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

A	ACC	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.	31346
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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 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 - East Cape Girardeau	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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	31346						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "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 know 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 identified city.	home parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	Cape Girardeau	IL III						
Community	Thebes	IL						
	Pulaski	IL						
Rows as Necessary	Alexander County	IL						
	Ullin	IL						

	FORMS								
Name		ABLE SYSTEM:						313	TEM II 3134
	Zito Midwest LLC								010
E	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should on of television	cover a and rac	Il categories of lio broadcasts b	secondary	stem to subscrib	ers. Give	information	
Secondary Transmission Service: Sub- scribers and Rates	about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	(June 30 or D blocks in space transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc where an inc	ecembe ce E cal service. s in tha ndicate h categ 20/mth") for adva e form li ribers. (dividual	er 31, as the case I for the numbe I n general, you t category (the d—not the num ory of service. In Summarize ar ance payment. ists the categori Give the numbe or organization	e may be r of subsc u can com number of ber of sets nclude bo ny standar es of seco r of subsc is receivin). ribers to the cab pute the numbe f persons or org s receiving servi th the amount o rd rate variations ondary transmis ribers and rate f ng service that f	ole system r of subsci anizations ice). f the charg s within a p sion servic for each lis alls under	, broken ribers in charged ge and the particular rate ee that cable sted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again und nas rate catego ers of services nd rates, in the	addition er "Serv pries for that ind	al sets would be vice to additiona secondary tran clude one or mo	e included I set(s)." smission ore second	in the count un service that are dary transmissio	der "Servio different fr ns), list the	ce to the rom those em, together	
	BLO	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		55	56.00					
	Service to additional set(s) FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential Non-residential								
F Services Other Than Secondary ransmissions: 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 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 f e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) info hat are ns: you ished to usually he cable stem fur e was n	rmation with res not offered in c do not need to p nonsubscriber billed. If any ra e system for eac nished or offeren nade or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a red during t	n with any seco nformation cond formation shoul arged on a varia applicable servic he accounting p	ndary tran cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO			#0 5	DATE	0.175.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SERV ation: Non-resi		RATE	CATEG	ORY OF SERVICE	RA
	Pay cable	16.50		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection		-	y cable					
	•Burglar protection Installation: Residential		-	y cable-add'l ch e protection	annel				
	First set	50.00		glar protection					
	Additional set(s)	50.00		services:					
	• FM radio (if separate rate)			connect		30.00			
	• Converter		• Dis	connect					

News	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM				
Name	Zito Midwest LLC			31				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary ransmitters: 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 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 noncommercial educational multicast). "I-M" (for independent multicast). "E" (for independent multicast). For the meaning of these terms, see page (v) of the general instructions in the paper SA1-2 form.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WTCT	27		Marion IL				
	WSIL	3	N	Harrisburgh IL				
	KSBI	52	N	Oklahoma City OK				
	KFVS	12	N	Cape Girardeau MO				
	WKPD	29	E	Paducah KY				
	WDKA	49		Paducah KY				
	WQWQ	9		Paducah KY				
		9						
	VV(iN			Chicago II				
Rows as Necessary	WGN	3	Ι	Chicago IL				
	WGN	3		Chicago IL				
d Rows as Necessary	WGN		 	Chicago IL				
l Rows as Necessary	WGN			Chicago IL				
I Rows as Necessary	WGN			Chicago IL				
l Rows as Necessary	wGN							
l Rows as Necessary	WGN			Chicago IL				
l Rows as Necessary	WGN			Chicago IL				
I Rows as Necessary				Chicago IL				
ł Rows as Necessary								
ł Rows as Necessary								
l Rows as Necessary								
l Rows as Necessary								
d Rows as Necessary								
d Rows as Necessary								
d Rows as Necessary								

ccounting Period:	2017/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Zito Midwest LLC	3134		
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations 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 informatic Column 1: List each station	m during the accounting period, except in effect on June 24, 1981, permitting to e)(2) and (4), or 76.63 (referring to 76.1 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 (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	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 static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also is, see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each
	Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring 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	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 uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	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
				4. LOCATION OF STATION
				4. LOCATION OF STATION
				4. LOCATION OF STATION
				4. LOCATION OF STATION

