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				
11/29/2017	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
	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.
	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
	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
	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Golconda
	MAILING ADDRESS OF CABLE SYSTEM:
2	(Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)
	INSTF names 1

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 sufficiency of the fling, a determination that would be made by a court of law.

	I	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito Midwest LLC	118
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter kno lings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Golconda	L.
Community		
d Rows as Necessary		

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC

SYSTEM ID#

11832

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.

OCK 1		BLOCK	(2	
NO. OF	RΔTF	CATEGORY OF SERVICE	NO. OF	RATE
OODOCKIDEKO	TVATE	CATEGORY OF SERVICE	SOBSCITIBLITS	TOATE
18	53.40			
	NO. OF SUBSCRIBERS 18	NO. OF SUBSCRIBERS RATE 18 53.40	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 18 53.40	NO. OF SUBSCRIBERS 18 53.40 18 53.40

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.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential			
Pay cable	16.50	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC
SYSTEM ID#

G

Primary Transmitters: Television

Add Rows as Necessary

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WPSD	6	N	Paducah KY
	WTCT	27	<u>l</u>	Marion IL
	WSIL	3	N	Harrisburgh IL
	WKPD	29	N	Paducah KY
	KFVS	12	N	Cape Girardeau MO
	KSBI	52	N	Oklahoma City OK
	WDKA	49	l	Paducah KY
	WGN	9	<u>l</u>	Chicago IL
у				

Accounting Period:	2017/1			FORM SA1-2E. PAGE 3.				
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	Zito Midwest LLC	11832						
	PRIMARY TRANSMITTERS:	TELEVISION						
G	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, <i>except</i> (1) stations carried only on a part-time basis under							
Primary Transmitters: Television	Transmitters: substitute program basis, as explained in the next paragraph.							
	station was carried only on List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W. Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	a substitute basis. also in space I, if the station was carried on concerning substitute basis stations on's call sign. Do not report origination of with a station according to its over-the the form. He is channel 4 in Washington, D.C. on case whether the station is a network being the letter "N" (for network), "N-M", "E" (for noncommercial educational), terms, see page (iv) of the general instruction of each station. For U.S. stations, listen of each station.	ed both on a substitute basis and also is, 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 station, an independent station, or a refer of the for network multicast), "I" (for independent education or "E-M" (for noncommercial education).	on some other ons. N, etc. Identify each t multistream the air in its community the community that community the community the community that community the c				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
		ı		1				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC 11832

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
							
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Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	Zito Midwest LLC							11832
•	SUBSTITUTE CARRIAGE		_		_			
▮ Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carr substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and	 During the accounting period 	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televis	ion progran	<u>1</u>
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complete	the prograr	n
	log in block 2.			•	•	·		
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the ind regulatio	m on a separa add additional ranetwork televion and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owhen your system substitute proprogram carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "sting the substitute program to community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting perio	e program") that ed for the program titles, for ex No." am. e station is lice to station is idented to program. Use to cable system to 6:2 tramming that y d; enter the left	ent, during the gramming of ns for further ample, "I Low ensed by the ntified). e numerals, vo. List the time 28:30 p.m. show ther "P" if the	accounting another state r information ve Lucy" or FCC or, in with the more es accurate hould be was require listed progr	tion n. nth ly
	effect on October 19, 1976.		•					
					WHE	EN SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARR	IAGE OCCI	JRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM -	IMES — TO	DELETION
		 					_ 	
						-	_	
						-	_	
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							_	
						_		

ccounting Period:	2017/1	FORM SA	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S'	YSTEM IC 1183
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	7,179.78
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.	o \$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 fo accounting period is \$52.00	r 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	',100)	
	1. Base amount under statutory formula	<u> </u>	
	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)	
	Enter the amount of gross receipts from space K		
	Base amount under statutory formula	- 1	
	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)	<u> </u>	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.13	
Due	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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2017/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:				SYSTEM ID# 11832
M Channels	to its subscribers, 1. Enter the total system carried the system that total on which the callon in the call	and (2) the cable system's to number of channels on which television broadcast stations number of activated channels ble system carried television	total numb			37
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accoun		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Teri McMullen			Telephone 8	14-260-0434
	Address	PO Box 665 (Number, street, rural route, apartr Coudersport PA 169' (City, town, state, zip)		ite number)		
	Email	teri.mcmullen@	zitomedi	ia.com Fax (optional)		
O Certification	I, the undersigned (Owner) (Agent in li X (Office in li I have examined	of owner other than corporation or part of space B and that the or or partner) I am an officer (if ne 1 of space B. the statement of account and h, and correct to the best of my	artnership artnership attion or pa wwner is no of a corpora	tified and signed in accordance with Copyright Office rely one, of the boxes.) p) I am the owner of the cable system as identified in line artnership) I am the duly authorized agent of the owner of at a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identicate under penalty of law that all statements of fact contale, information, and belief, and are made in good faith.	1 of space B; or the cable syste	em as identified
		Typed or printed Title: (Title of o	Enter sig	/s/James Rigas electronic signature on the line above to certify this statem nature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas elent on held in corporation or partnership)	ent.	

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counting Period: 2017/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ito Midwest LLC	11832
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xadays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
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@loc.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	
Address	
ID number First community served	
Accounting period	

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CONTROL #: REMITTANCE #:

	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials
	Worksheet			
		Date of remittance	Check	FILING FEES
Cable ID #				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period				
	January 1 - June 30, 2017		July 1 - December 31, 2017	
	Letter sent		Information received	
	Accepted		Phone call/Date/Contact	
Space B Owner				
	Letter sent		Information received	
	- Accepted		Phone call/Date/Contact	
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	Accepted		Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent	-	Information received	
	Accepted		Phone call/Date/Contact	
Space H Primary Transmitters:				
Radio	- Accepted	-	Phone call/Date/Contact	

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
_	-	Space J Part-time Carriage Log SA3 only)
Letter sent	Information received	- SAS OHIY)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
_	<u>.</u>	Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
	•	Conner NA
		Space M Channels
Letter sent	 Information received 	-
Letter sent Accepted	Information received Phone call/Date/Contact	-
-		-
-		Channels Space O
Accepted	Phone call/Date/Contact	Channels Space O
Accepted Letter sent	Phone call/Date/Contact Information received	Channels Space O
Accepted Letter sent	Phone call/Date/Contact Information received	Space O Certification Space P Statement of
Accepted Letter sent Accepted	Phone call/Date/Contact Information received Phone call/Date/Contact	Space O Certification Space P Statement of
Accepted Letter sent Accepted Letter sent	Phone call/Date/Contact Information received Phone call/Date/Contact Information received	Space O Certification Space P Statement of
Accepted Letter sent Accepted Letter sent	Phone call/Date/Contact Information received Phone call/Date/Contact Information received	Space O Certification Space P Statement of Gross Receipts Space Q Interest