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						
AMOUNT						
\$						
ALLOCATION NUMBER						

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	20231 Barcode Data Filing Period (optional - see instructions)							
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							
	CEQUEL COMMUNICATIONS LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	SUDDENLINK COMMUNICATIONS							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number)							
	TYLER, TX 75701 (City, town, state, zip)							
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С	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: TRINITY, TX							
	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 Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2023/1						
		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	CEQUEL COMMUNICATIONS LLC	035532					
D	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 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 community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified						
Area Served	city						
	CITY OR TOWN TRINITY	STATE					
First Community	IRINITY	TX					
Add Rows as Necessary							
,							

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC

SYSTEM ID# 035532

FORM SA1-2E, PAGE 2.

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	
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	114	50.00	
 Service to additional set(s) 			
• FM radio (if separate rate)			
Motel, hotel			
Commercial	6	45.95	
Converter			
Residential			
Non-residential			

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		RATE	CATEGORY OF SERVICE	R/
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	Motel, hotel			
Pay cable—add'l channel	19.00	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	99.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	99.00		

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 035532

CEQUEL COMMUNICATIONS LLC

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KBTX-1 BRYAN, TX 3 Ν KETH-1 14 I HOUSTON, TX KIAH-1 39 HOUSTON, TX KIVY-1 16 ī CROCKETT, TX **KPRC-1** 2 Ν HOUSTON, TX KRIV-1 26 ı HOUSTON, TX KTMD-1 47 **GALVESTON, TX** KTRE-1 9 Ν **LUFKIN, TX** KTRK-1 HOUSTON, TX 13 Ν KTXH-1 20 I HOUSTON, TX **KUHT-1** 8 Ε HOUSTON, TX

Add Rows as Necessary

Accounting Period: 2023/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CEQUEL COMMUNICATIONS LLC

035532

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 FM	S/D	LOCATION OF STATION
	 						
		 					
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A	1, 2022/4							D14 04 4 05 D4 05 5
Accounting Perio	d: 2023/1 LEGAL NAME OF OWNER OF O	CABLE SYST	FM·				FO	RM SA1-2E. PAGE 5.
Name	CEQUEL COMMUNICA							035532
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No, log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, 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 call secolumn 4: Give the broat Column 5: Give the broat 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." Column 7: Enter the letter of the program is the state of the state of the letter of the letter of the state of the letter of the state of the letter of the lett	E SPECIAI Fy every non. Counting pe Ing that must CONCERI Od, did your ion? I leave the re PROGRAI itute prograt ice, please a of every nor distant static gulations, or es like "mov Bulls." In was broad sign of the si docast statio adian statio at and day v e "5/7." It is when the Example: a er "R" if the lease of the sillong	L STATEMEN network televisi riod, under speet t be included in NING SUBSTI r cable system rest of this pag MS m on a separal add additional r network televi on and that your authorizations vies" or "baske least live, enter tation broadca n's location (th ns, if any, the of when your syst substitute prog program carrie	con program, broadcast by a cific present and former FC this log, see page (v) of the TUTE CARRIAGE carry, on a substitute basine blank. If your answer is the line. Use abbreviations ows to the tables. Sion program ("substitute our cable system substitute our cable system substitute our cable system substitute our cable." List specific program "Yes." Otherwise enter "No sting the substitute program or "Yes." Otherwise enter "No sting the substitute program or community with which the community with which the community with which the gram was carried by your end by a system from 6:01:	a distant station C rules, regular e general instruction is, any nonner "Yes," you musure wherever posprogram") that d for the program instruction in titles, for existation is lice station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that y	ations, or a actions in the twork televants complete usible, if the transfer furth ample, "I I made by the tiffied). In the time the transfer furth ample, "I I made by the tiffied). In the time the tiffied is a contract the time to the time the time to the time	vision progra vision progra VES ete the progra eir meaning he accounting of another st. her informatic Love Lucy" of me FCC or, in s, with the modern accounts imes accurate should be m was requir	m carried on a For a further -2 form. m X NO am is g ation on. r
					CC rules and regulations in WHEN SUBSTITUTE		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH AND DA CALL SIGN 4. STATION'S LOCATION AND DA				5. MONTH AND DAY	6. FROM	TIMES TO	BEELTION
		103 01 110	OALL GIGIT	4. CIATION CECCATION	AND DAT	TROW	_	
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Accounting Period:	2023/1		11-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID 03553
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entrall 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 at 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.	ission service mount, see	1,661.25 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 \$2 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.	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 th accounting period is \$52.00.	nis 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)	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		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)	
	1. 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)	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 For and			
Filing Fee and Total Remittance	1. 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
	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 mo		