Accounting P	Period: 2017	/1					FORM	/I SA1-2E. PAGE
_EGAL NAME OF		CABLE SY	/STEM:					SYSTEM I
Zito Midwes	t LLC							313
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
Special Instruct eceivable if (1) on the basis of i for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	tions Conce it is carried by monitoring, to prmation about m. dentify the call tate whether the radio stat this by placing sive the station	rning AI y the sys be recei at the Cc I sign of o the static tion's sig g a checl 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	Copyright Office r at the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	egulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	n FM sig 2) it can ertain st general i eparate	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		-				0.15		
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						FORM	1 SA1-2E. PAGE 5.		
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Zito Midwest LLC							31346		
	SUBSTITUTE CARRIAGI				<u>^</u>					
I	In General: In space I, identi substitute basis during the a									
Cubatituta										
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Special										
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute bas	is, any nonne	twork televisio	n program	N .		
Program Log	broadcast by a distant star	tion?					YES	× NO		
	Note: If your answer is "No"	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou mu	ist complete th	ne program	1		
	 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					0.0.0,	iouning io			
	Column 1: Give the title	of every no	nnetwork televi	ision 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			
			Icast live enter	r "Yes." Otherwise enter "N	lo "					
				isting the substitute progra						
	Column 4: Give the broa	dcast static	on's location (th	ne 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	h the mont	h		
	first. Example: for May 7 giv		aubatituta pro	arem was corriad by your	achla avatam	List the times	acouratal			
	to the nearest five minutes.			gram was carried by your				/		
	stated as "6:00–6:30 p.m."		program carne		15 p.m. to 0.2	0.50 p.m. snot				
		er "R" if the	listed program	was substituted for progra	amming that y	our system wa	as required	1		
	to delete under FCC rules a							m		
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	; in			
	effect on October 19, 1976.									
					WHE	N SUBSTITU	ITE			
	s	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION		
	1. TITLE OF FROGRAM	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# 31346							
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 1,282.65							
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	\$	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)	<u> </u>								
	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 Foc and										
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 31346
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 undersi (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, <i>but only one</i> , of the boxes.) wher 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 or 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 lefe, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] X /s/James Rigas 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 heid 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

