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	T 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	DUNTING 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.	32060
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Alabama LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (City, town, state, zip)	
С		CUCTIONS: 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 - Columbiana	
		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.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Alabama LLC	32060
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	le home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	Columbiana	AL
Community	Wilsonville Challey County	AL
	Shelby County	AL
Rows as Necessary	Lay Lake	AL

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	-2E. PAGE
Name	Zito Alabama LLC								3206
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in si system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu- separately for the particular servit Rate: Give the standard rate c unit in which it is generally billed category, but do not include discc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted on	pace E should on of television ay cable) in sp (June 30 or Du blocks in space (transmission umber of billing ice at the rate i harged for eact (Example: "\$2 ounts allowed i in space E, the to their subsci Where an ino should be cour ble service to a nce again und	cover a and rac ace F, r ecembe ce E cal service. s in tha ndicate h categ 20/mth") for adva e form li ribers. (dividual ted as addition er "Serv	Il categories of lio broadcasts I not here. All the or 31, as the ca- I for the number In general, you t category (the d—not the num ory of service. I . Summarize a ince payment. sts the categor Give the number or organization a subscriber in al sets would b rice to additional	secondan by your sy facts you se may be r of subsc u can com number of ber of set nclude bo hy standan ies of secc r of subsc is receivil each appl e included al set(s)."	stem to subscril state must be t). ribers to the cal pute the number f persons or org s receiving serv th the amount or or drate variation ondary transmiss ribers and rate ing service that icable category in the count un	bers. Give hose existi- ole system r of subscr anizations ice). f the charg s within a p sion service for each lis falls under Example: der "Service	information ing on the borken ibers in charged e and the particular rate ted category different a residential ce to the	
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ers of services	that inc	clude one or mo	ore second	ary transmissic	ons), list the	em, together ervice is	
	BLC	NO. OF					BLUUF	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	 Residential: Service to first set 		44	22.06					
	Service to additional set(s)			22.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of 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 s brief (two- or three-word) descrip	e (not subscrib nose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ns: you ished to usually ne cable stem fur e was n	rmation with re- not offered in c do not need to o nonsubscribe billed. If any ra e system for ea nished or offere- nade or establis	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any secc nformation com formation shoul arged on a varia applicable servio he accounting p	ndary tran cerning (1) d include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		BORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	16.50		tel, hotel	idential				
	• Pay cable—add'l channel			nmercial					
	Fire protection			/ cable					
	•Burglar protection		• Pay	/ cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	50.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		30.00			
	Converter			connect		20.00			
				tlet relocation	200	30.00 30.00			

				SYSTEM I
lame	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		320
	PRIMARY TRANSMITTERS:	τει εν/ιςιον		520
G smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p of with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRC	4.1	Ν	Birmingham AL
	WVTM	4.1	N N	Birmingham AL Birmingham AL
ecessary				
cessary?	WVTM	13	N	Birmingham AL
cessary	WVTM WIAT	13 23	N N	Birmingham AL Birmingham AL
ecessary	WVTM WIAT WBIQ	13 23 10	N N E	Birmingham AL Birmingham AL Birmingham AL
ecessary	WVTM WIAT WBIQ WVUA	13 23 10 7	N N E I	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL
l ecessary	WVTM WIAT WBIQ WVUA WPXH	13 23 10 7 44 9	N N E I	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL
lecessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO	13 23 10 7 44 9 23.1	N N E I	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL
ecessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO	13 23 10 7 44 9 23.1	N N E I	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL
Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
5 Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
s Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
ıs Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
s Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
s Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
5 Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
s Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
as Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
as Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL
as Necessary	WVTM WIAT WBIQ WVUA WPXH WGN WTTO WABM	13 23 10 7 44 9 23.1 4	N N E 1 1 1 1 1 1	Birmingham AL Birmingham AL Birmingham AL Tuscaloosa AL Gadsden AL Chicago IL Birmingham AL Birmingham AL

Accounting P							FORM	I SA1-2E. PAGE
		CABLE SY	/STEM:					SYSTEM I
Zito Alabam	a LLC							320
	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 vaper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried b monitoring, to prmation abour m. dentify the call tate whether the radio stat this by placing	y the sys be recein to the Co l sign of e the static tion's sign g a check	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the pyright 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 sl jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the					
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					FC	DRM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Zito Alabama LLC						32060
					•		
	SUBSTITUTE CARRIAGE		-		-		
I	In General: In space I, identi	, ,		1 0 ,		, , ,	
Substitute	substitute basis during the ac explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				gonoral moti		
Special	During the accounting period				s any nonnet	work television progr	am
Statement and		-	r cable system	carry, on a substitute basi			
Program Log	broadcast by a distant stat	.1011 ?				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 prog	ram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meaning	is
	clear. If you need more spa			ows to the tables. sion program ("substitute	program") tha	t during the accounti	na
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" o	or
	"NBA Basketball: 76ers vs.			"Vee" Otherwise enter "N	le "		
	Column 2: If the program	1 Was broad	cast live, enter	"Yes." Otherwise enter "N sting the substitute progra	10. m		
				e community to which the		nsed by the FCC or, i	n
	the case of Mexican or Can						
			when your sys	tem carried the substitute	program. Use	numerals, with the m	onth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your			tely
	stated as "6:00–6:30 p.m."	Example. a	program carne	eu by a system nom 0.01.	15 p.m. to 0.2	6.50 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was requ	ired
	to delete under FCC rules a						gram
	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 SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	l		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
						-	
						_	
						_	
						_	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Alabama LLC	S	YSTEM ID# 32060
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	of e 7,785.78
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	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 Alabam	OF OWNER OF CABLE SYSTEM: a LLC	SYSTEM ID# 32060
M Channels	 to its subscrib Enter the to system carr Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations pers, and (2) the cable system's total number of activated channels during the accounting period. potal number of channels on which the cable ied television broadcast stations	10 195
N Individual to Be Contacted	we can conta	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	814-260-0434
	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 (Ov (Ag X (Of V (Ag X (Of	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.) where other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; in line 1 of space B and that the owner is not a corporation or partnership) or a partnership) or the legal entity identified as owner in line 1 of space B. need 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. 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 held in corporation or partnership)	stem as identified
		Date:	

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	FORM SA1-2E. PA
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEI 32
Alabama LLC	JZ
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 Stateme Concerning Gro
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 Exclus
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 Assessm
	_
x 1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	2
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
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	<u> </u>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u> </u>
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C	Ca Wo	ble rksheet	Total amount of remittance		Number of SAs rea	c'd	Initials
			Date of remittance		Check 🗌 EFT		FILING FEES
Cable ID #						Amount	Initials
Examined by		Reviewed by	Date examination completed	A	Allocation number		
Space A Accounting Period							
	🗌 Ja	nuary 1 - June 30, 2017	[🗌 Ju	ly 1 - December 31, 2017		
	🗌 Le	tter sent	[Int	formation received		
	Ac	cepted	[Ph	one call/Date/Contact		
Space B Owner							
	Le	tter sent	[🗌 Ini	formation received		
	Ac	cepted	[Ph	one call/Date/Contact		<u>.</u>
Space D Area Served							
	Le	tter sent	[lni	formation received		,
	Ac	cepted	[Ph	one call/Date/Contact		
Space E Secondary Transission							
Service Subscribers:	Le	tter sent	[🗌 Ini	formation received		
and Rates	Ao	cepted	[Ph	one call/Date/Contact		
Space G Primary Transmitters:							
Television	Le	tter sent		🗌 In	formation received		
	A0	cepted		D Ph	none call/Date/Contact		
Space H Primary Transmitters:							
Radio	Ac	cepted		Ph	none call/Date/Contact		

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
✓ Letter sent	Information received	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	
Accepted	Phoe call/Date/Contact	Space M Channels
Accepted	Phoe call/Date/Contact Information received	
Letter sent	Information received	
Letter sent	Information received	Channels Space O
Letter sent Accepted	Information received Phone call/Date/Contact	Channels Space O
Letter sent Accepted Letter sent	Information received Phone call/Date/Contact Information received	Channels Space O
Letter sent Accepted Letter sent	Information received Phone call/Date/Contact Information received	Channels Channels Space O Certification Space P Statement of
Letter sent Accepted Letter sent Accepted Accepted	Information received Phone call/Date/Contact Information received Phone call/Date/Contact	Channels Channels Space O Certification Space P Statement of
Letter sent Letter sent Letter sent Accepted Letter sent Letter sent Letter sent Letter sent	Information received Phone call/Date/Contact Information received Phone call/Date/Contact Information received Information received	Channels Channels Space O Certification Space P Statement of
Letter sent Letter sent Letter sent Accepted Letter sent Letter sent Letter sent Letter sent	Information received Phone call/Date/Contact Information received Phone call/Date/Contact Information received Information received	Channels Cha