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:			SYSTEM ID# 035532
M Channels	to its subscriber		channels on which the cable system contains the cable system of activated channels during the cable		
					11
	on which the	al number of activated chann- cable system carried televisi dcast services			48
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of acco	ER INFORMATION IS NEEDED (Identif t.)	īy an individual	
for Further	Name	RODNEY HASKINS		Telephone	(903) 579-3152
momation	Address	3027 S SE LOOP 323 (Number, street, rural route, apart	ent, or suite number)		
		TYLER, TX 75701 (City, town, state, zip)			
	Email		NS@ALTICEUSA.COM	Fax (optional	
	CERTIFICATION	(This statement of account m	st be certified and signed in accordance	with Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	e, but only one, of the boxes.)		
	(Owne	r other than corporation or p	rtnership) I am the owner of the cable sy	stem as identified in line 1 of space	B; or
	(Agent		on or partnership) I am the duly authorize owner is not a corporation or partnership;		system as identified
	X (Office	er or partner) I am an officer (in line 1 of space B.	a corporation) or a partner (if a partnershi	p) of the legal entity identified as ow	ner of the cable system
		te, and correct to the best of n	ereby declare under penalty of law that all knowledge, information, and belief, and a		
	Í		X /s/ Alan Dannenbaum		_
			Enter an electronic signature on the line abo Enter signature using an "/s/ signature" (e.g	•	
		Typed or printed	name: ALAN DANNENBAUM		
		Title:	SVP, PROGRAMMING of official position held in corporation or partner	ship)	
		Date:	,	8/29/2023	

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ounting Period: 2023/1		FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
QUEL COMMUNICATIONS LLC		035532
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 generation of providing secondary transmissions of primary be scribers and amounts collected from subscribers receiving	on 111(d)(1)(A), of the Copyright Act by adding the fol- gross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub-	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the located in the paper SA1-2 form.	ne note on page (vii) of the general instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners?	amounts of gross receipts for secondary transmissions	
X NO		
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 si	ubmitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
, , , , , ,		
Line 2. Multiply line 4 by the interest rate* and autor the core	^	
Line 2 Multiply line 1 by the interest rate* and enter the sum he		
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the	sum here	
Line A. Markink, line 2 has 0 00074** and autombane	X 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or	block 3, line 6 \$	
	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/locontact the Licensing Division at (202) 707-8150 or licensing		
** This is the decimal equivalent of 1/365, which is the intere	est assessment for one 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		
J 1		i e

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CONTROL #: REMITTANCE #:

Reviewed by

Cable
Worksheet

☐ Letter sent

☐ Letter sent☐ Accepted☐

☐ Letter sent☐ Accepted☐

 \square Letter sent

□ Accepted

☐ Letter sent

☐ Accepted

☐ Accepted

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		lr	Initials	
Date of remittance	- □ Check □ EFT		☐ FILING FEES		
Date examination completed	Allocation	number	Amount	Initial	
(enter four digit year and			c period) No spac	ces)	
	Information received: Phone call/Date/O				
С	Information receivable Phone call/Date/Co	Contact			
С	Phone call/Date/C	Contact			
	Information receiv				
	,,,				
	☐ Information recei	ved			

☐ Phone call/Date/Contact

☐ Phone call/Date/Contact

		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	
☐ Accepted	☐ 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	