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

				Return completed workbook
STATEMI	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
Cable Syste	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
-	ictions are located of this workbook	2-20-25	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
		2-20-20	ALLOCATION NUMBER	
	1			
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
		_		
	2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		_		
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:		the standard	anaka kikila a f
В	the subsidiary, not that of the parent co	•	iary of another corporation, give the full corp	orate title of
Owner	List any other name or names under wh	ich the owner conducts the business of the	e cable system.	
	-	e accounting period, only the owner on th yment covering the entire accounting peri	e last day of the accounting period should sul iod.	bmit a single
	Check here if this is the system's first fil	ing. If not, enter the system's ID number a	ssigned by the Licensing Division.	63387
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM		
	MARQUETTE ADAMS TELEPHON	E COOPERATIVE INC		
	BUSINESS NAME(S) OF OWNER (OF CABLE SYSTEM (IF DIFFERENT)		

		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		113 N OXFORD ST, PO BOX 45 (Number, street, rural route, apartment, or sulte number)
		OXFORD, WI 53952 (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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	MARQUETTE ADAMS TELEPHONE CO	OPERATIVE INC 63387
		d by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a
Р		ity (including unincorporated communities within unincorporated areas and including single, discrete
D	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.
A	Note: Entities and properties such as hotels, apar	tments, condominiums, or mobile home parks should be reported in parentheses below the identified
Area Served	city.	
Gerveu		
First	City of Adams	WI
Community	City of Montello	WI
	City of Portage	WI
Add Rows as Necessary	City of Wisconsin Dells	WI
	Town of Adams	WI
	Town of Buffalo	WI
	Town of Coloma	WI
	Town of Crystal Lake	WI
	Town of Dakota	WI
	Town of Dell Prairie	WI
	Town of Douglas	WI
	Town of Easton	WI
	Town of Fort Winnebago	WI
	Town of Harris Town of Jackson	WI
	Town of Lewiston	WI WI
	Town of Lincoln	WI
	Town of Marcellon	WI
	Town of Mecan	WI
	Town of Montello	WI
	Town of Moundville	WI
	Town of New Chester	WI
	Town of New Haven	WI
	Town of Newport	WI
	Town of Newton	WI
	Town of Oxford	WI
	Town of Packwaukee	WI
	Town of Quincy	WI
	Town of Scott	WI
	Town of Shields	WI
	Town of Springfield	WI
	Town of Westfield	WI
	Village of Endeavor	WI
	Village of Friendship	WI
	Village of Oxford	WI
	Village of Westfield	WI

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	MARQUETTE ADAMS TELEPHONE COOPERATIVE INC										
					TE0						
E	SECONDARY TRANSMISSION In General: The information in sp					rtransmission s	ervice of	the cable			
	system, that is, the retransmissio			-	•						
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission Service: Sub-	last day of the accounting period						la svetan	n broken			
scribers and		ibers: Both blocks in space E call for the number of subscribers to the cable system, broken f secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the nu			•							
	separately for the particular servi										
	Rate: Give the standard rate cl unit in which it is generally billed.	-	-	•				-			
	category, but do not include disco	· · ·	,		iy stanuari		wiunna				
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion serv	ice that cable			
	systems most commonly provide										
	that applies to your system. Note categories, that person or entity			-		-					
	subscriber who pays extra for cal					0,					
	first set" and would be counted o										
	Block 2: If your cable system h	-		•							
	printed in block 1 (for example, ti							-			
	with the number of subscribers a sufficient.	nu rates, in the	ngni-na	and Diock. A tw	o- or three		on or the	Service is			
	BLC	DCK 1					BLOO	CK 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBER	s RATI		
	Residential:	SOBSCITIBL			UAT			SOBOCINIBLIN			
	Service to first set		2,295	25.32							
	 Service to additional set(s) 		1,563	5.00							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		22	162.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SECO		SMISS	IONS: RATES							
F	In General: Space F calls for rate	•	,		•	• •					
F	not covered in space E, that is, the service for a single fee. There are										
Services	furnished at cost or (2) services of	•			•		0 (,			
Other Than	amount of the charge and the un										
Secondary	enter only the letters "PP" in the						11-41				
Transmissions: Rates	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										
Nutos	BIOCK 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.										
		BLOO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	/ICE	RATE	CATE	GORY OF SERVIO	CE RATE		
	Continuing Services:		Installa	tion: Non-res	dential						
	• Pay cable	107.95		el, hotel							
	Pay cable—add'l channel	137.95		nmercial							
	Fire protection			cable							
	•Burglar protection			cable-add'l ch	annel						
	Installation: Residential			protection							
	First set			glar protection							
	Additional set(s) EM radio (if separate rate)			services:							
	 FM radio (if separate rate) Converter 			connect							
	- Converter			connect let relocation							
				let relocation	200						

