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 COPYRIGH	Return completed workbool by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
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.	11842
		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)	
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	Inless these
C		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-	Zito Media - Carrier Mills	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zjp code)	
	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 suffciency of the fing, a determination that would be made by a court of law.

Norre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Zito Midwest LLC	11842							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the							
	CITY OR TOWN STATE								
First	Carrier Mills	IL							
Community	Saline County	IL							
Add Rows as Necessary									
	ากการการการการการการการการการการการการกา								
	ากการการการการการการการการการการการการกา								

									-2E. PAG		
Name		ABLE SYSTEM:						515	118		
	Zito Midwest LLC										
Е	SECONDARY TRANSMISSION										
-	In General: The information in s system, that is, the retransmission										
Secondary	about other services (including p										
Transmission	last day of the accounting period										
Service: Sub- scribers and	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										
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged										
	separately for the particular service at the rate indicated—not the number of sets receiving service).										
	Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate										
	category, but do not include disc	ounts allowed	for adva	ance payment.							
	Block 1: In the left-hand block										
	systems most commonly provide that applies to your system. Note										
	categories, that person or entity	should be cour	nted as	a subscriber in	each appl	icable category.	Example:	a residential			
	subscriber who pays extra for ca					in the count un	der "Servio	ce 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, t	iers of services	that inc	clude one or me	ore second	dary transmissio	ns), list the	em, together			
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	o- or three	e-word description	on of the s	ervice is			
	sufficient.			BLOCK	< 2						
		NO. OF		DATE	CAT			NO. OF			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA		
	Service to first set		241	17.35							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	6						
F	In General: Space F calls for rat	•	,		•						
•	not covered in space E, that is, t service for a single fee. There ar										
Services	furnished at cost or (2) services		,		0						
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,			
Secondary ransmissions:	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.										
Rates	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				shed. List	these other serv	rices in the	form of a			
	brief (two- or three-word) description and include the rate for each.										
	BLOCK 1							BLOCK 2			
	CATEGORY OF SERVICE					RATE	CATEG		RA.		
	CATEGORY OF SERVICE	BLO RATE	CATEC	GORY OF SER		RATE	CATEG	ORY OF SERVICE	RA		
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEC Installa			RATE	CATEG	ORY OF SERVICE	RA		
	Continuing Services:	RATE	CATEC Installa • Mo	ation: Non-res		RATE	CATEG	ORY OF SERVICE	RA		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEC Installa • Mo • Cor	ation: Non-res tel, hotel		RATE	CATEG	ORY OF SERVICE	RA		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	RATE	CATEC Installa • Mo • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	idential	RATE	CATEG	ORY OF SERVICE	RA		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 16.50	CATEC Installa • Mo • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection	idential	RATE	CATEG	ORY OF SERVICE	RA		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection rglar protection	idential	RATE		ORY OF SERVICE	RA		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 16.50	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection glar protection services:	idential			ORY OF SERVICE	RA		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 16.50	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection services: connect	idential	RATE		ORY OF SERVICE	RA		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 16.50	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur Other • Rea • Dis	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection glar protection services:	idential			ORY OF SERVICE	RA		

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM						
Name	Zito Midwest LLC			11						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station	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 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:								
	 station was carried <i>only</i> 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. <i>Do not</i> 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 with which the station is identified. 									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WSIL	3	N .	Harrisburgh IL						
	WTCT	27	<u> </u>	Marion IL						
	WPSD	6	N	Paducah KY						
	KSBI	52	N	Oklahoma City OK						
	WDKA	49	I	Paducah KY						
	WSIU	8	E	Carbondale IL						
	KFVS	12	N	Cape Girardeau MO						
	KFVS WGN	12 9	<u>N</u>	Cape Girardeau MO Chicago IL						
			-							
Rows as Necessary			-							
Rows as Necessary			-							
Rows as Necessary			-							
Rows as Necessary			-							
Rows as Necessary			-							
Rows as Necessary			-							
Rows as Necessary			-							
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Rows as Necessary			-							
Rows as Necessary			-							
Rows as Necessary			-							
Rows as Necessary			-							
Rows as Necessary			-							

counting Period	: 2017/1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID					
Name	Zito Midwest LLC			1184					
	PRIMARY TRANSMITTERS:	TELEVISION							
G 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, <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 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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 								
	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 te Column 4: Give the locatio	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education actions in the paper SA1-2 form.	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								
	I. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	I. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

