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					
2/19/25	\$ 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	
	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	
	OTTER COM INC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	PO BOX 277 (Number, street, rural route, apartment, or suite number)	
	UNDERWOOD, MN 56586-0277 (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 anartment or suite number)	
	Wumber, 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 fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PA SYSTEN
Name		2
	OTTER COM INC	
D	Instructions: List each separate community served by the cable system. A "community" a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w as the "first community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including sin
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile homidentified city.	e parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	UNDERWOOD	MN
Community	ASHBY	MN
•	ROTHSAY	MN
Add Rows as Necessary	ERHARD TOWNSHIP	MN
Add Nows as Necessary	FERGUS FALLS TOWNSHIP	MN
	AURDAL	MN
	OSCAR TOWNSHIP	MN
	CARLISLE Province Valloy	MN MN
	Browns Valley	MN

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	1,486	52.95/Mth			
Service to additional set(s)					
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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel	75.00		
 Pay cable—add'l channel 		Commercial	75.00		
Fire protection		Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	45.00	Burglar protection			
Additional set(s)	-	Other services:			
• FM radio (if separate rate)		Reconnect	35.00		
Converter		Disconnect			
		Outlet relocation	45.00		
		Move to new address	45.00		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE STOTEM.

42678

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

OTTER COM INC

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
K49FA	22	E	FERGUS FALLS, MN
KVLY-2	11.2	N	FARGO, ND
WDAY	6	N	FARGO, ND
кссо	7	N	ALEXANDRIA, MN
WDAY-3	6.3	N-M	FARGO, ND
KCCO-2	7.2	N-M	ALEXANDRIA, MN
KVLY	11	N	FARGO, ND
KVLY-2	11.3	N-M	FARGO, ND
WDAY-2	6.2	N-M	FARGO, ND
WCCO-2	4.2	N-M	MINNEAPOLIS, MN
KVRR	15	N	FARGO, ND
KVRR-2	15.2	N-M	FARGO, ND
KFME	13	Е	FARGO, ND

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

OTTER COM INC 22678

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
						 	
						 	
						 	
						 	
						 	

Accounting Perio	nd: 2021/2						EOD	M SA1-2E BAGE 5
ACCOUNTING PERIO	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	OTTER COM INC							22678
	SUBSTITUTE CARRIAG	F: SPECI	AI STATEMI	ENT AND PROGRAM I C	ng.			
I	In General: In space I, iden substitute basis during the	tify every no	nnetwork telev	rision program, broadcast b	y a <i>distant</i> sta			
Substitute	explanation of the programm	ning that mu	ıst be included	in this log, see page (v) of the	the general ins	structions i	in the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	t and							
Program Log								NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must com	plete the pro	gram
	log in block 2.							
	period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant state gulations, ries like "mo. Bulls." m was broad sign of the adcast statinht and day live "5/7." les when th . Example: ter "R" if the and regulatemming that	am on a sepa add additional connetwork tele- tion and that yor authorization ovies" or "basi- adcast live, en- station broad- ion's location of ons, if any, the yown your sy- e substitute p a program car- e listed progra- ions in effect of	al rows to the tables. evision program ("substitut your cable system substitut ons. See page (v) of the ge ketball." List specific progra- ter "Yes." Otherwise enter casting the substitute prog (the community to which the e community with which th ystem carried the substitut rogram was carried by you rried by a system from 6:0: m was substituted for prog during the accounting perio	e program") ti ted for the program instruct am titles, for e "No." iram. he station is lid e program. Use program. Use trantion is id to program. to 6 gramming that bod; enter the lid	hat, during ogrammin tions for fuexample, 'censed by lentified). se numeram. List the 3:28:30 p.r t your system of the properties of the control of the cont	g the accoung of another information of the FCC or, als, with the etimes accurate should be tern was required.	ting station ation. or in month rately
	S	UBSTITUT	E PROGRAM	Л		N SUBST AGE OC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No			5. MONTH AND DAY		TIMES TO	DELETION
							_	
		 					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				 				
				 				
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		7		7	1			7

Accounting Period:	2021/2				A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: OTTER COM INC			s	22678
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (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.	system's se on of how t	econdary transmi o compute this a	ssion service	02.20
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less tha	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for t	his six-mon	
	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 li	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore 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				
	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	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	472,102.20		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	208,302.20		
	4. Multiply line 3 by .01		. \$	2,083.02	
	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	1, 5, and 6 .	· · · · · · · · · · · · · · · · · · ·	\$	3,402.02
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,402.02	
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			\$	3,422.02
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF OTTER COM INC	CABLE SYSTEM:			SYSTEM ID# 22678
M Channels	to its subscribers, and (2) the subscribers, and (3) the subscribers, and (3) the subscribers, and (3) the subscribers, and (4) the subscribers, and (5) the subscribers, and (6) the subscribers, a	he cable system's total f channels on which the broadcast stations	nannels on which the cable system carried I number of activated channels during the e cable	accounting period.	13
	Enter the total number of on which the cable system and nonbroadcast service	m carried television broa	padcast stations		154
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s		INFORMATION IS NEEDED (Identify an	individual to whom	
for Further Information		Engler		Telephone (218) 99	98-2000
	(Number, s	. LINCOLN AVE. street, rural route, apartment US FALLS, MN 56 , state, zip)			
	Email	eric.engler@parkre	egion.com	Fax (optional) (218) 998-2050	
O Certification	I, the undersigned, hereby (Owner other that (Agent of owner)	certify that (Check one, an corporation or partrother than corporation	be certified and signed in accordance with but only one, of the boxes.) nership) I am the owner of the cable system or partnership) I am the duly authorized er is not a corporation or partnership; or	n as identified in line 1 of space B; or	identified
	X (Officer or partr in line 1 of sp.		corporation) or a partner (if a partnership) o	of the legal entity identified as owner of the	cable system
		ect to the best of my kno	reby declare under penalty of law that all sta lowledge, information, and belief, and are m		
			x /s/ Dave Bickett Inter an electronic signature on the line above on the signature using an "/s/ signature" (e.g., /s.		
		Typed or printed na	ame: Dave Bickett		
			General Manager/CEO al position held in corporation or partnership)		
		Date:		2/28/2022	

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 22678 OTTER COM INC 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 fol-"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 sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Receipts Exclusion 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? X NO Name 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. Interest Assessment days 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 * 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 #:

C	Cab Wor	ole ksheet	Total amount of remittance	Num	ber of SAs rec'd	lı	Initials	
			Date of remittance	_ □ Check	□ EFT	☐ FILING	G FEES	
Cable ID#						Amount	Initials	
Examined by	R	Reviewed by	Date examination completed	Allocation	number			
Space A Accounting Period								
	☐ Januar	y 1 - June 30, 2017	[☐ July 1 - Decemb	er 31, 2017			
	□ Letter s	sent	[☐ Information rece	eived			
	☐ Accepto	ed	☐ Phone call/Date/Contact					
Space B Owner								
	☐ Letter s	sent	[☐ Information rece	eived			
	☐ Accepte	ed	[☐ Phone call/Date,	/Contact			
Space D Area Served								
	☐ Letter s	sent	[☐ Information rece	eived			
	☐ Accepte	ed	[☐ Phone call/Date,	/Contact			
Space E Secondary Transission								
Service Subscribers:	☐ Letter s	sent]	☐ Information rece	eived			
and Rates	☐ Accepto	ed]	☐ Phone call/Date,	/Contact			
Space G Primary Transmitters:								
Television	☐ Letter s	sent]	☐ Information rece	eived			
	☐ Accepte	ed	[☐ Phone call/Date	/Contact			
Space H Primary Transmitters:		-			-			
Radio	☐ Accepte	ed]	☐ 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	