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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	11/29/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	10964
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (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 ι	
-	name	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: Zito Media - Gretna	
		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 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 Offce'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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	10964
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Gretna	NE
ommunity	Elkhorn Valley	NE NE
aure as Nasassan.	Sarpy County	NE
ws as Necessary	Douglas County	NE
	Waterloo	NE

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM I
Name	Zito Midwest LLC								109
E Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	pace E should on of television ay cable) in sp I (June 30 or De n blocks in space	cover all and radio ace F, no ecember ce E call	categories of broadcasts b there. All the 31, as the cas for the number	secondary by your sy facts you se may be r of subsc	stem to subscril state must be t ). ribers to the cat	oers. Give i hose existi ole system,	information ng on the broken	
Rates	each category by counting the mi separately for the particular serv <b>Rate:</b> Give the standard rate c unit in which it is generally billed category, but do not include disc <b>Block 1:</b> In the left-hand block systems most commonly provide that applies to your system. <b>Note</b> categories, that person or entity subscriber who pays extra for cat first set" and would be counted of	umber of billing ice at the rate i harged for eacl . (Example: "\$2 ounts allowed f in space E, the e to their subscr e: Where an inc should be cour ible service to a once again under	s in that ndicated- n categor (0/mth"). for advan e form list ribers. Gi dividual o ted as a additional er "Servic	category (the —not the num y of service. In Summarize ar ce payment. as the categori ve the number r organization subscriber in sets would be ce to additiona	number o ber of set nclude bo ny standar es of seco r of subsc is receivi each appl e included I set(s)."	f persons or org s receiving serv th the amount o rd rate variations ondary transmis ribers and rate the ng service that f icable category in the count un	anizations ice). f the charg s within a p sion servic for each lisi alls under . Example: der "Servic	charged e and the particular rate e that cable ted category different a residential te to the	
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	iers of services	that inclu	ude one or mo	re second	ary transmissic	ons), list the	em, together ervice is	
		NO. OF					DLOON	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	• Service to first set		70	17.79					
	Service to additional set(s)								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter     Residential								
	Non-residential								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services t te two exception or facilities furm hit in which it is rate column. te charged by th your cable sys separate charg	er) inform hat are n ns: you d ished to usually b ne cable item furni e was ma	nation with res ot offered in c o not need to nonsubscriber illed. If any rat system for eac shed or offere ade or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a rd during t	n with any secon nformation cone formation shoul arged on a varia applicable servio he accounting p	ndary trans cerning (1) d include b able per-pro ces listed. period that	smission services oth the ogram basis, were not	
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		DRY OF SER\ ion: Non-resi		RATE	CATEGO	DRY OF SERVICE	RAT
	-	16.50		l, hotel	aonudi				
	Pay cable			mercial					
	Pay cable     Pay cable—add'l channel								
			• Pay	cable					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		• Pay	cable-add'l ch	annel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay • Fire	cable-add'l cha protection	annel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	50.00	• Pay • Fire • Burg	cable-add'l ch protection lar protection	annel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	50.00	• Pay • Fire • Burg Other se	cable-add'l ch protection lar protection <b>ervices:</b>	annel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	50.00	• Pay • Fire • Burg Other se • Reco	cable-add'l ch protection lar protection <b>ervices:</b> onnect	annel	30.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	50.00	• Pay • Fire • Burg Other se • Reco • Disco	cable-add'l ch protection lar protection <b>ervices:</b>	annel	30.00			

ame	LEGAL NAME OF OWNER OF Zito Midwest LLC	CABLE SYSTEM:		SYSTEM ID 1096
	PRIMARY TRANSMITTERS:			
G imary smitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	m during the accounting period, except in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (if a substitute basis. also in space I, if the station was carried on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ering the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Loc ed both on a substitute basis and also of a, see page (v) of the general instruction program services such as HBO, ESPN le-air designation. For example, report evision station for broadcasting over the a station, an independent station, or a m (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. at the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMTV	3	Ν	Omaho NE
	КМТУ КРТМ	3 42	N	Omaho NE Omaho NE
Necessary				
cessary	KPTM	42	N	Omaho NE
ecessary	KPTM WOWT	42 6	N N	Omaho NE Omaho NE
ecessary	KPTM WOWT KETV	42 6 7	N N	Omaho NE Omaho NE Omaho NE
ecessary	KPTM WOWT KETV KSNB	42 6 7 4.2	N N	Omaho NE Omaho NE Omaho NE Lincoln NE
ecessary	KPTM WOWT KETV KSNB KXVO	42 6 7 4.2 15	N N N I I	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE
ecessary	KPTM WOWT KETV KSNB KXVO KOLN	42 6 7 4.2 15 10	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE
Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
: Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
s Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
s Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
: as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE
as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	42 6 7 4.2 15 10 12	N N N I I N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE

Accounting P	Period: 2017	/1					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF		CABLE SY	(STEM:					SYSTEM ID
Zito Midwes	t LLC							1096
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can ertain sl jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		C/D				C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							+	

