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 salready 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 - Cameron TX
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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	I	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito Midwest LLC	60
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili	
	Note: Entities and properties such as hotels, apartments, condominiums, or n	
Area	identified city.	iobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Cameron	TX
Community	Cameron/Milam County	TX
I Rows as Necessary		
,		

E

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 SUBSCRIBERS RATE
Residential:			
Service to first set	337	20.40	
 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	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	16.50	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	50.00	Burglar protection			
 Additional set(s) 		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.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6046

Zito Midwest LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary
Transmitters:
Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *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
	KCEN	6	N	Temple TX
	KCEN	6.3	<u>l</u>	Temple TX
	KCEN	6.2	<u>l</u>	Temple TX
	KXXV	25	N	Waco TX
	KXXV	25.3	<u> </u>	Waco TX
	KXXV	25.2	<u> </u>	Waco TX
	KWTX	10	N	Waco TX
	KWTX	10.2	<u> </u>	Waco TX
	КТВС	7	N	Austin TX
у	KNCT	46	E	Belton TX
	WGN	9	<u>l</u>	Chicago IL
		•		
		•		

Add Rows as Necessary

Accounting Period:	2017/1			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	Zito Midwest LLC			6046
	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 76.0		
Transmitters:	substitute program basis, a	as explained in the next paragraph.		
Television		s: With respect to any distant stations of	carried 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 I	og)—if the
	station was carried only or		the opecial statement and Frogram E	
	-	also in space I, if the station was carrie	ed both on a substitute basis and also	on some other
		on concerning substitute basis stations		
		on's call sign. <i>Do not</i> report origination	. •	· ·
	"WETA-2" as the same on	ed with a station according to its over-th	e-air designation. For example, repol	rt muitistream
		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	•	mai muiticast).
		on of each station. For U.S. stations, lis		s licensed by the
	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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC 6046

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
	 						
							
							
	 						
	 						
							
]					
	 						
	 						
	 						
	 						
							
							
	 						
							
							
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Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#
Name	Zito Midwest LLC							6046
Cubatituta	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis	sion program, broadcast by ecific present and former FC	a <i>distant</i> stat CC rules, regul	ations, or auth	orizations.	For a further
Substitute Carriage:	1. SPECIAL STATEMEN				e general man	detions in the	paper OAT	2 101111.
Special								
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	is, any nonne	twork television		
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete t	he prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a	ce, please a of every no distant statis gulations, o ies like "mo Bulls." In was broad sign of the sadcast static adian statio ath and day re "5/7." es when the Example: a er "R" if the and regulation of the sadcast static and ies when the example: a er "R" if the and regulation of the sadcast static and the sadcast sta	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broaded by some solutions, if any, the owner your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the general stabil." List specific program or "Yes." Otherwise enter "Nesting the substitute program or community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	program") that d for the program instruction in titles, for existion is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y i; enter the let	nt, during the a ramming of an ns for further i ample, "I Love nsed by the F ntified). numerals, wi List the times 8:30 p.m. sho our system water "P" if the li	accounting nother statinformation e Lucy" or CCC or, in the months accurately build be as required sted programmed to the country of the coun	ion n. uth y
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	ind regulations	s in	
	effect on October 19, 1976.							
					\\/\L	N SUBSTITI	ITE	
	S	UBSTITUT	E PROGRAM	1		IAGE OCCUI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
		 						
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						<u> </u>		
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Accounting Period:	2017/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID:
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	1,935.36
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.		
	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	or 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	⁷ ,100)	
	1. Base amount under statutory formula	<u>) </u>	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	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 \$52	27,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	- 1	
	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) \$		
	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		
	TENOTEE THE TOTAL REIMIT THIS BUT		
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.13	
	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
1	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more information		ıhts!

Accounting Period:	2017/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM:		SYSTEM ID# 6046
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the car	and (2) the cable system's total r number of channels on which the television broadcast stations number of activated channels ble system carried television broad		. 41
N Individual to Be Contacted		BE CONTACTED IF FURTHER II bout this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, Coudersport PA 16915 (City, town, state, zip)	or suite number)	
	Email	teri.mcmullen@zitor	media.com Fax (optional)	
O Certification	I, the undersigned (Owne) (Agent in	of owner other than corporation or partner of owner other than corporation on the 1 of space B and that the owner or or partner) I am an officer (if a cone 1 of space B. the statement of account and hereb, and correct to the best of my know	e certified and signed in accordance with Copyright Office regulations) at only one, of the boxes.) rship) I am the owner of the cable system as identified in line 1 of space E or partnership) I am the duly authorized agent of the owner of the cable s is not a corporation or partnership; or rporation) or a partner (if a partnership) of the legal entity identified as own y declare under penalty of law that all statements of fact contained herein rledge, information, and belief, and are made in good faith.	3; or system as identified
		Typed or printed nam Title:	/s/James Rigas er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith) me: James Rigas esident position held in corporation or partnership)	

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	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
to Midwest LLC	6046
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: "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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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 1 Enter the amount of late payment or underpayment	O Interest Assessment
Line 1 Enter the amount of late payment or underpayment	O Interest Assessment
Line 1 Enter the amount of late payment or underpayment	O Interest Assessment
Line 1 Enter the amount of late payment or underpayment	O Interest Assessment 2 6
Line 1 Enter the amount of late payment or underpayment	O Interest Assessment 2 6
Line 1 Enter the amount of late payment or underpayment	O Interest Assessment 2 6
Line 1 Enter the amount of late payment or underpayment	O Interest Assessment 2 6
Line 1 Enter the amount of late payment or underpayment	O Interest Assessment 2 6
Line 1 Enter the amount of late payment or underpayment	O Interest Assessment 2 6

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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	
	Phoe call/Date/Contact	
		Space M
		Channels
		Channels
Letter sent	☐ Information received	Channels
Letter sent Accepted	☐ Information received ☐ Phone call/Date/Contact	Channels
_ _	<u>_</u>	Space O
_ _	<u>_</u>	
_ _	<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