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				
1-21-25	\$				
	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							
	Barcode Data Filing Period (optional - see instructions)							
	Balcode Bata i liling Period (optional - See ilistractions)							
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.	3						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Irvine Community Television, Inc.							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	_						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO Box 186 (Number, street, rural route, apartment, or suite number)							
	Irvine, KY 40336-0186							
	(City, town, state, zip)							
С	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the ames 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, 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: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5008

Irvine Community Television, Inc.
PRIMARY TRANSMITTERS: TELEVISION



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
WDKY	19.3	N	DANVILLE, KY
WDKY-2	19.4	N-M	DANVILLE, KY
WDKY-3	19.5	N-M	DANVILLE, KY
WDKY-4	19.6	N-M	DANVILLE, KY
WKLE	42.3	E	LEXINGTON, KY
WKLE-2	42.4	E-M	LEXINGTON, KY
WKLE-3	42.5	E-M	LEXINGTON, KY
WKLE-4	42.6	E-M	LEXINGTON, KY
WKYT	21.3	N	LEXINGTON, KY
WKYT-2	21.4	N-M	LEXINGTON, KY
WKYT-3	21.5	N-M	LEXINGTON, KY
WKYT-4	21.6	N-M	LEXINGTON, KY
WKYT-5	21.7	N-M	LEXINGTON, KY
WLEX	28.1	N	LEXINGTON, KY
WLEX-2	28.2	N-M	LEXINGTON, KY
WLEX-3	28.3	N-M	LEXINGTON, KY
WLEX-4	28.4	N-M	LEXINGTON, KY
WLJC	7.1	I	BEATTYVILLE, KY
WLJC-2	7.2	I-M	BEATTYVILLE, KY
WLJC-3	7.3	I-M	BEATTYVILLE, KY
WLJC-4	7.4	I-M	BEATTYVILLE, KY
WLJC-5	7.5	I-M	BEATTYVILLE, KY
WLJC-6	7.6	I-M	BEATTYVILLE, KY
WTVQ	27.1	N	LEXINGTON, KY
WTVQ-2	27.2	N-M	LEXINGTON, KY
WTVQ-3	27.3	N-M	LEXINGTON, KY
WTVQ-4	27.4	N-M	LEXINGTON, KY

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Irvine Community Television, Inc.

5008

G

Primary Transmitters: Television

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
WTVQ-5	27.5	N-M	LEXINGTON, KY
WTVQ-6	27.6	N-M	LEXINGTON, KY
WTVQ-7	27.7	N-M	LEXINGTON, KY
WUPX	25.3	N	MOREHEAD, KY
WUPX-2	25.4	N-M	MOREHEAD, KY
WUPX-4	25.5	N-M	MOREHEAD, KY
WYMT	12.1	N	HAZARD, KY
WYMT-2	12.2	N-M	HAZARD, KY
WBON	9.1	N	RICHMOND, KY
WBON-2	9.2	N-M	RICHMOND, KY
WBON-3	9.3	N-M	RICHMOND, KY
WBON-4	9.4	N-M	RICHMOND, KY

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Irvine Community Television, Inc.

5008

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
					3	-,-	
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		[
		 					
		 					
		ļ					

Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	Irvine Community Telev	vision, Inc) .					5008
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special	During the accounting peri	_			sis anv nonn	etwork telev	ision progra	ım
Statement and		-	r dable bystern	oury, or a substitute bat	oio, arry rioriir	CIWOIR ICIOV		
Program Log	broadcast by a distant station	DIT?					YES	X NO
	Note: If your answer is "No,	" leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	nust complet	e the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or							ng ation on.
	"NBA Basketball: 76ers vs. Column 2: If the program	Bulls." n was broad	lcast live, ente	r "Yes." Otherwise enter "	No."	•	·	
	Column 3: Give the call s Column 4: Give the broathe case of Mexican or Cana	dcast statio adian statio	on's location (thens, if any, the	ne community to which the community with which the	e station is lic station is ide	ntified).		
	Column 5: Give the mon		when your sys	tem carried the substitute	program. Us	e numerals,	with the mo	onth
	first. Example: for May 7 giv Column 6: State the time		substitute nro	aram was carried by your	cable system	n Liet the tin	nes accurat	elv
	to the nearest five minutes.							ely
	stated as "6:00-6:30 p.m."	·			·	·		
	Column 7: Enter the letter to delete under FCC rules a							
	was substituted for program							gram
	effect on October 19, 1976.	9,	,					
					<u> </u>			
	C	LIDOTITLIT	E DDOCDAM			EN SUBSTI		7. REASON FOR
			E PROGRAM		1	IAGE OCCI	IMES	DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TO	
							_	
							_	
							_	
							_	
							<u> </u>	
							<u> </u>	
							<u> </u>	
							_	
							_	
							_	

