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				
2-28-25	\$ 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))						
	2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	20242 Barcode Data Filing Period (optional - see instructions)						
Accounting							
Period							
	Instructions:						
В	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)						
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	IDENTIFICATION OF CABLE SYSTEM:						
	DAINGERFIELD, 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.

	1	FORM SA1-2E. PAGE 1				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID				
	CEQUEL COMMUNICATIONS LLC	02825				
	Instructions: List each separate community served by the cable system. A "community					
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discret 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.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	me parks should be reported in parentheses below the identific				
Serveu						
	CITY OR TOWN	STATE				
First	DAINGERFIELD	TX				
Community	CASS COUNTY(PORTION)	TX				
	HUGHES SPRINGS	TX				
ld Rows as Necessary	LONE STAR	TX				
	MORRIS COUNTY(PORTION)	TX				
	TITUS COUNTY(PORTION)	TX				

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**CEQUEL COMMUNICATIONS LLC** 

SYSTEM ID# 028259

## 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		
04750000 05 050000	NO. OF	DATE	0.4 TE 0.0 D.V. O.F. 0.F.D.V.0.F.	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	431	50.00			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	28	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 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	17.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>	19.00	Commercial				
<ul> <li>Fire protection</li> </ul>		• Pay cable				
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	99.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	40.00			
Converter		Disconnect				
		Outlet relocation	25.00			
		Move to new address	99.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 028259

## 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
KLTS-1	24	E	SHREVEPORT, LA
KLTS-HD1	24	E-M	SHREVEPORT, LA
KLTV-1	7	N	TYLER, TX
KMSS-1	33	l	SHREVEPORT, LA
KMSS-HD1	33	I-M	SHREVEPORT, LA
KPXJ-1	21	l	MINDEN, LA
KPXJ-2	21.2	I-M	MINDEN, LA
KPXJ-4	21.4	I-M	MINDEN, LA
KPXJ-HD1	21	I-M	MINDEN, LA
KSHV-1	45	I	SHREVEPORT, LA
KSHV-HD1	45	I-M	SHREVEPORT, LA
KSLA-1	12	N	SHREVEPORT, LA
KSLA-2	12.2	I-M	SHREVEPORT, LA
KSLA-3	12.3	I-M	SHREVEPORT, LA
KSLA-4	12.4	I-M	SHREVEPORT, LA
KSLA-HD1	12	N-M	SHREVEPORT, LA
KTAL-1	6	N	TEXARKANA, TX
KTAL-HD1	6	N-M	TEXARKANA, TX
KTBS-1	3	N	SHREVEPORT, LA
KTBS-2	3.2	I-M	SHREVEPORT, LA
KTBS-3	3.3	I-M	SHREVEPORT, LA
KTBS-4	3.4	I-M	SHREVEPORT, LA
KTBS-HD1	3	N-M	SHREVEPORT, LA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **CEQUEL COMMUNICATIONS LLC**

028259

#### 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.

Primary Transmitters: Radio

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.