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYST	EM 633					
Humo	MARQUETTE ADAMS TELEPHONE COOPERATIVE INC									
	PRIMARY TRANSMITTERS:	TELEVISION								
G		entify every television station (including tra	•	,						
Ŭ	carried by your cable system during the accounting period, <i>except</i> (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									
Primary ransmitters:	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.									
Television	Substitute Basis Stations	: With respect to any distant stations car	ried by your cable system on a sul	ostitute program						
		ules, regulations, or authorizations: e in space G—but do list it in space I (the	Special Statement and Program I	_og)—if the						
	station was carried <i>only</i> on	a substitute basis. also in space I, if the station was carried b	acth an a substitute basis and alas	an come other						
	basis. For further information	on concerning substitute basis stations, se	ee page (v) of the general instructi	ons.						
		n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	-	-						
	"WETA-2" as the same on	the form.								
	of license. For example, W	el number the FCC assigned to the televi /RC is channel 4 in Washington, D.C.	-	-						
		n case whether the station is a network state ering the letter "N" (for network), "N-M" (fo	, , ,							
	(for independent multicast)	, "E" (for noncommercial educational), or '	'E-M" (for noncommercial education	· ·						
	0	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th		is licensed by the						
	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						
	wisc	3	N	MADISON, WI						
	WISC	3.2	N-M	MADISON, WI						
d Rows as Necessary	WMTV	15	N	MADISON, WI						
	WMTV	15.2	N-M	MADISON, WI						
	WMTV	15.3	N-M	MADISON, WI						
	WMTV	15.4	N-M	MADISON, WI						
	WHA	21	Е	MADISON, WI						
	WHA	21.2	E-M	MADISON, WI						
	WHA	21.3	E-M	MADISON, WI						
	WHA	21.4	E-M	MADISON, WI						
	WKOW	27	N	MADISON, WI						
	wkow	27.2	N-M	MADISON, WI						
			N-M N-M							
	WKOW	27.3		MADISON, WI						
			N-M	MADISON, WI MADISON, WI						
	WKOW WMSN	27.3 47	N-M N	MADISON, WI MADISON, WI MADISON, WI						
	WKOW WMSN WMSN WMSN	27.3 47 47.2 47.3	N-M N N-M N-M	MADISON, WI MADISON, WI MADISON, WI MADISON, WI						
	WKOW WMSN WMSN WMSN WMSN	27.3 47 47.2 47.3 47.4	N-M N N-M	MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI						
	WKOW WMSN WMSN WMSN WMSN WIFS	27.3 47 47.2 47.3 47.4 57	N-M N N-M N-M N-M I	MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI						
	WKOW WMSN WMSN WMSN WIFS WKOW	27.3 47 47.2 47.2 47.3 47.4 57 27.4	N-M N N-M N-M I N-M	MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI						
	WKOW WMSN WMSN WMSN WMSN WIFS WKOW	27.3 47 47.2 47.2 47.3 47.4 57 27.4 27.5	N-M N N-M N-M I N-M N-M N-M	MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI						
	WKOW WMSN WMSN WMSN WIFS WKOW	27.3 47 47.2 47.2 47.3 47.4 57 27.4	N-M N N-M N-M I N-M	MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI MADISON, WI						