Accounting Period:	2024/2		FORM S	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Irvine Community Television, Inc.		(SYSTEM ID# 5008				
	GROSS RECEIPTS			5006				
K 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)		6044.7	F0 F7				
	during the accounting period		\$311,7 (Amount of g	ross receipts)				
_	COPYRIGHT ROYALTY FEE	<u> </u>		-				
L Copyright	Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3.							
Royalty Fee	 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 	egual to \$26	3.800.					
	 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$5 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LES	S						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you mu accounting period is \$52.00.	ıst pay for this	six-month					
	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 LESS (but more to	han \$137,10	00)					
	Base amount under statutory formula	3,800.00						
	2. 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)	· · · · · <u> </u>						
	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 \$527,6	600)					
	Enter the amount of gross receipts from space K	1,756.57						
	Base amount under statutory formula	3,800.00						
	3. Subtract line 2 from line 1	7,956.57						
	4. Multiply line 3 by .01		479.57					
	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		\$	1,798.57				
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		1,798.57					
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	[\$	1,818.57				
	EFT Trace # or TRANSACTION ID # 121250	0001						
	Important: Your remittance must be in the form of an electronic payment payable to							
	See page i of the general instructions in the paper SA1-2 form and the Excel instruction	ns tab for mo	re informatio	<u>n.</u>				

2024/2		FORM SA1-2E. PAGE 7.
		SYSTEM ID# 5008
1. Enter the to system carri 2. Enter the to on which the	ers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ried television broadcast stations	114
	· · · · · · · · · · · · · · · · · · ·	
Name	Vicki Horn Telephone	606-723-4240
Address	PO Box 186 (Number, street, rural route, apartment, or suite number) Irvine, KY 40336-0186 (City, town, state, zip)	
Email		
I, the undersign (Own	ned, hereby certify that (Check one, but only one, of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B. Int of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or Icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. In the duly authorized agent of the owner of the cable sy in line 1 of space B. In the duly authorized agent of the owner of the cable sy in line 1 of space B.	; or estem as identified
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Vicki Horn Title: Vice President (Title of official position held in corporation or partnership)	-
	Irvine Commu CHANNELS Instructions: to its subscribe 1. Enter the to system carr 2. Enter the to on which the and nonbro INDIVIDUAL To we can contact Name Address Email CERTIFICATION I, the undersign (Own (Agental Agental Agenta	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 on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name Vicki Horn Telephone PO Box 186 [Number street, rural route, apartment, or sulle number) Invine, KY 40336-0186 (City, town, state, zip) Email vhom@invineonline.net Fax (optional CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. (the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and cornect to the best of my knowledge, information, and belief, and are made in good fath. Typed or printed name: Vicki Horn Title: Vick President (Title of official position held in corporation or partnership)

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ounting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ne Community Television, Inc.	5008
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 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. 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	
* 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	

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CONTROL #: REMITTANCE #:

Cable Worksheet		Total amount of remittance	Nun	nber of SAs rec'o	l I	nitials		
			Date of remittance	_ Check	EFT	FILI	ING FEES	
Cable ID #				_		Amount	Initials	
Examined by	Reviewe	ed by	Date examination completed	Allocatio	on number			
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun բ	period) or /2 (for Jul-	Dec period) No spa	ices)	
Period	Letter sent		[Information re	eceived			
	Accepted		[Phone call/Da	te/Contact			
Space B Owner								
	Letter sent		[☐ Information received				
	Accepted		Phone call/Date/Contact					
Space D Area Served								
	Letter sent		[Information re	eceived			
	Accepted		[Phone call/Da	te/Contact			
Space E Secondary Transission								
Service Subscribers:	Letter sent]	Information re	eceived			
and Rates	Accepted		[Phone call/Da	te/Contact			
Space G Primary Transmitters:								
Television	Letter sent		☐ Information received					
	Accepted			Phone call/Da	ate/Contact			
Space H Primary Transmitters:								
Radio	Accepted			Phone call/Da	ate/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	
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	