- 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
	_				_		
						\	

	1 /-								
Accounting Perio	d: 2024/2 LEGAL NAME OF OWNER OF (	CARLE SYST	FM·				FOR	M SA1-2E. PAGE 5.  SYSTEM ID#	
Name	CEQUEL COMMUNICA							028259	
<b> </b> Substitute	SUBSTITUTE CARRIAGE In General: In space I, identifi substitute basis during the ac explanation of the programmi	fy every non	network televisi	on program, broadcast by a cific present and former FC	a <i>distant</i> statio C rules, regula	tions, or aut	horizations.	For a further	
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	ment and  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant stat	tion?					YES	X NO	
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	st complete	the progra	m	
	log in block 2.								
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so Column 4: Give the broad the case of Mexican or Canace Column 5: Give the mon first. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, or ies like "mor Bulls." n was broad sign of the s idcast statio adian statio th and day re "5/7." es when the Example: a er "R" if the and regulatio ming that y	m on a separate add additional renetwork televition and that your authorizations vies" or "baske" least live, enter station broadca on's location (thins, if any, the cowhen your syst substitute program carried listed program ons in effect duited additional results.	ows to the tables. sion program ("substitute or cable system substitutes. See page (v) of the general state." List specific program "Yes." Otherwise enter "Sting the substitute prograe e community to which the community with which the em carried the substitute gram was carried by your ed by a system from 6:01: was substituted for prograring the accounting period	program") that d for the progreral instruction in titles, for example.  No."  It is a station is licenstation is iden program. Use cable system.  15 p.m. to 6:2 amming that yel; enter the letter and for the program.	t, during the ramming of one for furthe ample, "I Lo onsed by the tified). numerals, which is the time 8:30 p.m. slour system ter "P" if the	e accounting another star informatio ve Lucy" or FCC or, in with the more accurate nould be was require listed programments.	tion n. nth	
						N SUBSTI			
		UBSTITUT 2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	AGE OCCI	JRRED IMES	7. REASON FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		_ то		
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Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#					
	CEQUEL COMMUNICATIONS LLC		028259					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, see	2,447.78 pss receipts)					
		(various or gre	oco roccipio)					
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 \$  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 t accounting period is \$52.00.	this 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	100)						
	1. Base amount under statutory formula							
	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					
	Commonder stateger Enter the amount forming 1, space at page 5							
	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	•						
	S. 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					
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m							

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: MUNICATIONS LLC			SYSTEM ID# 028259
M Channels	to its subscribe	rs, and (2) the cable system's	of channels on which the cable system of total number of activated channels durin the cable s	ng the accounting period.	23
	on which the	al number of activated chann cable system carried televisi dcast services			268
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of acco	HER INFORMATION IS NEEDED (Ideni nt.)	tify an individual	
for Further Information	Name	RODNEY HASKINS		Telephone	(903) 579-3152
	Address	3027 S SE LOOP 32: (Number, street, rural route, apar TYLER, TX 75701			
		(City, town, state, zip)	(INS@ALTICEUSA.COM	Fay (antiqual	
	Email	RODNET.FIAS	IINS@ALTICEUSA.COM	Fax (optional	
0	CERTIFICATION	(This statement of account m	ust be certified and signed in accordanc	e with Copyright Office regulations)	
Certification	• I, the undersigned	ed, hereby certify that (Check o	ne, but only one, of the boxes.)		
	(Owne	er other than corporation or p	artnership) I am the owner of the cable s	system as identified in line 1 of space	B; or
	(Agent		tion or partnership) I am the duly author e owner is not a corporation or partnership		system as identified
	X (Offic	er or partner) I am an officer in line 1 of space B.	f a corporation) or a partner (if a partners	hip) of the legal entity identified as ow	mer of the cable system
		ete, and correct to the best of n	nereby declare under penalty of law that a y knowledge, information, and belief, and		
	· 		X /s/ Alan Dannenbaum		-
			Enter an electronic signature on the line at Enter signature using an "/s/ signature" (e.	•	
		Typed or printed	name: ALAN DANNENBAUN	Λ	
		Title:	SVP, PROGRAMMING le of official position held in corporation or partner	ership)	
		Date:		2/28/2025	

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FORM SA1-2E. PAGE 8. Accounting Period: 2024/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 028259 CEQUEL COMMUNICATIONS LLC 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-P lowing 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 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 YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . . . . \$ 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 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 . . . . . . \* 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@copyright.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

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.

CONTROL #: REMITTANCE #:

Cable
Worksheet

Total amount of	Number of SAs rec'd	Initials
remittance		

		Date of remittance	☐ Check ☐ EFT	☐ FILING FEES	
Cable ID #				Amount Initia	ls
Examined by	Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period	Letter sent		/1 (for Jan-Jun period) or /2 (for ] Information received  Phone call/Date/Contact	Jul-Dec period) No spaces)	
Space B Owner					
	☐ Letter sent		Information received 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		Phone call/Date/Contact		
Space G Primary Transmitters:					
Television	☐ Letter sent	С	Information received		
	☐ Accepted		Phone call/Date/Contact		
Space H Primary Transmitters:					
Radio	☐ Accepted	С	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	$\ \square$ 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	