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			
1-16-25	\$			
	ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@copyright.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))
	2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Dickey Rural Services Inc
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 69 (Number, street, rural route, apartment, or suite number)
	Ellendale, ND 58436 (City, town, state, zip)
	h 80 - 20 - 20 00
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM II
Name	Dickey Rural Services Inc	2320
	Instructions: List each separate community served by the cable system. A "community"	
Ъ	separate and distinct community or municipal entity (including unincorporated commun	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	
_	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	e parks should be reported in parentheses below the identifie
Area Served	city.	- p
Serveu		
	CITY OR TOWN	STATE
First	Oakes	ND
Community	Ellendale	ND
-	Ashley	ND
ld Rows as Necessary	Edgeley	ND
iu Rows as Necessary	Milnor	ND ND
	Kulm	ND ND
		3
	Marion	ND ND
	Lisbon	ND ND
	Rutland	ND ND
	LaMoure	ND ND
	Kathryn	ND
	Verona	ND
	Crete	ND
	Forbes	ND
	Fredonia	ND
	Nelvik	ND
	Gwinner	ND
	Forman	ND
	Litchville	ND
	Fort Ransom	ND
	Dickey	ND ND
	Fullerton	ND ND
	Guelph	ND ND
	Jud	ND ND
	Venturia	ND

Accounting Period: 2024/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23265

Dickey Rural Services Inc

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set			TV Valu-TVVALPK	180	59.95		
Service to additional set(s)			TV Only-Valu-TVONLY				
• FM radio (if separate rate)			TV w/HS-Valu-TVIOVA	102	46.00		
Motel, hotel			TV UF Discounted-TVIOUOE	2,991	15.95		
Commercial							
Converter							
Residential							
Non-residential							
1	1	1					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel	30.00		
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	30.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	5.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 23265 Dickey Rural Services Inc TELEVISION RIMARY TRANSMITTERS: 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 G Primary Transmitters: Television FCC thes and regulations in effect of Julie 24, 1981, permitting the carriage of certain network programs sections fc.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 pasis 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 Poor for its the station here in space G—but on its it it space i (the special statement and Program Log)—it 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 The result of the state of the result of the 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 deducational station, by entering the letter "N" (for network), "N-N" (for network multicast), "I" (for independent), "I-N" (for independent multicast), "E" (for noncommercial educational or "E-N" (for noncommercial educational), or "E-N" (for noncommercial educational), or "E-N" (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 KJRR HD 7/7 N JAMESTOWN, ND FOX KXMB HD 12/12 N BISMARK, ND CBS KXMB (CW) 12/12.2 BISMARCK, ND CBS N-M Add Rows as Necessar KXMB (LAFF) 12/12.3 BISMARCK, ND CBS BISMARCK, ND N-M CBS KXMB (ESCAPE) 12/12.4 KFME HD 13/13 FARGO, ND PBS Е-М FARGO, ND PBS WORLD KFME DT2 13/13 KFME DT3 Е-М FARGO, ND PBS MINNESOTA 13/13 KFME DT4 13/13 E-M FARGO, ND PBS LIFELONG LEARNING KBMY HD 17/17 N BISMARCK, ND ABC **KBMY DT3** 17/17.3 N-M BISMARCK, ND WDAY Xtra KVRR DT2 19/15.2 N-M FARGO. ND ANTENNA TV WDAY HD 21/6 N ABC FARGO, ND WDAY DT2 21/6.2 м_м FARGO, ND JUSTICE WDAY DT3 21/6.3 N-M FARGO, ND WDAY Xtra KNDB (H&I) BISMARCK, ND BEK SPORTS NETWORK 26/26.1 KNDB (H&I) 26/26 BISMARCK, ND BEK SPORTS NETWORK KRDK (COZI) 24/4 N VALLEY CITY, ND COZI KXJB HD 30/30 N HORACE, ND CBS KXJB DT2 30/30.2 N-M HORACE, ND CW (KXJB DT2-same) KXJB DT3 30/30.3 N-M HORACE, ND **HEROS & ICONS** KFYR HD 31/5 BISMARCK, ND NBC KFYR HD DT4 31/5.4 N_M BISMARCK, ND CIRCLE KEYR HD DT3 31/5 3 N_M BISMARCK, ND METV KFYR HD DT5 N-M 31/5.5 BISMARCK, ND QUEST KNDX HD 38/5.1 DICKINSON, ND FOX KVLY HD 44/11 FARGO, ND NBC **KVLY DT3** 44/11.3 N₋M FARGO, ND METV

U.S. Copyright Office

36/11.4

27.1

N-M

1

FARGO, ND

FARGO, ND

CIRCLE

BEKTV-E

KVLY DT4

KNGF

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FORM SA1-2E, PAGE 4.

