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							
2-25-22	\$ 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	ACCO	DUNTING 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
		LigTel Communications, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		414 S. Cavin Street (Number, street, rural route, apartment, or suite number)
		Ligonier, IN 46767
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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	
	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.

Accounting Period:	2021/2									
	T	FORM SA1-2E. PAGE 1b.								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	LigTel Communications, Inc.	63175								
D	Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the "first								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.									
	CITY OR TOWN	STATE								
First Community	Ligonier	IN								
Add Rows as Necessary										
Add Nows as Necessary										

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LigTel Communications, Inc.

SYSTEM ID# 63175

## SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary.

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			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	313	19.95	Digital Basic	193	77.50
Service to additional set(s)	500	4.95	Digital Choice	111	87.50
FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		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	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Spanish Package	3.95
Fire protection		• Pay cable		НВО	18.00
•Burglar protection		Pay cable-add'l channel		Cinemax	12.00
Installation: Residential		Fire protection		Showtime	12.00
• First set		Burglar protection		Encore/Starz	12.00
<ul> <li>Additional set(s)</li> </ul>		Other services:		DVR	6.95
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	15.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

63175

LigTel Communications, 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), 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

2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
31	N-M	Fort Wayne, IN
31.1	N	Fort Wayne, IN
40	E	Fort Wayne, IN
40.1	E-M	Fort Wayne, IN
48	l	South Bend, IN
48.1	I-M	South Bend, IN
12	l	Angola, IN
12.1	I-M	Angola, IN
19	N-M	Fort Wayne, IN
19.1	N	Fort Wayne, IN
35	E	South Bend, IN
35.1	E-M	South Bend, IN
24.2	N-M	Fort Wayne, IN
24.24.1	N-M	Fort Wayne, IN
36	N	Fort Wayne, IN
36.1	I-M	Fort Wayne, IN
	I	Fort Wayne, IN
	31 31.1 40 40.1 48 48.1 12 12.1 19 19.1 35 35.1 24.2 24.24.1	31 N-M 31.1 N 40 E 40.1 E-M 48 I 48.1 I-M 12 I 12.1 I-M 19 N-M 19.1 N 35 E 35.1 E-M 24.2 N-M 24.24.1 N-M

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63175

LigTel Communications, Inc.

### 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

**Primary** Transmitters: Radio

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.

- 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 FM	S/D	LOCATION OF STATION
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Accounting Perio		NADI E 01/0T					FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF C		EM:					SYSTEM ID# 63175		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOC	3					
I Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former F0	CC rules, regul	ations, or au	thorizations.	For a further		
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE						
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute bas	sis, any nonne	etwork telev <u>i</u>	sion progran	n		
Program Log	broadcast by a distant stat	ion?					YES	NO		
	Note: If your answer is "No"	. leave the	rest of this pag	e blank. If vour answer is	"Yes." vou m	ust complet	e the progra	m		
	log in block 2.	,		,	, , , , , , , , , , , , , , , , , , ,					
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program									
	effect on October 19, 1976.				WHI	EN SUBSTI	ITUTE			
	S	UBSTITUT	E PROGRAM			IAGE OCC		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T	TIMES — TO	DELETION		
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Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LigTel Communications, Inc.	S	YSTEM ID: 6317
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this are 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.	ssion service mount, see	3,164.35 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$20  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.	63,800	
	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 thi accounting period is \$52.00	s 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 lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	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		
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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 payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		nts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF LigTel Communications					SYSTEM ID# 63175
<b>M</b> Channels	to its subscribers, and (2)  1. Enter the total number	the cable system's to of channels on which on broadcast stations of activated channel	total numb  h the cable  s		counting period.	14 338
N	and nonbroadcast servine in the control of the cont	ITACTED IF FURTH	IER INFO	PRMATION IS NEEDED (Identify an ind	ividual to whom	
Individual to Be Contacted for Further Information	Name Sandr	a Saggars			Telepho	ne <b>260-894-7161</b>
	(Number,	Cavin Street street, rural route, apartn ier, IN 46767 n, state, zip)	nent, or suite	e number)		
	Email	ssaggars@ligtel	l.net		Fax (optional	
	CERTIFICATION (This state	ement of account mu	ıst be certi	tified and signed in accordance with Co	pyright Office regulation	s)
O Certification	(Agent of owner in line 1 o	an corporation or particle of the than corporated space B and that the other of the than an officer (if space B.	artnership tion or pa e owner is f a corpora	p) I am the owner of the cable system as artnership) I am the duly authorized ager not a corporation or partnership; or ation) or a partner (if a partnership) of the	nt of the owner of the cabl	e system as identified  owner of the cable system
		rrect to the best of my		clare under penalty of law that all stateme ge, information, and belief, and are made		in
			Enter an e	/s/ Randy Mead electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jo		_
		Typed or printed  Title:	CEO/G	Randy Mead  General Manager position held in corporation or partnership)		
		Date:			2/22/2022	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Tel Communications, Inc.	63175
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 I lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system secribers and amounts collected from subscribers receiving secondary transmissions pursuant	m for the basic hall not include subto section 119."  Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general in- located in the paper SA1-2 form.	Receipts Exclusion structions
During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?  NO	lary transmissions
YES. Enter the total here and list the satellite carrier(s) below	
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 For an explanation of interest assessment, see page (viii) of the general instructions located in the payment.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
×	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
×	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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	assistance please
** 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 Copy list below the owner, address, first community served, ID number, and accounting period as given in	
Owner Address	
ID number First community served	
First community served  Accounting period	

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 fling, a determination that would be made by a court of law.

CONTROL #: REMITTANCE #:

☐Letter sent

 $\square \mathsf{Accepted}$ 

 $\square$  Accepted

Space H Primary Transmitters: Radio

C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'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							
	☐ January 1 - June 30, 2017	[	July 1 - December 31, 2017				
	☐ Letter sent	]	☐Information received				
	□Accepted	Phone call/Date/Contact					
Space B Owner							
	Letter sent	]	☐Information received				
	□Accepted	]	Phone call/Date/Contact				
Space D Area Served							
	☐ Letter sent	]	☐ Information received				
	□Accepted	]	Phone call/Date/Contact				
Space E Secondary Transission							
Service Subscribers:	☐Letter sent	☐Information received					
and Rates	□Accepted	□Accepted □Phone call/Date/Contact					
Space G Primary Transmitters:							
Television							

 $\ \ \, \square \\ \ \, Information \ received$ 

☐ Phone call/Date/Contact

 $\square$ 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	