	FOWNER OF (/STEM: IONE COOPERATIVE IN	NC	;				SYSTEM I 633
RIMARY ΤΒΔ	NSMITTERS:								
General: List	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab						Н
pecial Instruct ceivable if (1) in the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf gnal, indicate Column 4: G	tions Concer it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing ive the station	rning All the system be received the section sign of end on's sign a check s's location	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process at mark in the "S/D" column. on (the community to which the the community with which the	Cop It th sys this sed	byright Office re he system's heat stem's FM anter s point, see pag by the cable sy station is licens	gulations, an adend, and (2) nna, during ce le (v) of the ge ystem as a se ed by the FCC	FM sign it can b rtain sta eneral in parate a	al is generally e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	MARQUETTE ADAMS	TELEPHO	NE COOPE	RATIVE INC				63387
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi				distant statio	n that your	cable system	carried on a
_	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC0	C rules, regula	tions, or aut	thorizations. I	For a further
Substitute	explanation of the programm			• • • • • •	general instru	ctions in the	e paper SA1-	2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	During the accounting per	•	r cable system	carry, on a substitute basis	s, any nonnet	work televis	sion program	
Program Log	broadcast by a distant sta	tion?				L	YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE					-::		
	In General: List each subst clear. If you need more spa				wnerever pos	sidle, if thei	r meaning is	5
				sion program ("substitute p	program") tha	t, during the	e accounting	I
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							л.
	"NBA Basketball: 76ers vs.	Bulls."					,	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nsed by the	ECC or in	
	the case of Mexican or Can							
			when your syst	em carried the substitute p	orogram. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your o	able svstem.	List the tim	nes accurate	lv
	to the nearest five minutes.							.,
	stated as "6:00–6:30 p.m."	"D" :f th	l'-4					-1
	to delete under FCC rules a			was substituted for progra ring the accounting period:				
	was substituted for program	nming that y						
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	s	UBSTITUT	E PROGRAM			AGE OCC	URRED	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		TIMES — TO	DELETION
							_	
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Accounting Period:	2024/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: MARQUETTE ADAMS TELEPHONE COOPERATIVE INC	SYSTEM ID# 63387
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.	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 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800
	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 Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	
	1. Base amount under statutory formula	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 \$ 392,029.28	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,282.29
	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	\$ 2,601.29
	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) \$	2,601.29
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	\$ 2,621.29
	EFT Trace # or TRANSACTION ID # 27LQ10GN	
	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: ADAMS TELEPHONE COC	PERATI	/E INC		SYSTEM ID# 63387
M Channels	to its subscriber	rs, and (2) the cable system's al number of channels on whic	total numl	s on which the cable system carried tel per of activated channels during the acc e	counting period.	22
	on which the	al number of activated channe cable system carried televisio dcast services	n broadca	st stations		226
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		RMATION IS NEEDED (Identify an indi	ividual to whom	
for Further Information	Name	DARREN MOSER, CI	EO & GI	М	Telephone 608-	-546-4111
	Address	113 N OXFORD ST, F (Number, street, rural route, apartu OXFORD, WI 53952 (City, town, state, zip)				
	Email	dmoser@maad	telco.com		Fax (optional	
	CERTIFICATION	(This statement of account mi	ust be cert	ified and signed in accordance with Co	pyright Office regulations)	
O Certification		ed, hereby certify that (Check or				
) I am the owner of the cable system as rtnership) I am the duly authorized agen 		as identified
		in line 1 of space B and that th er or partner) I am an officer (e owner is	not a corporation or partnership; or ation) or a partner (if a partnership) of the		
		ete, and correct to the best of m		lare under penalty of law that all statement e, information, and belief, and are made		
	I		X	/s/ Darren Moser		
				electronic signature on the line above to ce ature using an "/s/ signature" (e.g., /s/ Jol		
		Typed or printed	I name:	Darren Moser		
		Title: (Ti	CEO 8	GM position held in corporation or partnership)		
		Date:			02/20/2025	

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.

ccounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ARQUETTE ADAMS TELEPHONE COOPERATIVE INC	63387
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? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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
X	
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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Cable Worksheet		Total amount of remittance	d Initials		
			Date of remittance	Check CFT	
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗆 Janua	ary 1 - June 30, 2017		July 1 - December 31, 2017	
	🗆 Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space B Owner					
	🗆 Lette	r sent		Information received	
		oted		Phone call/Date/Contact	
Space D Area Served					
	□ Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	🗆 Lette	r sent		Information received	
and Rates		oted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	🗆 Lette	r sent		Information received	
		oted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio		oted		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 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	
	Phone call/Date/Contact	