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.
	Х	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 Central PA 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 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 - Zion
		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 Office 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 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.

		FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito Central PA LLC	
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	mmunities within unincorporated areas and including singl
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Walker Township	PA
Community	Marion Township	PA
	Spring Township	PA
Rows as Necessary		

Accounting Period: 2017/1 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

**Zito Central PA LLC** 

SYSTEM ID#

# 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	NO. OF SUBSCRIBERS	RATE	
Residential:	COBCOTTIBLITO	TOTTE	CATEGORY OF CERVICE	COBCONIBLINO	TOTIL	
Service to first set	582	16.85				
Service to additional set(s)						
FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	1	1	I	1		

# 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			
<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			
<ul><li>Burglar protection</li></ul>		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:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
<ul> <li>Converter</li> </ul>		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#

### Zito Central PA LLC

G

# Primary Transmitters: Television

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 **WPSU** 3.1 Ε Clearfield PA **WPSU** 3.4 Ε Clearfield PA **WPSU** 3.3 Ε Clearfield PA **WKBS** 47 Altoona PA ı Johnstown PA **WJAC** 6 Ν **WJAC** 6.1 Ν Johnstown PA Johnstown PA **WJAC** 6.2 ı WATM 23 Ν Altoona PA **WATM** 23.1 Ν Altoona PA 8 Ν **WWCP** Johnstown PA **WWCP** 8.1 Ν Johnstown PA 29.1 WHVL ı State College PA 10 Ν **WTAJ** Altoona PA **WTAJ** 10.1 Ν Altoona PA WGN 9 Chicago IL

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Central PA LLC

### 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 SYST	ГЕМ:					SYSTEM ID#
Name	Zito Central PA LLC							0
- Cubatituta	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	by a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further
Substitute Carriage:					ine general insi	ructions in t	ic paper on i	- <u>Z 101111.</u>
Special	1. SPECIAL STATEMENT							
Statement and	During the accounting peri-	-	r cable system	carry, on a substitute ba	isis, any nonne	etwork telev	ision prograr	
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer i	s "Yes," you m	ust complet	te the progra	m
	log in block 2.			•	•			
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a cunder certain FCC rules, reg Do not use general categorie. "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Cander Signey of Mexican or Cander Signey of Mexican or Column 5: Give the month of the nearest five minutes. Is stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules and was substituted for program effect on October 19, 1976.	tute progra se, please a of every nor distant stati gulations, or es like "mor Bulls." I was broad distant statio day the s didast statio adian statio th and day the e "5/7." Is when the Example: a er "R" if the nd regulation	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owhen your system substitute proprogram carried listed program ons in effect du	rows to the tables. Ision program ("substitute ur cable system substitute us. See page (v) of the gestball." List specific program "Yes." Otherwise enter usting the substitute program was carried by you are downward the substitute gram was carried by you are by a system from 6:00 was substituted for progring the accounting period.	e program") the ted for the pro- neral instruction in titles, for eximal in the station is lice e station is lice e program. Us in cable system 1:15 p.m. to 6: pramming that bod; enter the let	at, during the gramming of the	ne accounting of another sta er information ove Lucy" or e FCC or, in with the mon mes accurate should be n was require e listed progr	tion n. nth
	,				11 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EN CLIDOT		
	Q	IBSTITI IT	E PROGRAM	1		EN SUBST RIAGE OCC		7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	_	TIMES TO	DELETION
		Tes or No	CALL SIGN	4. STATIONS ECCATION	ANDDAT	1 KOW	_ 10	
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Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S'	YSTEM II
Name	Zito Central PA LLC		
<b>K</b> 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 servic nis amount, see	e 1,045.38
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 the 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 fo 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>	
	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 \$52	27,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	<del>_</del> I	
	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		
Filing Fee and otal 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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2017/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:				SYSTEM ID#
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	s, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels able system carried television	otal numb		Г	15
N Individual to Be Contacted		BE CONTACTED IF FURTHI		PRMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Teri McMullen			Telephone 8	314-260-0434
	Address	PO Box 665 (Number, street, rural route, apartn Coudersport PA 1691 (City, town, state, zip)		ite number)		
	Email	teri.mcmullen@	zitomed	ia.com Fax (optional)		
O Certification	I, the undersigned (Owned)      (Agent in X)      X (Offic in In Y)      I have examined	ed, hereby certify that (Check on r other than corporation or pa t of owner other than corporat line 1 of space B and that the over er or partner) I am an officer (if line 1 of space B.	artnership tion or pa wner is no	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 of tot 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 le, information, and belief, and are made in good faith.	1 of space B; of the cable syst	tem as identified
		Typed or printed  Title:  (Title of of	name:	/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 ion held in corporation or partnership)	ent.	

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ounting Period: 2017/1		FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
o Central PA LLC		0
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system secribers and amounts collected from subscribers receiving secondary transmissions pure.  For more information on when to exclude these amounts, see the note on page (vii) of the general contents.	e system for the basic stem shall not include sub- rsuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form.	accondant transmissions	
During the accounting period, did the cable system exclude any amounts of gross receipts for smade by satellite carriers to satellite dish owners?	secondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address Mailing Address		
NT-DECT ACCESSION.		
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late pa	ayment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q
Line 1 Enter the amount of late payment or underpayment	52.00	Interest Assessment
	x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	0.52	
<u> </u>	x 93 days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	48.36	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For 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	<u>.</u>	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the	e Copyright Office, please	
list below the owner, address, first community served, ID number, and accounting period as give		
Owner Address		
Address		
ID number		
First community served Accounting period		
J. 197		

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Transmitters: Radio

Accepted

C	Ca Wo	ble rksheet	Total amount of remittance	Number of SAs re	c'd	In	itials
			Date of remittance	Check EFT		FILI	NG FEES
Cable ID #		T	1		Α	mount	Initials
Examined by		Reviewed by	Date examination completed	Allocation number			
Space A Accounting Period		1					
		anuary 1 - June 30, 2017		July 1 - December 31, 2017			
		etter sent		Information received			
	A	ccepted		Phone call/Date/Contact			
Space B Owner							
		etter sent		Information received			
	A	ccepted		Phone call/Date/Contact			
Space D Area Served							
		etter sent		Information received			
	A	ccepted		Phone call/Date/Contact			
Space E Secondary Transission							
Service Subscribers:		etter sent		Information received			
and Rates	A	ccepted		Phone call/Date/Contact			
Space G Primary Transmitters:							
Television		etter sent		Information received			
	A	ccepted		Phone call/Date/Contact			
Space H Primary							

Phone call/Date/Contact

Space I Substitute

		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
Letter sent	Information received	Gross Receipts
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Connec M
		Space M Channels
	☐ Information received	
Letter sent  Accepted	☐ 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	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
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