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	IT 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.	14785
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		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 sulte 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 is 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 - Malcolm	
		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	14785
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
First	CITY OR TOWN Malcolm	STATE NE
Community		
Add Rows as Necessary		
	ากการการการการการการการการการการการการกา	

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name	Zito Midwest LLC	ADLE STOTEIVI.						515	1478
Е	SECONDARY TRANSMISSION			-	-				
<b>L</b>	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 down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv Rate: Give the standard rate c							in and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	nce 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	a subscriber in e	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servio	ce to the	
	Block 2: If your cable system					service that are	different fi	rom those	
	printed in block 1 (for example, t	iers of services	that inc	lude one or mo	re secono	lary transmissio	ns), list the	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A two	o- or three	e-word descripti	on of the s	ervice is	
		OCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRIB	ERS	NATE	CAT	LOOKT OF SEI	VICL	SUBSCRIBERS	
	Service to first set		2	50.55					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter     Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
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								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any rat	es are ch	arged on a varia	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat	te charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a brief (two- or three-word) description				neu. List	inese other serv	ices in the	e ionn or a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable	16.50		el, hotel					
	• Pay cable—add'l channel			nmercial					
	Fire protection		-	cable					
	•Burglar protection Installation: Residential			v cable-add'l cha e protection	annei				
	• First set	50.00		glar protection					
	Additional set(s)			services:					
	/ - /					30.00			1
	<ul> <li>FM radio (if separate rate)</li> </ul>		- 1/60	connect		00100			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect					
			• Dis			30.00			

-				SYSTEM
lame	LEGAL NAME OF OWNER OF Zito Midwest LLC	CABLE SYSTEM:		5151EM 14
	PRIMARY TRANSMITTERS:	TFI FVISION		
ary litters: ision	carried by your cable syster FCC rules and regulations i 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 informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <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 (f a substitute basis. also in space I, if the station was carrie 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. acase 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 instri- n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subst the Special Statement and Program Low ed both on a substitute basis and also is, see page (v) of the general instruction program services such as HBO, ESPN te-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a re (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education functions in the paper SA1-2 form. Is 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
	KMIV		N	Omaho NE
	КМТV КРТМ	3 42	N	Omaho NE
lecessary	KMTV KPTM WOWT			Omaho NE Omaho NE Omaho NE
ecessary	KPTM	42	N	Omaho NE
ecessary	KPTM WOWT	42 6	N N	Omaho NE Omaho NE
lecessary	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
Necessary	KPTM WOWT KETV KSNB KXVO	42 6 7 4.2 15	N N N I	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE
Vecessary	KPTM WOWT KETV KSNB KXVO KOLN KUON	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
lecessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN	42 6 7 4.2 15 10 12 8	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE Lincoln NE
Vecessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN	42 6 7 4.2 15 10 12 8	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Omaho NE Lincoln NE Lincoln NE Lincoln NE
; Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
5 Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
s Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
s Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
s Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
s Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
as Necessary	KPTM WOWT KETV KSNB KXVO KOLN KUON KLKN KUON	42 6 7 4.2 15 10 12 8 8 12	N N N I I N E N	Omaho NE Omaho NE Omaho NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE

Accounting P	Period: 2017	/1					FORM	I SA1-2E. PAGE
		CABLE SY	/STEM:					SYSTEM ID
Zito Midwes	t LLC							1478
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate	it is carried b monitoring, to prmation abou- rm. dentify the cal tate whether the radio stat this by placing	y the sys be recei it the Cc I sign of e the static ion's sign g a check	I-Band FM Carriage: Under ( stem whenever it is received a ved 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 th	It the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	adian station:	s, if any,	the community with which the		ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1						

Accounting Perio	od: 2017/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							14785
	SUBSTITUTE CARRIAGE							
I I								
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				s gonoral mou			2 101111.
Special								
Statement and	During the accounting peri-		r cable system	carry, on a substitute basi	s, any nonne		on program	
Program Log	broadcast by a distant stat	tion?					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	the progran	n
	log in block 2.		1 0	, ,		•	1 0	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is	
	clear. If you need more spa						•	
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute	program") tha	t, during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							l.
	"NBA Basketball: 76ers vs.		vies of baske	toall. List specific program		ample, 1 Lov	e Lucy OI	
			lcast live, enter	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.			
				ne community to which the			FCC or, in	
	the case of Mexican or Can							46
	first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Use	numerais, w	ith the mon	tn
	, , , ,		substitute pro	gram was carried by your	cable system	List the time	s accuratel	v
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m."			, ,	·			
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	is in	
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
							-	
						_	-	
							-	
							-	
						_	_	
							-	
						_	_	
							-	
						_	_	
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							_	
						_	-	
							-	
							_	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 14785
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	of e 696.96
Copyright	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	<b>\$</b>	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	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		
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 C Zito Midwes	F OWNER OF CABLE SYSTEM: t LLC	SYSTEM ID# 14785
M Channels	<ol> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ol>	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.     betal number of channels on which the cable     ied television broadcast stations	10 30
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 814	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)	
0	CERTIFICATIO	<b>DN</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification		gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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	
	<ul> <li>I have examinare true, comp</li> </ul>	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 plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. action 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)	
		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

	FORM SA1-2E. PAG
	SYSTEM 147
Midwest LLC	147
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 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	
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
x 1%	Interest Assessme
x       1%         Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x 1%	Interest Assessm
x       1%         Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       0.52         x       93         Line 3       Multiply line 2 by the number of days late and enter the sum here       48.36         x       0.00274	Interest Assessm
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         x       0.52         x       93         days         x       0.00274	Interest Assessm
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 Assessm
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       0.0274         Line 4       Multiply line 3 by 0.00274** and enter here       0.13         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$ 0.13         (interest charge)       * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.	Interest Assessm
Line 2       Multiply line 1 by the interest rate* and enter the sum here       0.52         x       93         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       1%         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         * To view the Licensing Division at (202) 707-8150 or licensing@loc.gov.       For further assistance please	Interest Assessm
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       0.52         x       93         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       x         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.	Interest Assessm
Line 2       Multiply line 1 by the interest rate* and enter the sum here       0.52         x       93         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       0.13         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$         0.13       (interest charge)         * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	Interest Assessm
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Line 2       Multiply line 1 by the interest rate* and enter the sum here       0.52         x       93         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       6.13         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	Interest Assessm

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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		<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	
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