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

<u>coplicsoa@copyright.gov</u>
For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
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A	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
	Consolidated Communications - TX
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 455 (Number, street, rural route, apartment, or suite number)
	Mattoon, IL 61938-3987 (City, town, state, zip)
С	<b>INSTRUCTIONS:</b> 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:
	Consolidated Communications - TX
	MAILING ADDRESS OF CABLE SYSTEM:
	2 321 N 1st Street
	2 (Number, street, rural route, apartment, or suite number) Lufkin, TX 75901
	(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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Consolidated Communications - TX	61
	Instructions: List each separate community served by the cable system. A "community	
D	separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	unities within unincorporated areas and including single, disc ve as a form of system identification hereafter known as the '
Area		me parks should be reported in parentileses below the identity
Served	city.	
	CITY OR TOWN	STATE
First	ALTO	ТХ
ommunity	APPLE SPRINGS	TX
	DIBOLL	TX
ows as Necessary	ETOILE	ТХ
	HUDSON	тх
	HUNTINGTON	TX
	LUFKIN	TX
	POLLOCK	
		TX
	WELLS	TX

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	Consolidated Communi	cations - TX							6199
	SECONDARY TRANSMISSION	SERVICE: SUB	BSCRIBI	ERS AND RA	TES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary Transmission	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).								
Service: Sub-		blocks in space E call for the number of subscribers to the cable system, broken							
scribers and	down by categories of secondary			0 / 1					
Rates	each category by counting the ne separately for the particular serv							s charged	
	<b>Rate:</b> Give the standard rate c							ge and the	
	unit in which it is generally billed				ny standai	d rate variatior	ns within a	particular rate	
	category, but do not include disc				ion of oon	andarı (tranami		ico that apple	
	Block 1: In the left-hand block systems most commonly provide	•		0		-			
	that applies to your system. Not								
	categories, that person or entity					• •			
	subscriber who pays extra for ca first set" and would be counted o					in the count u	nder "Servi	ice to the	
	Block 2: If your cable system					service that ar	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	ind rates, in the	right-hai	nd block. A tv	o- or thre	e-word descrip	tion of the	service is	
	sufficient. BLC	DCK 1					BLOC	<u>۲</u> 2	
		NO. OF	20	DATE	0.4.75			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBER	RS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set	2	,676	36.75					
	Service to additional set(s)	,	,010	30.73					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		140	36.75					
	Converter								
	Residential	2,	,921	5.99					
	Non-residential		182	5.99					
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSI						<u>.</u>
-	In General: Space F calls for rat					l your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0 (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the							-	
ransmissions: Rates	Block 1: Give the standard rat								
Rates	<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) descrip	tion and include	the rate	e for each.					
		BLOCI	K 1					BLOCK 2	
	CATEGORY OF SERVICE			RY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	lı lı	nstallati	on: Non-resi	dential				
	• Pay cable	36.75	<ul> <li>Mote</li> </ul>	l, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	6.70		nercial					
	Fire protection		• Pay o						
	•Burglar protection			able-add'l ch	annel				
	Installation: Residential		•	protection					
	• First set	50.00	-	ar protection					
	Additional set(s)	C	Other se						
	• FM radio (if separate rate)	E 00	• Reco						
	Converter	5.99	Disco	nnect t relocation					
			<ul> <li>Outle</li> </ul>	relocation					1
				to new addre	200				

counting Period: 2	2021/2			FORM S	SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		S	SYSTEM ID#				
	Consolidated Commu	unications - TX			61992				
	PRIMARY TRANSMITTERS:		ranslator stations and low power tel	evision stations)					
G	carried by your cable syster FCC rules and regulations i	<b>General:</b> In space G, identify every television station (including translator stations and low power television stations) rried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections]							
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations	<ul> <li>e)(2) and (4), or 76.63 (referring to 76.61</li> <li>s explained in the next paragraph.</li> <li>With respect to any distant stations ca</li> </ul>							
		Iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis.	e Special Statement and Program L	.og)—if the					
	basis. For further information	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	see page (v) of the general instructi	ons.					
	"WETA-2" as the same on a <b>Column 2:</b> Give the channed	el number the FCC assigned to the telev	<b>.</b>						
	<b>Column 3:</b> Indicate in each educational station, by enter	0 ( ), (	or network multicast), "I" (for indepe	endent), "I-M"					
	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. <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.								
	1. CALL SIGN	4. LOCATION OF STAT	ION						
	KPRC	2.1	N	HOUSTON, TX					
	KIAH	39	I	HOUSTON, TX					
d Rows as Necessary	KTRE	9.1	N	LUFKIN, TX					
	KLTV	9.2	N	LUFKIN, TX					
	күхт	19	N	NACOGDOCHES, TX					
	KLPN-LD	47	I	LONGVIEW, TX					
	КИНТ	8	Е	HOUSTON, TX					
	KFXK	51.1	I	LONGVIEW, TX					
	КЕТК	56.1	N	JACKSONVILLE, TX					
	KHOU	11	N	HOUSTON, TX					
	КРХВ	49	I	CONROE, TX					
	KCEB	54.1	I	LONGVIEW, TX					
	KXLN-DT	45	I	HOUSTON, TX					
	KFTH-DT	67	I	HOUSTON, TX					
	KLUF-LP	5	I	LUFKIN, TX					

