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					
3-4-22	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20212 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 WAS ARRESTED FOR A RIVER OVER THE
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Blue Ridge Cable Technologies Inc
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Blue Ridge Communictions
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 215 (Number, street, rural route, apartment, or suite number)
	Palmerton, PA 18071-0215
	(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 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.

	T	FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Blue Ridge Cable Technologies Inc	37761
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated cor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Jackson Township Mansfield	PA
mmunity	Roseville	PA
	Rutland Township	PA DA
s Necessary	Wells Township	PA

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37761

Blue Ridge Cable Technologies Inc

Ε

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		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	114	\$76.80/Mth			
Service to additional set(s)	110	\$0.00/Mth			
• FM radio (if separate rate)					
Motel, hotel					
Commercial	0	\$65.80/Mth			
Converter					
Residential					
Non-residential					
	1	1		1	1

F

Services Other Than Secondary Transmissions: Rates

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	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$16.95/Mth	Motel, hotel			
Pay cable—add'l channel	\$15.95/Mth	Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	\$54.95	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	\$54.95		
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

37761

Name

Blue Ridge Cable Technologies Inc

Primary Transmitters: Television

G

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WENY	36	N	ELMIRA, NY
WENY-2	36.2	N	ELMIRA, NY
WENY-3	36.3	N	ELMIRA, NY
WETM	18	N	ELMIRA, NY
WSKG	46	Е	BINGHAMTON, NY
WYDC	48	I	CORNING, NY
WYDC-2	48.2	I	CORNING, NY

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Blue Ridge Cable Technologies Inc

37761

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 SICK	ΛM 05 ΓM	6/D	LOCATION OF STATION	CALL SICK	ΛM or ΓM	6/D	LOCATION OF STATION
CALL SIGN	AM OF FIM	5/D	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	5/D	LOCATION OF STATION
		 					
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Accounting Perio	nd: 2021/2						FOE	RM SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FOR	SYSTEM ID#
Name	Blue Ridge Cable Tech	nologies	Inc					37761
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting p	eriod, under spe	ecific present and former FC	C rules, regul	lations, or	authorizations	s. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	ır cable system	carry, on a substitute basi	is, any nonne	etwork tele	evision progra	am
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	, leave the	rest of this pag	ge blank. If your answer is '	"Yes," you m	ust compl	ete the progr	am
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs		_	ate line. Use abbreviations	wherever pos	ssible. if t	heir meaning	is
	clear. If you need more spa	ce, please	add additional	rows to the tables.	•		· ·	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	distant stat gulations, c ies like "mo Bulls."	ion and that your authorization ovies" or "baske	s. See page (v) of the gene etball." List specific progran	d for the progeral instruction titles, for ex	gramming ons for fur	of another s ther informati	tation on.
	. 0		,	r "Yes." Otherwise enter "Nasting the substitute progra				
				ne community to which the		ensed by	the FCC or, in	n
	the case of Mexican or Car			•		,	laitla tlaa wa	a m t la
	first. Example: for May 7 giv	/e "5/7."	, ,	tem carried the substitute _l	. 0			
	Column 6: State the time to the nearest five minutes.			gram was carried by your				tely
	stated as "6:00–6:30 p.m."	Example.	a program cam	led by a system nom 6.01.	15 p.m. to 6	20.30 p.11	i. Silould be	
				was substituted for progra			•	
	to delete under FCC rules a was substituted for progran	•		0.			•	gram
	effect on October 19, 1976							
					WHEN SUBSTITUTE			
	S		TE PROGRAM				CURRED	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO	
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2021/2			FORM SA	1-2E. PAGE 6				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID:				
	Blue Ridge Cable Technologies Inc				3776′				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	stem's sec	condary transmi compute this a	ssion service mount, see	5,718.00 ass receipts)				
	COPYRIGHT ROYALTY FEE				<u> </u>				
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 bt Use block 3 if the amount of gross receipts in space K is more than \$263,800 bt See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less tha	n \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	ESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	ee that you	ı must pay for th	is six-month					
	Line 1. Royalty fee for accounting period			\$	52.00				
	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 line	s 1 and 2		\$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re than \$137,1	00)					
	Base amount under statutory formula	\$	263,800.00						
	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 I	ess than \$527	,600)					
	Enter the amount of gross receipts from space K								
	Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 1	5, and 6							
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	52.00					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	15.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	67.00				
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2				nts!				

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.	
Name		NER OF CABLE SYSTEM: e Technologies Inc				SYSTEM ID# 37761	
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 and nonbroadcast services. 53						
N Individual to Be Contacted		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an individual to whom			
for Further Information	Name \$	Steven Holler			Telephone	610-826-9210	
		PO Box 215 Number, street, rural route, apartm	ment, or suite	number)			
		Palmerton, Pa 18071 City, town, state, zip)					
	Email	sholler@pencor.	com.	Fax (optional			
O Certification	I, the undersigned, (Owner of the content of the	hereby certify that (Check on other than corporation or partine 1 of space B and that the or partner) I am an officer (if line 1 of space B. The statement of account and he and correct to the best of my	artnership attion or pa e owner is if a corpora hereby dec y knowledg	fied and signed in accordance with Copyright Office revious, of the boxes.) I am the owner of the cable system as identified in line retnership) I am the duly authorized agent of the owner of not a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified are under penalty of law that all statements of fact contains, and belief, and are made in good faith. Is /s/ David L. Masenheimer Sectronic signature on the line above to certify this statements are using an "/s/ signature" (e.g., /s/ John Smith)	1 of space B f the cable sy tified as own ined herein	ystem as identified	
		Typed or printed		David L. Masenheimer			
		Title: (Titl	Preside the of official p	ent position held in corporation or partnership)			
		Date:		2/21/2022			

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counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ue Ridge Cable Technologies Inc	37761
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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xda	ys
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served	
Accounting period	

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CONTROL #: REMITTANCE #:

Reviewed by

☐ January 1 - June 30, 2017

☐ Letter sent

 $\square \mathsf{Accepted}$

☐Letter sent

 \square Accepted

☐ Letter sent

☐ Letter sent

 $\square \mathsf{Accepted}$

 \square Letter sent

 $\square \mathsf{Accepted}$

 \square Accepted

Cable
Worksheet

Cable ID #

Space A
Accounting
Period

Space B Owner

Space D Area Served

Space E Secondary Transission Service

Subscribers: and Rates

Space G Primary Transmitters: Television

Space H Primary Transmitters: Radio

Examined by

	Total amount of remittance	Number of SAs rec'd		Initials			
	Date of remittance	- □Check □EFT		□FILING	G FEES		
	Date of Territtance			Amount Initials			
	Date examination completed	Allocation number					
	l	I					
☐July 1 - December 31, 2017							
	☐Information received						
☐ Phone call/Date/Contact							
	☐Information received						
	☐ Phone call/Date/Contact						
		Information received					
		Phone call/Date/Contact					
		Information received					
		Phone call/Date/Contact	_				
		Information received					
		Phone call/Date/Contact					

☐ 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
☐Royalty Fee should be	Refund request to fiscal	Fees
☐ 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	