This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
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 COPYRIG	Return completed workbook by email to			
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>		
General instructions are located in the first tab of this workbook.	2-28-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.		
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	Y/(Period))			

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20242 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
		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 sulte number)
		TYLER, TX 75701 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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: WESTCHESTER DOC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	CEQUEL COMMUNICATIONS LLC	063134								
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.									
	CITY OR TOWN	STATE								
First	VALHALLA	NY								
Community	(WESTCHESTER DOC)									
Add Rows as Necessary										

	LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	CEQUEL COMMUNICATIONS LLC												
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIB	ERS AND RA	TES								
E	In General: The information in s			-	•								
	system, that is, the retransmission												
Secondary	about other services (including p						nose existir	ng on the					
Transmission Service: Sub-	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												
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in												
Rates	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											
	3 ,	· · ·	,		ly standart		within a pa						
	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												
	that applies to your system. Note			-		-							
	categories, that person or entity				••	• •	•						
		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)."											
	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 a	nd rates, in the	right-ha	nd block. A tw	o- or three	e-word description	on of the se	rvice is					
	sufficient.	OCK 1			T		BLOCK	2					
		NO. OF						NO. OF					
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT				
	Residential:		•										
	Service to first set		0	-									
	Service to additional set(s)												
	• FM radio (if separate rate)												
	Motel, hotel			10.11									
	Commercial		20	42.41									
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISS	ONS: RATES									
F	In General: Space F calls for rat												
I	not covered in space E, that is, t service for a single fee. There ar												
Services	furnished at cost or (2) services		,		0		0 ()						
Other Than	amount of the charge and the un												
Secondary	enter only the letters "PP" in the							-					
ransmissions:	Block 1: Give the standard rat Block 2: List any services that												
Rates	listed in block 1 and for which a s				-								
	brief (two- or three-word) descrip												
		BLOC	K 1			BLOCK 2							
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVIC	E RATE				
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEG	ORY OF SER		RATE	CATEG		E RATE				
		RATE	CATEG nstalla			RATE	CATEG		E RATE				
	Continuing Services:	RATE	CATEG nstalla • Mote	tion: Non-res		RATE	CATEG		ERATE				
	Continuing Services: • Pay cable	RATE	CATEG nstalla • Mote • Com	tion: Non-res el, hotel		RATE	CATEGO		E RATI				
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mote • Com • Pay	tion: Non-res el, hotel imercial	idential	RATE	CATEGO		E RATI				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG nstalla • Mote • Com • Pay • Pay	tion: Non-res el, hotel mercial cable	idential	RATE	CATEG		E RATI				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATEG nstalla • Mote • Com • Pay • Pay • Fire	tion: Non-res el, hotel mercial cable cable-add'l ch	idential	RATE	CATEGO		ERATI				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE (CATEG nstalla • Mote • Com • Pay • Pay • Fire • Burg	tion: Non-res el, hotel mercial cable cable-add'l ch protection	idential	RATE	CATEGO						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE (CATEG nstalla • Mote • Com • Pay • Pay • Fire • Burg Other s	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	idential	RATE	CATEGO						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE (CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	idential	RATE	CATEGO						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE (CATEG nstalla • Mote • Com • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	idential	RATE	CATEGO						

unting Period: 2	2024/2			FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM I						
	CEQUEL COMMUNIC	ATIONS LLC		0631						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6° is explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried	(1) stations carried only on a part- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sum ne Special Statement and Program	time basis under rams [sections ations carried on a ubstitute program n Log)—if the						
	basis. For further information	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruc	ctions.						
	"WETA-2" as the same on									
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	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						
	WABC-1	7	N	NEW YORK, NY						
	WCBS-1	2	N	NEW YORK, NY						
Rows as Necessary	WFUT-1	68	1	NEWARK, NJ						
tows as necessary	WNBC-1	4	N	NEW YORK, NY						
	WNET-1	13	E	NEWARK, NJ						
	WNJU-1	47		LINDEN, NJ						
	WNYN-1	39	· · · · ·	NEW YORK, NY						
	WNYW-1	5	I	NEW YORK, NY						
	WPIX-1	11		NEW YORK, NY						
	WWOR-1	9	I	SECAUCUS, NJ						
	WXTV-1	41	<u> </u>	PATERSON, NJ						

