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					
08/29/24	\$ 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								
	20241 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								
	Cogeco US (Penn), LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM 3 Batterymarch Park, Suite 200								
	(Number, street, rural route, apartment, or suite number) Quincy, MA 02169								
	(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: Cogeco US, LLC								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 24 Main St. (Number, street, rural route, apartment, or suite number)								
	Bradford, PA 16701 (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. SYSTE						
Name		31311						
	Cogeco US (Penn), LLC 621							
		tem. A "community" is the same as a "community unit" as defined in FCC						
D		inincorporated communities within unincorporated areas and including si						
		munity that you list will serve as a form of system identification hereafter						
	as the "first community." Please use it as the first community on a							
Area	Note: Entities and properties such as hotels, apartments, condomir	niums, or mobile home parks should be reported in parentheses below the						
Served	identified city.							
00.700								
	CITY OR TOWN	STATE						
First	City of Salamanca	NY						
Community	Town of Great Valley	NY						
	Town of Little Valley	NY						
Add Dame as Name	Town of Salamanca	NY						
Add Rows as Necessary	Village of Little Valley	NY						
	Village of Little valley							
	Village of Limestone	NY						
	Town of Carrollton	NY						

Accounting Period: 2024/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FORM SA1-2E, PAGE 2

Cogeco US (Penn), LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	659	\$49.99	Entertainment	528	\$89.98		
 Service to additional set(s) 			Variety	19	\$134.98		
 FM radio (if separate rate) 							
Motel, hotel	1	\$49.99					
Commercial	127	\$49.99					
Converter							
Residential		\$4.99					
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 1					
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
Continuing Services:		Installation: Non-residential				
• Pay cable	1.99 - 19.99	Motel, hotel				
 Pay cable—add'l channel 		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	\$40.00			
		Move to new address	\$40.00			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6214

Cogeco US (Penn), 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WGRZ	2	N	BUFFALO, NY
WIVB	4	N	BUFFALO, NY
WKBW	7	N	BUFFALO, NY
WNED	3	E	BUFFALO, NY
WNYB	22	I	JAMESTOWN, NY
WSEE	5	N	ERIE, PA
WSEE-CW	15	I	ERIE, PA
WUTV	29	I	BUFFALO, NY
WGRZ-AntTV	2.2	I-M	BUFFALO, NY
WGRZ-Quest	2.4	I-M	BUFFALO, NY
WGRZ-True Crime	2.3	I-M	BUFFALO, NY
WIVB-CourtTV	4	I-M	BUFFALO, NY
WKBW-Bounce	7.2	I-M	BUFFALO, NY
WKBW-Grit	7.3	I-M	BUFFALO, NY
WKBW-lon Mystery	7.4	I-M	BUFFALO, NY
WUTV-Charge	29.3	I-M	BUFFALO, NY
WUTV-TBD	29.2	I-M	BUFFALO, NY
	1		

Accounting Period: 2024/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Penn), LLC

621/

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
WBFO	FM		Buffalo, PA				
WDCX	FM		Buffalo, PA				
WGRF	FM		Buffalo, PA				
WHTT	FM		Buffalo, PA				
WJYE	FM		Buffalo, PA				
WMJQ	FM		Buffalo, PA				
WNED	FM		Buffalo, PA				
WUFX	FM		Buffalo, PA				
WYRK	FM		Buffalo, PA			 	
WIRN			Dullalo, FA				
						 	

Atim - David	4. 2024/4						FOR	M 0 4 4 0		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	Cogeco US (Penn), LL							6214		
								0214		
 Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried or substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE						
Special Statement and Program Log	During the accounting pe broadcast by a distant sta	-	ur cable syste	m carry, on a substitute ba	sis, any nonn	etwork te	levision prog	yram X NO		
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you n	nust comp	plete the pro	gram		
	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 sta under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio 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 more 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 accurate 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 require to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations									
	s	UBSTITUT	E PROGRAM	1		N SUBST	TITUTE CURRED	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES TO	DELETION		
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM	_ 10			
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	2024/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:				SA1-2E. PAGI					
Name	Cogeco US (Penn), LLC			•	62					
K Pross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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			7	13,425.53 ross 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 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 in	but less tha	ın \$527,600	263,800						
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	.ESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou must pay for	this 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 lines 1 and 2									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	00)						
	Base amount under statutory formula	\$	263,800.00							
	2. Enter amount of gross receipts from space K	\$	243,425.53							
	3. Subtract line 2 from line 1	\$	20,374.47							
	4. Enter the amount of gross receipts from space K		\$ 2	243,425.53						
	5. Enter the amount from line 3		\$	20,374.47						
	6. Subtract line 5 from line 4		\$ 2	223,051.06						
	7. Multiply line 6 by .005 (enter figure here)			\$	1,115.26					
	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		\$	1,115.26					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	ess than \$527	,600)						
	Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula	\$	263,800.00	•						
	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	•								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .								
	FILING FEE AND TOTAL REMITTANCE DU	E								
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,115.26						
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			\$	1,135.26					

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: enn), LLC				SYSTEM ID# 6214			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels								
		able system carried television ast services	broadcast stations			154			
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour	HER INFORMATION IS NEEDE	E D (Identify an indi	ividual to whom				
for Further Information	Name	Patrick Bratton			Telephone	617-786-8800			
	Address	3 Batterymarch Park (Number, street, rural route, aparts Quincy, MA 02169 (City, town, state, zip)							
	Email	pbratton@bree	zeline.com		Fax (optional)				
	CERTIFICATION	(This statement of account m	ust be certified and signed in a	ccordance with Co	opyright Office regulations)				
O Certification			one, but only one, of the boxes.)	ne cable system as	s identified in line 1 of space	B; or			
	(Agen	t of owner other than corpora	ation or partnership) I am the downer is not a corporation or part	uly authorized age					
		er or partner) I am an officer (line 1 of space B.	if a corporation) or a partner (if a	a partnership) of the	e legal entity identified as ow	ner of the cable system			
		e, and correct to the best of my	hereby declare under penalty o y knowledge, information, and be			n			
			X /s/ Patrick Bratt						
			Enter an electronic signature on Enter signature using an "/s/ sig						
		Typed or printed	d name: Patrick Bratto	n					
		Title:	Chief Financial Office						
		Date:			August 29, 2024				

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counting Period: 2024/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
geco US (Penn), LLC	6214
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO 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 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	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
** 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 #:

	Cable Worksheet		Total amount of remittance	Nur	nber of SAs rec'd	Initials		
	Woi	rksheet						
			Date of remittance	☐ Check	□ EFT	☐ FILING	G FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocatio	on number			
Space A Accounting Period								
	☐ Janua	ary 1 - June 30, 2017		July 1 - Decen	nber 31, 2017			
	☐ Letter	r sent		Information re	ceived			
	☐ Accep	oted	☐ Phone call/Date/Contact					
Space B Owner								
	☐ Letter	r sent		Information re	ceived			
	☐ Accep	oted	Г	Phone call/Dat	te/Contact			
Space D Area Served								
	☐ Lette	r sent	Γ	Information re	eceived			
	☐ Accep	oted	Г	Phone call/Dat	te/Contact			
Space E Secondary Transission								
Service Subscribers:	☐ Letter	r sent		Information re	ceived			
and Rates	☐ Accep	oted		Phone call/Dat	e/Contact			
Space G Primary Transmitters:								
Television	☐ Lette	r sent		Information re	eceived			
	☐ Accep	oted		☐ Phone call/Da	te/Contact			
Space H Primary Transmitters:								
Radio	☐ Accep	oted		☐ Phone call/Da	te/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	