EGAL NAME OF								SYSTEM I
Consolidate	d Commun	icatior	ns - TX				г	619
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
eceivable if (1) in the basis of i for detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If	it is carried by monitoring, to ormation abou m. entify the call tate whether to the radio stati	y the sys be recei t the Co sign of e he statio on's sign	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. nal was electronically processe	the system's heasystem's FM ante system's FM ante his point, see pag	adend, and (2 nna, during ce ge (v) of the ge	) it can b ertain sta eneral in	be expected, ated intervals. structions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	< mark in the "S/D" column. on (the community to which the the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF C							SYSTEM ID# 61992
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	fy every non counting pe	<i>network televisi</i> riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	ations, or au	thorizations.	For a further
Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting peribroadcast by a distant stat</li> <li>Note: If your answer is "No" log in block 2.</li> <li>LOG OF SUBSTITUTE</li> <li>In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the calls Column 4: Give the broat the case of Mexican or Cantor Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."</li> </ol>	CONCERI od, did you ion? ', leave the <b>PROGRA</b> itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." es when the Example: a	NING SUBST r cable system rest of this pag MS m on a separa add additional r network televi on and that you r authorizations vies" or "baske lcast live, enter tation broadca n's location (th ns, if any, the of when your syst substitute pro- program carrie	ITUTE CARRIAGE carry, on a substitute bas ge blank. If your answer is te line. Use abbreviations ows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific progra tr "Yes." Otherwise enter " listing the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:	"Yes," you mu "Yes," you mu wherever pos program") that ad for the prog eral instructio m titles, for ex No." am. e station is lice station is lice station is lice cable system 15 p.m. to 6:2	twork televi ust complete ssible, if thei at, during the ramming of ns for furthe cample, "I Lo ensed by the tified). a numerals, . List the tim 28:30 p.m. s	sion program YES e the progra ir meaning is e accounting i another sta er informatio ove Lucy" or e FCC or, in with the mon hes accurate hould be	n X NO m s s tion n.
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulatio ming that y	ons in effect du	ring the accounting period s permitted to delete unde	d; enter the lefter FCC rules a	tter "P" if the	TUTE	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	TIMES — TO —	DELETION
							_ _ _	
					-		 	
							_ 	
					-			
l					.			

Accounting Period:	2021/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Consolidated Communications - TX	61992
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	iission service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than s527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-month
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	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	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	5. TOTAL ROTALTTTLL FATABLE FOR ACCOUNTING FLRIDD. Aud IIIIes / and 0	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)
	1. Enter the amount of gross receipts from space K \$ 433,002.14	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,692.02
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 3,011.02
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,011.02
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,031.02
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications - TX	SYSTEM ID# 61992
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	15 212
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Address 211 Lincoln Street (Number, street, rural route, apartment, or suite number)	116-786-1034
	Roseville, CA 95678         (City, town, state, zip)         Email       julie.poon@consolidated.com         Fax (optional	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>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)]</li> </ul>	tem as identified
	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:       Michael Shultz         Title:       VP Regulatory & Public Policy         (Title of official position held in corporation or partnership)	
	Date: 2/28/2022	

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	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
onsolidated Communications - TX	61992
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Mailing Address	
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	_ Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<u>.</u>
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment	·
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	<u>.</u>
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	<u> </u>
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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	<u>.</u>

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C	Cal Woi	ble rksheet	Total amount of remittance	Number of SAs rec'	d Initials
			Date of remittance	Check	□ FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	□Janua	ry 1 - June 30, 2017		]July 1 - December 31, 2017	
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space B Owner					
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space D Area Served					
	Letter	sent		Information received	
	Accep	ted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Letter	sent		Information received	
and Rates	Accep	ted		]Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Letter	sent	E	Information received	
	Accep	ted	C	Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Accep	ted	Γ	Phone call/Date/Contact	

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