Midwest LLC State 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: Image: Concerning 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 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. Secondary transmissions During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. Secondary transmissions Maining Address Name Maining Address Maining Address Maining Address Name Maining Address Maining Address Vou 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	unting Period: 2017/1					FORM SA1-2E. PAG
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(g)(1)(A), of the Copyright Act by adding the following anteracco. In the bala number of subscribers and the gross amounts gaid to the cable system for the bala composition of providing decomparity transmissions of primary broadcast transmitters, the system fail on the cable system for the bala composition of private proceedings transmissions pursuant to section 119. ¹ For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, dd the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite diarb owners? If No If S. Enter the total here and list the satellite carrier(s) below. Some complexities of the system for the satellite carrier(s) below. Some complexities of the satellite carrier(s) below. Some complexities of the system for the secondary transmissions made by satellite carriers to satellite diarbox on the system for underpayment. For more information of interest rases royally payments submitted as a result of a late payment or underpayment. For an explanation of interest rases royally payments submitted as a result of a late payment or underpayment. For an explanation of interest rases and enter the sum here	L NAME OF OWNER OF CABLE	SYSTEM:				SYSTEM
The Satellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following semicnor: The Satellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following semicnor: Sarvice of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers and the gross amounts paid to the cable system for the basic scribers 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 cocated in the paper SA1-2 form. Duing the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite camers to satellite dish owners? W NO THEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	Midwest LLC					313
Mailing Address Mailing Address Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments result of a late pay mayment result	The Satellite Home Viewer Ac lowing sentence: "In determining the tot service of providing se scribers and amounts For more information on wher located in the paper SA1-2 for During the accounting period, made by satellite carriers to s	t of 1988 amended Title 17, section 1 al number of subscribers and the gross condary transmissions of primary broa collected from subscribers receiving so to exclude these amounts, see the nor m. did the cable system exclude any amo atellite dish owners?	11(d)(1)(A), of the s amounts paid to adcast transmitter econdary transmi ote on page (vii) o ounts of gross rec	e Copyright Act by o the cable system rs, the system sha issions pursuant to of the general inst ceipts for seconda	n for the basic II not include sub- o section 119." ructions	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and the payment or underpayment. Image: Complete this worksheet for those royalty payments and the payment or underpayment. Image: Complete this worksheet for those royalty payments and the payment or underpayment and the payment or underpayment or underpayment and the payment or underpayment. Image: Complete this worksheet for those royalty payments and the payment or underpayment and the payment anderpayment or underpayment and the payment and						
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment						
Line 1 Line 1 by the interest rate* and enter the sum here 0.52 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 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 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		sheet for those royalty payments subm	itted as a result o	of a late payment of	or underpayment.	•
Line 2 Multiply line 1 by the interest rate* and enter the sum here						Q
x 93 days Line 3 Multiply line 2 by the number of days late and enter the sum here	For an explanation of interest	assessment, see page (viii) of the ger	neral instructions	located in the pap	er SA1-2 form. 52.00	Q Interest Assessme
Line 3 Multiply line 2 by the number of days late and enter the sum here	For an explanation of interest Line 1 Enter the amount of la	assessment, see page (viii) of the ger	neral instructions	located in the pap	er SA1-2 form. 52.00 1%	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	For an explanation of interest Line 1 Enter the amount of la	assessment, see page (viii) of the ger	neral instructions	located in the pap <u>\$</u> x	er SA1-2 form. 52.00 1% 0.52	
(interest charge) * 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 ID number First community served	For an explanation of interest Line 1 Enter the amount of la Line 2 Multiply line 1 by the i	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here .	eral instructions	located in the pap <u>\$</u> x x	er SA1-2 form. 52.00 1% 0.52 93 days 48.36	_
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	For an explanation of interest Line 1 Enter the amount of la Line 2 Multiply line 1 by the in Line 3 Multiply line 2 by the in Line 4 Multiply line 3 by 0.00	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here	neral instructions	located in the pap <u>\$</u> x x	er SA1-2 form. 52.00 1% 0.52 93 days 48.36	_