	MMUNICA	TIONS	LLC						063
	t every radio s	station ca	rried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. hal was electronically processes a mark in the "S/D" column. on (the community to which the	t ti sy: nis ec	he system's hea stem's FM anter point, see page I by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,5			0.122 01011		5,0		
				_					
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				-					
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Accounting Perio	d: 2024/2						FORM	I SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C					063134
	SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identif	y every non	network televisi	on program, broadcast by a	distant statio	on, that your cable	system	carried on a
Substitute	substitute basis during the ac explanation of the programmi							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special	 During the accounting peri 	od, did youi	r cable system	carry, on a substitute basis	s, any nonne	twork television p	orogram	
Statement and Program Log	broadcast by a distant stat	ion?					res	× NO
i rogram zog	Neter If your analysis "No.	" loovo tha	reat of this neg	a blank. If your anowar is "	Vee "veu mu			
	Note: If your answer is "No,	leave the	rest of this pag	e blank. If your answer is	res, you mu	ust complete the	program	1
	log in block 2. 2. LOG OF SUBSTITUTE		M0					
	In General: List each substi			te line. Use abbreviations v	wherever pos	sible if their me	aning is	
	clear. If you need more space						annig io	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							
	"NBA Basketball: 76ers vs.			Locioposino program			,	
				"Yes." Otherwise enter "N				
				sting the substitute program e community to which the		need by the ECC	or in	
	the case of Mexican or Can						<i>,</i> 01, 111	
				em carried the substitute p			the mont	h
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				/
	stated as "6:00–6:30 p.m."	Example. a	program carrie	eu by a system nom 0.01.1	5 p.m. to 0.2	.o.oo p.m. should	i De	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was	required	1
	to delete under FCC rules a							m
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete undel	r FCC rules a	and regulations in	1	
					WHE	EN SUBSTITUTI	E	
	S		E PROGRAM			IAGE OCCURR		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	то	
						_		
						_		
						_		
						_		
1		L	l		L	—		

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063134
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 Imount, see	5,078.46 sss receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7				
Name		OWNER OF CABLE SYSTEM: MMUNICATIONS LLC	SYSTEM ID# 063134				
M Channels	to its subscri 1. Enter the system ca 2. Enter the on which t	You must give (1) the number of channels on which the cable system carried to ers, and (2) the cable system's total number of activated channels during the ac otal number of channels on which the cable ried television broadcast stations	ccounting period.				
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an in ct about this statement of account.)	dividual				
for Further Information	Name	RODNEY HASKINS	Telephone (903) 579-3152				
	Address	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite number) TYLER, TX 75701 (City, town, state, zip)					
	Email	RODNEY.HASKINS@ALTICEUSA.COM	Fax (optional				
	CERTIFICATIO	N (This statement of account must be certified and signed in accordance with C	opyright Office regulations)				
O Certification							
		Enter an electronic signature on the line above to contend on the line above to contend on the signature using an "/s/ signature" (e.g., /s/ so	•				
		Typed or printed name: ALAN DANNENBAUM					
		Title: SVP, PROGRAMMING (Title of official position held in corporation or partnership)					
		Date:	2/28/2025				

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Accounting Period: 2024/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CEQUEL COMMUNICATIONS LLC	063134
 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
XNO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days 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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C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials				
		Date of remittance	Check EFT	□ FILING FEES				
Cable ID #				Amount Initials				
Examined by	Reviewed by	Date examination completed	Allocation number					
Space A Accounting		(enter four digit year and	/1 (for Jan-Jun period) or /2 (for Jul-I	Dec period) No spaces)				
Period	□ Letter sent		Information received					
			Phone call/Date/Contact					
Space B Owner								
	Letter sent		Information received					
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			Phone call/Date/Contact					
Space G Primary Transmitters:								
Television	□ Letter sent	C	Information received					
		E] Phone call/Date/Contact					
Space H Primary Transmitters:								
Radio	Accepted	C] 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 Fee
□ 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	