Accounting Perio	od: 2017/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Zito Midwest LLC						10964
	SUBSTITUTE CARRIAGE				~		
l 1						ion that your apple avat	m corried on a
•	In General: In space I, identi substitute basis during the ad						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT			ITUTE CARRIAGE			
Special	<ul> <li>During the accounting peri</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television prograr	n
Statement and Program Log	broadcast by a distant stat	tion?			-	YES	× NO
Frogram Log	Note: If your answer is "No"		root of this nos	o blonk. If your onowor in "		_	
	-	, leave life	rest of this pag	e bialik. Il your allswer is	res, you mu	ist complete the progra	
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	MS				
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their meaning is	3
	clear. If you need more space				interer pee	o.o.o,ooug	-
				sion program ("substitute p			
	period, was broadcast by a under certain FCC rules, reg						
	Do not use general categori						
	"NBA Basketball: 76ers vs.	Bulls."				· · · · · · · · · · · · · · · · · · ·	
				"Yes." Otherwise enter "N			
				sting the substitute progra the community to which the		nsed by the ECC or in	
	the case of Mexican or Can						
			when your sys	tem carried the substitute p	orogram. Use	numerals, with the mo	nth
	first. Example: for May 7 giv				able evetere		h.,
	to the nearest five minutes.			gram was carried by your o			lly
	stated as "6:00–6:30 p.m."		i program ourn		10 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a						ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulations in	
					1 1		T
						N SUBSTITUTE	
	5					AGE OCCURRED 6. TIMES	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	FROM – TO	
						_	"
							"
						_	
							"
							"
						_	
						_	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 10964
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 3,782.97
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	. \$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.13
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.13
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,		
	1. Base amount under statutory formula		
	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 \$52)	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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		
Elling Elling			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.13	
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	\$	67.13
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Name 2 M Channels	Zito Midwest CHANNELS Instructions: `` to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the and nonbroad	You must give (1) the number of ch rs, and (2) the cable system's total al number of channels on which the d television broadcast stations al number of activated channels eable system carried television broa cast services	NFORMATION IS NEEDED (Identify an individual to whom	SYSTEM ID# 10964 tions 9 9 
M Channels N Individual to Be Contacted for Further	Instructions: Y to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the and nonbroad INDIVIDUAL T we can contact Name	s, and (2) the cable system's total al number of channels on which the d television broadcast stations al number of activated channels cable system carried television broa cast services	number of activated channels during the accounting period. cable indcast stations NFORMATION IS NEEDED (Identify an individual to whom Tele	9 9 
Individual to Be Contacted for Further	we can contact Name	about this statement of account.) Teri McMullen PO Box 665 (Number, street, rural route, apartment	Tele	ohone 814-260-0434
		PO Box 665 (Number, street, rural route, apartment		bhone 814-260-0434
	Address	(Number, street, rural route, apartment	or suite number)	
		(City, town, state, zip)		
	Email	teri.mcmullen@zitc	media.com Fax (optional)	
O Certification	I, the undersign (Owr (Age in X (Offi in V I have examine	ed, hereby certify that (Check one, <i>b</i> er other than corporation or partment at of owner other than corporation line 1 of space B and that the owner cer or partner) I am an officer (if a c line 1 of space B. d the statement of account and here te, and correct to the best of my known on 1001(1986)]	ership) I am the owner of the cable system as identified in line 1 of sign or partnership) I am the duly authorized agent of the owner of the class is not a corporation or partnership; or         orporation) or a partner (if a partnership) of the legal entity identified a by declare under penalty of law that all statements of fact contained by declare under penalty of law that all statements of fact contained by declare, information, and belief, and are made in good faith.         X       /s/James Rigas         er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith)         ne:       James Rigas	ace B; or able system as identified is owner of the cable system
			esident position held in corporation or partnership)	
		Date:		

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 the 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 telephol 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 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 t 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 lav

unting Period: 2017/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	109
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.	P Special Statemer Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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.	Q
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	
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	.00 Interest Assessm
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	.00 Interest Assessm
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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	.00 Interest Assessm
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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 th 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.

œ	Ca	ble rksheet	Total amount of remittance	Number of SAs rea	c'd	Initials
	VVO	rksneet	Date of remittance	Check EFT	F	ILING FEES
Cable ID #					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Ja	nuary 1 - June 30, 2017	[	July 1 - December 31, 2017		
	Le	tter sent		Information received		
	Ac	cepted		Phone call/Date/Contact		
Space B Owner						
	Le	tter sent		Information received		
	Ac	cepted		Phone call/Date/Contact		
Space D Area Served						
	Le	tter sent		Information received		
	Ac	cepted	C	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	🗌 Le	tter sent	C	Information received		
and Rates	Ac	cepted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Le	tter sent	[	Information received		
	Ac	cepted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Ac	cepted		Phone call/Date/Contact		

	Carriage
Letter sent Information received	
Accepted Phone call/Date/Contact	
✓ Letter sent	Space J Part-time Carriage Log (SA3 only)
Accepted Phone call/Date/Contact	Space K Gross Receipts
Letter sent	
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	
Letter sent     Information received       Accepted     Phone call/Date/Contact	
	Channels Space O
Accepted     Phone call/Date/Contact	Channels Space O
Accepted     Phone call/Date/Contact      Letter sent     Information received	Channels Space O
Accepted     Phone call/Date/Contact      Letter sent     Information received	Channels Channels Space O Certification Space P Statement of
Accepted     Phone call/Date/Contact      Letter sent     Accepted     Phone call/Date/Contact      Accepted     Phone call/Date/Contact	Channels Channels Space O Certification Space P Statement of
Accepted     Phone call/Date/Contact      Letter sent     Accepted     Phone call/Date/Contact      Accepted     Phone call/Date/Contact      Letter sent     Information received     Information received	Channels Channels Space O Certification Space P Statement of
Accepted     Phone call/Date/Contact      Letter sent     Accepted     Phone call/Date/Contact      Accepted     Phone call/Date/Contact      Letter sent     Information received     Information received	Channels Cha