación
During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners? X NO	amounts of gross re	eceipts for secondary tra	nsmissions	
YES. Enter the total here and list the satellite carrier(s) below	w	\$		
Name Mailing Address	Name Mailing Address			
INTEREST ASSESSMENT				
You must complete this worksheet for those royalty payments so For an explanation of interest assessment, see page (viii) of the		· ·		Q
Line 1 Enter the amount of late payment or underpayment			-	Interest Assessment
		x	1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum he	re	· · · · · · · · · · · · · · · · · · ·	-	
		x	0 days	
Line 3 Multiply line 2 by the number of days late and enter the	sum here		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 2	olock 3 line 6		- -	
* To view the interest rate chart click on www.copyright.gov/locontact the Licensing Division at (202) 707-8150 or licensing	-	,	st charge) ance please	
** This is the decimal equivalent of 1/365, which is the intere	est assessment for c	ne day late.		
NOTE: If you are filing this worksheet covering a statement of aclist below the owner, address, first community served, ID number	•		•	
Owner				
Address				
ID number First community served				
Accounting period				

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CONTROL #: REMITTANCE #

Reviewed by

Cable
Worksheet

Cable ID#

Space A

Examined by

	REMITTANCE #:					
	Total amount of remittance	Number of SAs rec'd		:c'd	Initials	
	Date of remittance	☐ Check	□ EFT	□ F	ILING FEES	
				Amoun	t Initial	
	Date examination completed	Allocat	ion number			
☐ July 1 - December 31, 2017						
☐ Information received						
		Phone call/D	ate/Contact			
		Information i	received			

Accounting Period ☐ January 1 - June 30, 2017 $\hfill\square$ Letter sent ☐ Accepted Space B Owner ☐ Letter sent ☐ Phone call/Date/Contact ☐ Accepted Space D **Area Served** ☐ Letter sent $\hfill\square$ Information received ☐ Accepted ☐ Phone call/Date/Contact Space E Secondary Transission Service $\hfill\square$ Letter sent $\hfill\square$ Information received Subscribers: and Rates $\ \square$ Phone call/Date/Contact ☐ Accepted Space G **Primary** Transmitters: Television $\hfill\Box$ Information received $\hfill\Box$ Letter sent □ Accepted ☐ Phone call/Date/Contact Space H **Primary** Transmitters: Radio ☐ Accepted ☐ Phone call/Date/Contact

		Space I Substitute Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Letter sent	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact	