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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 11/29/2017 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 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.	7592
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito California 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)	
	INIOT		
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us a lineady appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Susanville	
		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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito California LLC	7592
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
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	Susanville	СА
Community	Susanville/Janesville	СА
	Lassen County	СА
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM					FORM SA1	TEM I
Name	Zito California LLC	ADEE OTOTEINI.					010	75
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period	pace E should on of television ay cable) in sp	cover all categoriand radio broa ace F, not here	ories of seconda dcasts by your s All the facts yo	ystem to subscrib u state must be th	ers. Give	information	
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	h blocks in space y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the to their subsc or Where an ino should be cour	ce E call for the service. In gen- is in that categor ndicated—not is h category of si 20/mth"). Summ for advance pa e form lists the ribers. Give the dividual or orga nted as a subsc	number of subs eral, you can cor bry (the number of the number of se ervice. Include b harize any standa yment. categories of see number of subs nization is receiv riber in each app	cribers to the cab mpute the number of persons or orga- ets receiving servi oth the amount of ard rate variations condary transmiss cribers and rate fiv- ing service that fa- olicable category.	r of subscr anizations ce). f the chargg s within a p sion servic or each lis alls under Example:	ibers in charged e and the particular rate e that cable ted category different a residential	
	subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	once again und has rate catego iers of services and rates, in the	er "Service to a pries for second that include or	dditional set(s)." lary transmissior ne or more secor	n service that are ndary transmissio	different fr ns), list the on of the s	om those em, together ervice is	
	BLO	OCK 1 NO. OF				BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		TE CA ⁻	TEGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		646	30.45				
	 Service to additional set(s) FM radio (if separate rate) 							
	Motel, hotel							
	Commercial Converter							
	Residential							
	Non-residential							
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib hose services t re two exceptio or facilities furm it in which it is rate column. re charged by th your cable sys separate charg	er) information that are not offens: you do not hished to nonsu usually billed. I he cable syster stem furnished e was made or	with respect to a ered in combinati need to give rate bscribers. Rate i f any rates are c n for each of the or offered during established. Lis	ion with any secon information conc information should harged on a varia applicable servic the accounting p	ndary trans erning (1) d include b ible per-pr es listed. eriod that	smission services ooth the ogram basis, were not	
		BLO				OATEO	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY C	of SERVICE	RATE	CATEG	ORY OF SERVICE	RA
	• Pay cable	16.50	• Motel, hote					
	Pay cable—add'l channel		Commercia	al				
	Fire protection		Pay cable					
	•Burglar protection Installation: Residential		 Pay cable- Fire protection 	add'l channel				
	First set	50.00	Burglar protect					
	Additional set(s)	0.00	Other service					
	• FM radio (if separate rate)		 Reconnect 		30.00			
	FM radio (if separate rate) Converter		Reconnect Disconnect		30.00			

	2017/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito California LLC			7592
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.1 s explained in the next paragraph. : With respect to any distant stations of leles, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-time the carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute the Special Statement and Program Long ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a me (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTVN	2	N	Reno NV
	KTVN	2.1	N	Reno NV
Rows as Necessary	KCRA	3	N	Walnut Grove CA
nows as necessary	KRNV	4	N	Reno NV
	KRNV	4.1	N	
				Reno NV
	WATM	23	l	Altoona PA
	WATM KNPB	23 5	I E	
				Altoona PA
	KNPB	5	E	Altoona PA Reno NV
	KNPB KOLO	5 8	EN	Altoona PA Reno NV Reno NV
	KNPB KOLO KOLO	5 8 8.1	E N N	Altoona PA Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI	5 8 8.1 11	E N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI KRXI	5 8 8.1 11 11.1	E N N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI KRXI KRNS	5 8 8.1 11 11.1 46	E N N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI KRXI KRNS	5 8 8.1 11 11.1 46	E N N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI KRXI KRNS	5 8 8.1 11 11.1 46	E N N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI KRXI KRNS	5 8 8.1 11 11.1 46	E N N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI KRXI KRNS	5 8 8.1 11 11.1 46	E N N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI KRXI KRNS	5 8 8.1 11 11.1 46	E N N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI KRXI KRNS	5 8 8.1 11 11.1 46	E N N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI KRXI KRNS	5 8 8.1 11 11.1 46	E N N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV Reno NV Reno NV
	KNPB KOLO KOLO KRXI KRXI KRNS	5 8 8.1 11 11.1 46	E N N N N	Altoona PA Reno NV Reno NV Reno NV Reno NV Reno NV Reno NV

LEGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM II
Zito Californ	ia LLC							75
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
	-	-	I-Band FM Carriage: Under					Primary
ecceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate f Column 4: G	it is carried by monitoring, to mation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Radio
			· · · · · · · · · · · · · · · · · · ·	-				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						h		

