This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
11/29/2017	\$ ALLOCATION NUMBER

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  Barcode Data Filing Period (optional - see instructions)
Accounting 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito Midwest LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	<u> </u>	Zito Media - Rosiclare
		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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF GARLE OVETER	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito Midwest LLC	55
	Instructions: List each separate community served by the cable system. A "co	ommunity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorpor	rated communities within unincorporated areas and including single
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	at you list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future fil	lings.
A	Note: Entities and properties such as hotels, apartments, condominiums, or r	
Area Served	identified city.	p
Served		
	CITY OR TOWN	STATE
<b>-</b>		IL
First	Rosiclare	
Community	Hardin County	<u>L</u>
	Elizabethtown	IL IL
d Rows as Necessary		

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC

5585

## Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	69	53.40			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T			

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block** 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Zito Midwest LLC

5585

### PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

Add Rows as Necessar

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

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

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

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

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

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

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

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

Accounting Period:	: 2017/1			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	Zito Midwest LLC			5585
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	lentify every television station (including em during the accounting period, except in effect on June 24, 1981, permitting to	ot (1) stations carried only on a part-ti	me basis under
Primary		(e)(2) and (4), or 76.63 (referring to 76.		
Transmitters:	substitute program basis, a	as explained in the next paragraph.		
Television		s: With respect to any distant stations of	arried by your cable system on a sub	stitute program
		rules, regulations, or authorizations: re in space G—but do list it in space I (	the Special Statement and Program L	.oa)—if the
	station was carried only or			
	,	also in space I, if the station was carried		
		on concerning substitute basis stations		
		on's call sign. Do not report origination ed with a station according to its over-th		
	"WETA-2" as the same on		e all designation. To example, repo	rt maidott cam
		nel number the FCC assigned to the tel	evision station for broadcasting over t	he air in its community
		VRC is channel 4 in Washington, D.C.		
		h case 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 instr	•	
		on of each station. For U.S. stations, lis	•	•
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC 5585

### PRIMARY TRANSMITTERS: RADIO

**In General:** List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	<b></b>	<del> </del>					
	<b>_</b>	<b></b>					
	<del> </del>	<del> </del>					
	<del> </del>	<del> </del>					
	<del> </del>	<del> </del>					
	<del> </del>	<del> </del>					
	<b></b>						
	<b>†</b>						
	<del> </del>	<del> </del>					<del> </del>
	<del> </del>	<del> </del>					
	<del> </del>	<b></b>					<b> </b>
	<b>_</b>	ļ					
	<b>†</b>						
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	<b>_</b>	ļ					
	<b>†</b>	<del> </del>					
	<del> </del>	<del> </del>					<del> </del>
	<del> </del>	<del> </del>					
	<b></b>	<del> </del>					
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	L						
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Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	Zito Midwest LLC							5585
l Code atituda	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ad explanation of the programmi	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	thorizations.	For a further
Substitute Carriage:	1. SPECIAL STATEMENT				ic general insu	uctions in the	paper on i	-2 101111.
Special	During the accounting peri				sis anv nonne	twork televis	ion program	า
Statement and	broadcast by a distant stat	-		ound, on a outstitute su	o.o, a.r.,oo		YES	X NO
Program Log	,			a blank Barrana a	"Y"			
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	s "Yes," you mi	ust complete	tne prograr	n
	log in block 2.	BBOCBA	Me					
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, req Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Canace Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s dcast static adian statio th and day re "5/7."	m on a separa add additional ranetwork televiton and that yor authorizations vies" or "basked cast live, enterestation broadcast or's location (the ins, if any, the owhen your systematical televitorial substitute pro-	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "sting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your	e program") that ed for the program instruction m titles, for ex "No." am. e station is lice station is idea program. Use	ent, during the gramming of ns for further ample, "I Lowensed by the ntified). e numerals, v	accounting another state information ve Lucy" or FCC or, in with the mores accurate	tion n. nth
	Column 7: Enter the letter	er "R" if the	listed program	was substituted for progr	ramming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete und	er FCC rules a	and regulatio	ns in	
	ellect off October 19, 1970.							
						EN SUBSTI		
	S		E PROGRAM			IAGE OCCL		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	IMES — TO	
							_	
						-		
							_	
						-	_	
							— 	
						-		
							_	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC				YSTEM I 55
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (viii) 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.	system's son of how	secondary trans to compute thi	mission services amount, see	8,253.91
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 less  Use block 3 if the amount of gross receipts in space K is more than \$263,800 less page (vi) of the general instructions located in the paper SA1-2 form for more in	but less t	han \$527,600	\$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 accounting period is \$52.00	fee that y	ou must pay for	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 line	es 1 and 2	2	\$	52.13
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but m	ore than \$137,	100)	
	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 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but	less than \$527	7,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	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) $\dots$		. \$	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 otal Remittance	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 paym See page i of the general instructions in the paper SA1-2		_		jhts!

Accounting Period:	2017/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:				SYSTEM ID# 5585
M Channels	to its subscribers,  1. Enter the total is system carried the call on which the call	and (2) the cable system's to number of channels on which delevision broadcast stations. number of activated channels ble system carried television	otal numb		Γ	41
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accoun		PRMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Teri McMullen			Telephone	814-260-0434
		PO Box 665 (Number, street, rural route, apartn  Coudersport PA 1691 (City, town, state, zip)		ite number)		
	Email	teri.mcmullen@	zitomedi	ia.com Fax (optional)		
O Certification	I, the undersigned     (Owner      (Agent in lin      X (Office in lin      I have examined to	of owner other than corporation or part of space B and that the over or partner) I am an officer (if ne 1 of space B.  the statement of account and h, and correct to the best of my I	artnership artnership attion or pa wner is no f a corpora	rtified and signed in accordance with Copyright Office r  ly one, of the boxes.)  p) I am the owner of the cable system as identified in line  artnership) I am the duly authorized agent of the owner or  ot a corporation or partnership; or  ation) or a partner (if a partnership) of the legal entity iden  clare under penalty of law that all statements of fact conta  je, information, and belief, and are made in good faith.	1 of space B;  f the cable sys  tified as owne	stem as identified
		Typed or printed  Title:  (Title of of	Enter sig	/s/James Rigas electronic signature on the line above to certify this statem mature using an "/s/ signature" (e.g., /s/ John Smith)  James Rigas  dent	nent.	

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 telephon 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 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

					FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CAR	BLE SYSTEM:				SYSTEM ID#
o Midwest LLC					5585
The Satellite Home Viewe lowing sentence:  "In determining the service of providing	NT CONCERNING GROSS RECE r Act of 1988 amended Title 17, section 1 total number of subscribers and the gros g secondary transmissions of primary broants collected from subscribers receiving s	11(d)(1)(A), of the Co s amounts paid to the adcast transmitters, the	opyright Act by adding e cable system for the ne system shall not inc	basic clude sub-	P Special Statement Concerning Gross Receipts Exclusion
For more information on water located in the paper SA1-2	hen to exclude these amounts, see the n 2 form.	ote on page (vii) of th	e general instructions		Receipts Exclusion
During the accounting per made by satellite carriers	od, did the cable system exclude any am to satellite dish owners?	ounts of gross receip	ts for secondary trans	missions	
X NO					
YES. Enter the total h	ere and list the satellite carrier(s) below	<u>\$</u>			
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSI					
You must complete this we	orksheet for those royalty payments subm	nitted as a result of a l			_
					Q
For an explanation of inter	est assessment, see page (viii) of the ger	neral instructions loca	ated in the paper SA1-	2 form.	~
For an explanation of inter		neral instructions loca	sted in the paper SA1-	2 form. <b>52.00</b>	Q Interest Assessment
For an explanation of inter  Line 1 Enter the amount	est assessment, see page (viii) of the ger	neral instructions loca	\$ x	52.00 1%	~
For an explanation of inter  Line 1 Enter the amount	est assessment, see page (viii) of the ger	neral instructions loca	\$ x	52.00 1% 0.52	~
For an explanation of inter  Line 1 Enter the amount	est assessment, see page (viii) of the ger	neral instructions loca	\$ x	52.00 1% 0.52 93 days	~
For an explanation of inter Line 1 Enter the amount Line 2 Multiply line 1 by t	est assessment, see page (viii) of the ger	neral instructions loca	\$ xx	2 form.  52.00  1%  0.52  93 days  48.36	~
For an explanation of inter Line 1 Enter the amount Line 2 Multiply line 1 by t Line 3 Multiply line 2 by t	est assessment, see page (viii) of the ger of late payment or underpayment	neral instructions loca	\$  x  x	2 form.  52.00  1%  0.52  93 days  48.36	~
For an explanation of inter Line 1 Enter the amount Line 2 Multiply line 1 by t Line 3 Multiply line 2 by t Line 4 Multiply line 3 by 0	est assessment, see page (viii) of the ger of late payment or underpayment	neral instructions loca	\$ xx	2 form.  52.00  1%  0.52  93 days  48.36	~
For an explanation of inter Line 1 Enter the amount Line 2 Multiply line 1 by t Line 3 Multiply line 2 by t Line 4 Multiply line 3 by 0	est assessment, see page (viii) of the ger of late payment or underpayment	neral instructions loca	\$  x  x  x  x  x  x  x  x  x  x  x  x  x	2 form.  52.00  1%  0.52  93 days  48.36  274	~
For an explanation of inter Line 1 Enter the amount Line 2 Multiply line 1 by t Line 3 Multiply line 2 by t Line 4 Multiply line 3 by ( in space L, (page 6) * To view the interest r	est assessment, see page (viii) of the ger of late payment or underpayment	neral instructions loca  n here  k 3 line 6	xx 0.000	2 form.  52.00  1%  0.52  93 days  48.36  274  0.13	~
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Reviewed by

January 1 - June 30, 2017

Letter sent

Accepted

Accepted

Cable
Worksheet

Cable ID#

Space A
Accounting
Period

Space B Owner

Space D Area Served

Space E Secondary Transission Service

Subscribers: and Rates

Space G Primary Transmitters: Television

Space H Primary Transmitters: Radio

**Examined by** 

Total amount of remittance	Nun	nber of SAs rec'd	lr	nitials
Date of remittance	Check	☐ EFT	☐ FIL	ING FEES
			Amount	Initi
Date examination completed	Allocatio	on number		
-	July 1 - Dece	ember 31, 2017		
	Information	received		
	Phone call/D	ate/Contact		
_	☐ Information	received		
	Phone call/D			
_				
_	Information	received		
	Phone call/D	ate/Contact		
	Information	received		
	Phone call/D	ate/Contact		
	Information	received		-
	Phone call/D	Pate/Contact		

Phone call/Date/Contact

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