Dickey Rural Services Inc

23265

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
KDDR	AM		OAKES, ND	KSJB	AM		JAMESTOWN, ND
		 			ļ		
	-						
	·						
	. 	ļ 					
	· 						
					 		
	·						
	-						
					 		

Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	Dickey Rural Services	Inc						23265
Substitute Carriage: Special Statement and Program Log	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 on 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							For a further 1-2 form.
	2. LOG OF SUBSTITUTE In General: List each subsiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ce, please of every no distant stat gulations, or ies like "mo Bulls." In was broad sign of the adcast staticath and day ye "5/7." es when the Example: a er "R" if the and regulati	am on a separa add additional annetwork televion and that your authorization or "basked dcast live, enterstation broadcars, if any, the when your system substitute program carrolisted program cons in effect di	rows to the tables. vision program ("substitut our cable system substitut our cable system substitut our cable system substitut our cable system substitut our cable stable." List specific program asting the substitute program carried the substitute or carried the substitute or carried the substitute or carried by a system from 6:0 on was substituted for programing the accounting periods.	e program") the ted for the program instruct am titles, for e "No." ram. he station is lide to program. Us r cable system 1:15 p.m. to 6 programing that bod; enter the l	nat, during a paramming ions for furt example, "I beensed by the entified). See numerals in. List the to example in the exampl	the accountir of another standard informati Love Lucy" of the FCC or, ir s, with the modimes accurated should be m was required in the listed program in t	ng cation on. or onth cely
	was substituted for programming that your system was permitted to delete undeffect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S				WHI CARR 5. MONTH	EN SUBST	TITUTE CURRED TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM		
					-			

Accounting Period:	2024/2		FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Dickey Rural Services Inc		SYSTEM ID							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary transmi low to compute this a	ission service							
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 les Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	s than \$527,600	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 the accounting period is \$52.00		is six-month							
	Line 1. Royalty fee for accounting period		0.00							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8									
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 a BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu									
	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	<u> </u>								
	5. Enter the amount from line 3	· · · <u> </u>								
	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	390,209.34	_							
	2. Base amount under statutory formula	263,800.00	_							
	3. Subtract line 2 from line 1	126,409.34	_							
	4. Multiply line 3 by .01	\$	1,264.09							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>\$</u>	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	d 6	\$ 2,583.09							
	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)	<u>\$</u>	2,583.09							
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		\$ 2,603.09							
	EFT Trace # or TRANSACTION ID #	лСОD / 76935810154								
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form and the Excel									

Accounting Period:	2024/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: ervices Inc		SYSTEM ID# 23265
M Channels	to its subscribe 1. Enter the total system carrie 2. Enter the total on which the	rs, and (2) the cable system's total number of channels on which to television broadcast stations. all number of activated channels cable system carried television by		27
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Sue Urlacher		Telephone 701-344-6005
	Address	9628 Hwy 281, PO Box (Number, street, rural route, apartmer Ellendale, ND 58436 (City, town, state, zip)	nt, or suite number)	
	Email	surlacher@drtel.c	om Fax (optional	
O Certification	I, the undersigned (Owned) (Agent) X (Office) I have examined	or, hereby certify that (Check one, It is of owner other than corporation or parts of owner other than corporation in line 1 of space B and that the owner or partner) I am an officer (if a in line 1 of space B. the statement of account and here te, and correct to the best of my kn	nor partnership) I am the owner of the cable system as identified in line 1 on or partnership) I am the duly authorized agent of the owner of the owner is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identified by declare under penalty of law that all statements of fact contained nowledge, information, and belief, and are made in good faith.	of space B; or he cable system as identified ied as owner of the cable system
			/s/ Troy Radermacher Inter an electronic signature on the line above to certify this statementer signature using an "/s/ signature" (e.g., /s/ John Smith) Troy Radermacher	ent.
			Accounting Manager of official position held in corporation or partnership)	
		Date:	12-31-24	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
key Rural Services Inc	23265
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? X NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name 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
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	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

CONTROL #: REMITTANCE #:

Radio

Accepted

C	Ca. Wo	ble rksheet	Total amount of remittance	Number of SAs re	ec'd	Initials
			Date of remittance	Check EFT	FIL	ING FEES
Cable ID #					Amount	Initial
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	Jani	uary 1 - June 30, 2017]	July 1 - December 31, 2017		
	Lett	er sent]	Information received		
	Acc	epted		Phone call/Date/Contact		
Space B Owner						
	Lett	er sent	[Information received		
	Acc	epted	[Phone call/Date/Contact		
Space D Area Served						
	Lett	er sent	[Information received		
	Acc	epted	[Phone call/Date/Contact		

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	Information received	
	Accepted	Phone call/Date/Contact	
Space H Primary Transmitters:			

Phone call/Date/Contact

		Space I Substitute Carriage
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	☐ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐ Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐ Info/add'l fee received	
Accepted	Phone call/Date/Contact	