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
DATE RECEIVED AMOUNT
\$ 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	ACC	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 Midwest
		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:
		Zito Media - Herr Loyalsock
		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.

Accounting Period:	2017/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name		_							
	Zito Midwest	0							
	Instructions: List each separate community served by the cable system. A "communit								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known								
	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 home parks should be reported in parentheses below the								
Served	identified city.								
	CITY OR TOWN	STATE							
First	Loyalsock	PA							
Community	Hepburn	PA							
,	TIEPDUITI								
Add Rows as Necessary									

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest

O

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:					
 Service to first set 	589	16.00			
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.

	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. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Zito Midwest PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WNEP	16	N	Scranton PA
WYOU	22	N	Scranton PA
WBRE	28	N	Wilkes-Barre PA
WSWB	31	<u> </u>	Scranton PA
WOLF	56	N	Hazelton PA
WVIA	41	E	Scranton PA
WGN	9	I	Chicago IL
WQMY	29	<u> </u>	Williamsport PA
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest 0

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).

	1	1		1	ı	1	T
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	counting Period: 2017/1 FORM SA1-2E. PAGE 5.										
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#			
Name	Zito Midwest							0			
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATFMFI	NT AND PROGRAM I	OG .						
I	In General: In space I, identi		_			ion that you	r cable evete	m carried on a			
•											
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and											
Program Log	broadcast by a distant station? YES NO										
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	log in block 2.										
	2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is				
	clear. If you need more spa										
	Column 1: Give the title										
	period, was broadcast by a under certain FCC rules, re-										
	Do not use general categori	gulalions, o ies like "mo	vies" or "baske	s. See page (v) or the ger thall " I ist specific progra	m titles for ex	ample "Ho	r illioillialioi ve Lucv" or	l.			
	"NBA Basketball: 76ers vs.		vice of backe	todii. Elot opoomo progra		ampio, 120	o Lucy of				
	Column 2: If the program	n was broad	dcast live, enter	r "Yes." Otherwise enter "	No."						
	Column 3: Give the call										
	Column 4: Give the broat						FCC or, in				
	the case of Mexican or Can Column 5: Give the mon						vith the mor	nth			
	first. Example: for May 7 giv		when your sys	terri carried the substitute	piogram. Ose	riumerais, v	viui uie iiioi	101			
	Column 6: State the time		substitute pro	gram was carried by your	cable system	. List the tim	es accurate	ly			
	to the nearest five minutes.							,			
	stated as "6:00-6:30 p.m."										
	Column 7: Enter the lette										
	to delete under FCC rules a was substituted for program							am			
	effect on October 19, 1976.		our system wa	s permitted to delete und	ei i CC iules a	iliu regulatio	115 111				
	onder on detector 10, 1010.										
					WHE	EN SUBSTI	TUTE				
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCCI	JRRED	7. REASON FOR			
	TITLE OF PROGRAM		3. STATION'S		5. MONTH		IMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	<u> ТО</u>				
							_				
							_ 				
							_				
						<u> </u>					
						-	_				
							_				
				-							

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest	S	YSTEM ID# 0							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I 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 thi 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.	smission servic s amount, see	e 3,397.71							
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 this six-month accounting period is \$52.00									
	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,		<u> </u>							
	1. Base amount under statutory formula									
	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)	7,600)								
	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) \$									
	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 information		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 car	number of channels on which television broadcast stations . number of activated channels able system carried television I	otal numb the cabl		riod.	195		
N Individual to Be Contacted		BE CONTACTED IF FURTHI		RMATION IS NEEDED (Identify an individual to w	hom			
for Further Information	Name	Teri McMullen			Telephone (814-260-0434		
	Address	PO Box 665 (Number, street, rural route, apartin Coudersport PA 1691 (City, town, state, zip)		ite number)				
	Email	teri.mcmullen@:	zitomed	ia.com Fax (optio	onal)			
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
		Typed or printed Title: (Title of of	name:	/s/James Rigas electronic signature on the line above to certify this stanature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas dent on held in corporation or partnership)	atement.			

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ounting Period: 2017/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o Midwest	0
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.	
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?	
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xadays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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Primary Transmitters: Radio

Accepted

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials
		Date of remittance	Check EFT	FILING FEES
Cable ID # Examined by	Reviewed by	Date examination completed	Allocation number	Amount Initials
Space A Accounting Period				
	January 1 - June 30, 2017		July 1 - December 31, 2017	
	Letter sent]	Information received	
	☐ Accepted		Phone call/Date/Contact	
Space B Owner				
	Letter sent		Information received	
	Accepted	[Phone call/Date/Contact	
Space D Area Served				
	Letter sent		Information received	
	Accepted]	Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	Letter sent]	Information received	
and Rates	Accepted]	Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	Letter sent]	Information received	
	Accepted]	Phone call/Date/Contact	
Space H				

Space I Substitute

Phone call/Date/Contact

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	☐ Information received	(SA3 only)
Accepted	Phone call/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	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Letter sent Accepted	☐ Information received ☐ Phone call/Date/Contact	
	<u>_</u>	
	<u>_</u>	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