Accounting P	eriod: 2017	/1					FORM	/I SA1-2E. PAGE 4
		CABLE SY	/STEM:					SYSTEM ID
Zito Midwes								1184
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.								
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify 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 (tem whenever it is received a ved at the headend, with the pyright Office regulations on t 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	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		5/0	LUCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
							· · · · · · · · · · · · · · · · · · ·	

Accounting Perio	od: 2017/1						FORM	A SA1-2E. PAGE 5.			
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#			
Name	Zito Midwest LLC							11842			
	SUBSTITUTE CARRIAGE				^						
I	In General: In space I, identi substitute basis during the a										
Cubatituta	explanation of the programm										
Substitute Carriage:					s general mat			2 101111.			
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 										
Statement and		-	r cable system	carry, on a substitute basi	s, any nonne	work televisio	n program				
Program Log	broadcast by a distant station?										
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS										
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their m	neaning is				
	clear. If you need more spa										
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute							
	period, was broadcast by a										
	under certain FCC rules, re										
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or				
			lcast live enter	r "Yes." Otherwise enter "N	lo."						
				sting the substitute progra							
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		CC or, in				
	the case of Mexican or Can										
			when your sys	tem carried the substitute	program. Use	numerals, wit	th the mon	th			
	first. Example: for May 7 giv		aubatituta pro	arom was carried by your	achla avatam	List the times	accuratel	.,			
	to the nearest five minutes.			gram was carried by your				у			
	stated as "6:00–6:30 p.m."		i program came		15 p.m. to 0.2	0.50 p.m. sho					
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	as required	d			
	to delete under FCC rules a							am			
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in				
	effect on October 19, 1976.										
					WHE	N SUBSTITU	ITE				
	s	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR			
		2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то				
						_					
						_					
						_					
						_					
						_					
						_					
						_					
						_					
						_					
1											

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	*STEM ID# 11842						
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 1,539.98						
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,	100)							
	1. Base amount under statutory formula \$ 263,800.00								
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)							
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.13							
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!						

Accounting Period:	2017/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito Midwes	F OWNER OF CABLE SYSTEM: t LLC	SYSTEM ID 11842
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. botal number of channels on which the cable ied television broadcast stations . botal number of activated channels e cable system carried television broadcast stations	8
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 81	4-260-0434
	Address	PO Box 665	
		(Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, but only one, of the boxes.) uner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syster in line 1 of space B and that the owner is not a corporation or partnership, or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein iete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas	
		Title: President (Title of official position held in corporation or partnership)	

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

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 118
Midwest LLC	110
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemer Concerning Gros
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 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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
× 1%	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52 x 93 days Line 3 Multiply line 2 by the number of days late and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52 x 93 days Line 3 Multiply line 2 by the number of days late and enter the sum here 48.36 x 0.00274	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52 x 93 days Line 3 Multiply line 2 by the number of days late and enter the sum here 48.36 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 \$ 0.13	Interest Assessme
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œ	Cable Worksheet		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		<u>_</u>
	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	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	
		Space M Channels
Letter sent	Information received	
Letter sent	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	Channels Channels Space O Certification Space P Statement of
Accepted		Channels Channels Space O Certification Space P Statement of
Accepted Accepted Accepted Accepted Letter sent Accepted Letter sent Letter sent		Channels Channels Space O Certification Space P Statement of
Accepted Accepted Accepted Accepted Letter sent Accepted Letter sent Letter sent		Channels Cha