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.	For an explanation of interest Line 1 Enter the amount of la Line 2 Multiply line 1 by the in Line 3 Multiply line 2 by the in Line 4 Multiply line 3 by 0.00	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here	neral instructions	located in the pap \$ x x *	er SA1-2 form. 52.00 1% 0.52 93 days 48.36 x 0.00274 0.13	-
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	For an explanation of interest Line 1 Enter the amount of la Line 2 Multiply line 1 by the in Line 3 Multiply line 2 by the in Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or block chart click on <i>www.copyright.gov/licer</i>	heral instructions here	located in the pap \$ x x (in	er SA1-2 form. 52.00 1% 0.52 93 days 48.36 x 0.00274 0.13 hterest charge)	
Address ID number First community served	For an explanation of interest Line 1 Enter the amount of la Line 2 Multiply line 1 by the i Line 3 Multiply line 2 by the i Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate contact the Licensing Di	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or block chart click on <i>www.copyright.gov/licer</i> vision at (202) 707-8150 or licensing@	neral instructions here	located in the pap \$ x	er SA1-2 form. 52.00 1% 0.52 93 days 48.36 x 0.00274 0.13 hterest charge)	
Address ID number First community served	For an explanation of interest Line 1 Enter the amount of la Line 2 Multiply line 1 by the i Line 3 Multiply line 2 by the i Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate contact the Licensing Di ** This is the decimal equi NOTE: If you are filing this wo	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or block chart click on <i>www.copyright.gov/licer</i> vision at (202) 707-8150 or licensing@ valent of 1/365, which is the interest a wksheet covering a statement of accou	neral instructions in the second seco	located in the pap \$ x x (in a.pdf. For further a the day late. the day late. the copyrise the dot the Copyrise the copyr	er SA1-2 form. 52.00 1% 0.52 93 days 48.36 x 0.00274 0.13 nterest charge) assistance please	
First community served	For an explanation of interest Line 1 Enter the amount of la Line 2 Multiply line 1 by the i Line 3 Multiply line 2 by the i Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate contact the Licensing Di ** This is the decimal equi NOTE: If you are filing this wo list below the owner, address,	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or block chart click on <i>www.copyright.gov/licer</i> vision at (202) 707-8150 or licensing@ valent of 1/365, which is the interest a wksheet covering a statement of accou	neral instructions in the second seco	located in the pap \$ x x (in a.pdf. For further a the day late. the day late. the copyrise the dot the Copyrise the copyr	er SA1-2 form. 52.00 1% 0.52 93 days 48.36 x 0.00274 0.13 nterest charge) assistance please	
First community served	For an explanation of interest Line 1 Enter the amount of la Line 2 Multiply line 1 by the interest Line 3 Multiply line 2 by the interest Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate contact the Licensing Di ** This is the decimal equi NOTE: If you are filing this wo list below the owner, address,	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or block chart click on <i>www.copyright.gov/licer</i> vision at (202) 707-8150 or licensing@ valent of 1/365, which is the interest a wksheet covering a statement of accou	neral instructions in the second seco	located in the pap \$ x x (in a.pdf. For further a the day late. the day late. the copyrise the dot the Copyrise the copyr	er SA1-2 form. 52.00 1% 0.52 93 days 48.36 x 0.00274 0.13 nterest charge) assistance please	
	For an explanation of interest Line 1 Enter the amount of la Line 2 Multiply line 1 by the in Line 3 Multiply line 2 by the n Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate contact the Licensing Di ** This is the decimal equi NOTE: If you are filing this wo list below the owner, address	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or block chart click on <i>www.copyright.gov/licer</i> vision at (202) 707-8150 or licensing@ valent of 1/365, which is the interest a wksheet covering a statement of accou	neral instructions in the second seco	located in the pap \$ x x (in a.pdf. For further a the day late. the day late. the copyrise the dot the Copyrise the copyr	er SA1-2 form. 52.00 1% 0.52 93 days 48.36 x 0.00274 0.13 nterest charge) assistance please	
	For an explanation of interest Line 1 Enter the amount of la Line 2 Multiply line 1 by the in Line 3 Multiply line 2 by the n Line 4 Multiply line 3 by 0.00 in space L, (page 6) b * To view the interest rate contact the Licensing Di ** This is the decimal equi NOTE: If you are filing this wo list below the owner, address Owner Address	assessment, see page (viii) of the ger ate payment or underpayment nterest rate* and enter the sum here . number of days late and enter the sum 274** and enter here lock 1, line 2, or block 2 line 8, or block chart click on <i>www.copyright.gov/licer</i> vision at (202) 707-8150 or licensing@ valent of 1/365, which is the interest a wksheet covering a statement of accou	neral instructions in the second seco	located in the pap \$ x x (in a.pdf. For further a the day late. the day late. the copyrise the dot the Copyrise the copyr	er SA1-2 form. 52.00 1% 0.52 93 days 48.36 x 0.00274 0.13 nterest charge) assistance please	-

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		<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	Phone call/Date/Contact Information received	Channels Space O
Accepted	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