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito California LLC							7592
	SUBSTITUTE CARRIAGI				G			
	In General: In space I, identi					ion that you	ır cabla evete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN	CONCER	NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did your	cable system	carry, on a substitute basi	s, any nonne	twork televi	sion progran	n
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Frogram Log			cost of this non	a blank. If your anowar is '	Waa " wax mu	⊔ st complete	-	
	Note: If your answer is "No'	, leave the f	lest of this pag	e blank. Il your answer is	res, you mu	ist complete	e the program	
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations v	wherever nos	sible if thei	r meaning is	
	clear. If you need more spa						r meaning ie	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							n.
	"NBA Basketball: 76ers vs.					p.o, . <u>_</u> o		
				"Yes." Otherwise enter "N				
				sting the substitute progra to community to which the		need by the	FCC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day v		tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ely
	stated as "6:00–6:30 p.m."		program carne	eu by a system nom o.o r.	15 p.m. to 0.2	0.50 p.m. s		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
					11			
						IN SUBSTI		
		1	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> </u>	
							_	
								"
							_	
								"
								"
								n
							<u> </u>	
							_	
							_	
1					1	r		1

	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM I
Name	Zito California LLC			-	75
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's s ion of how	econdary trans to compute this	mission servic s amount, see	ce
	during the accounting period			\$ 174 (Amount of gro	4,520.81 oss receipts)
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period			·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lir	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	174,520.81		
	- 3. Subtract line 2 from line 1		89,279.19		
	4. Enter the amount of gross receipts from space K		\$ 1	74,520.81	
	5. Enter the amount from line 3		\$	89,279.19	
	6. Subtract line 5 from line 4		\$	85,241.62	
	7. Multiply line 6 by .005 (enter figure here)			\$	426.21
	8. Interest charge. Enter the amount from line 4, space Q, page 8			\$	1.09
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	427.29
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but l	less than \$527	(,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)				
	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 DU	E			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · · · · · · · · · · · · ·	\$	427.29	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .	· · · · · · · · · · · · · · ·	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	447.29
	Importanti, Vour romittance must be in the form of an electronic man	nont norrel	lo to the Deat	tor of Cameric	the
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		jiits!

Accounting Period:	2017/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Califorr	OF OWNER OF CABLE SYSTEM: ia LLC	SYSTEM ID# 7592
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which the	e: You must give (1) the number of channels on which the cable system carried television broadcast stations beers, and (2) the cable system's total number of activated channels during the accounting period.	13 195
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 8	314-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915	
		(City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersi	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Ov	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; c	Dr
	(Ag	ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
	X (O	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	of the cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. action 1001(1986)]	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: James Rigas	
		Title: President (Title of official position held in corporation or partnership)	
		Date:	

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AL NAME OF OWN		
California II	ER OF CABLE SYSTEM:	SYSTEM I
	.C	759
The Satellite Ho lowing sentence "In detern service c scribers For more inform	mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." nation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
During the acco made by satellite	aper SA1-2 form. unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
X NO YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
You must compl	SSESSMENT lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	e amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply	line 1 by the interest rate* and enter the sum here 4.26	
Line 3 Multiply	line 2 by the number of days late and enter the sum here	
	line 3 by 0.00274** and enter here L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge)	
	e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please E Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
	e filing this worksheet covering a statement of account already submitted to the Copyright Office, please vner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community Accounting perio		
Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow Owner Address ID number	x 93 days line 2 by the number of days late and enter the sum here 396.38 x 0.00274 x 0.00274 line 3 by 0.00274** and enter here x 0.00274 L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ 1.09 (interest charge) e interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. e interest rate chart click on www.copyright.gov/licensing@loc.gov. For further assistance please e Licensing Division at (202) 707-8150 or licensing@loc.gov. e decimal equivalent of 1/365, which is the interest assessment for one day late. e filing this worksheet covering a statement of account already submitted to the Copyright Office, please where, address, first community served, ID number, and accounting period as given in the original filing. served	

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C	Ca Wo	ble rksheet	Total amount of remittance	Number of SAs rec	'd Initials
			Date of remittance	Check EFT	FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	Ja	nuary 1 - June 30, 2017		July 1 - December 31, 2017	
	Le	tter sent		Information received	
	Ac	cepted		Phone call/Date/Contact	
Space B Owner					
	Le	tter sent		Information received	-
	Ac	ccepted	[Phone call/Date/Contact	
Space D Area Served					
	Le	tter sent	[Information received	
	Ac	ccepted	_[Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	🗌 Le	tter sent	[Information received	
and Rates	Ac	cepted	_	Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	🗌 Le	tter sent	[Information received	
	Ac	cepted	[Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Ac	ccepted	[Phone call/Date/Contact	

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
✓ Letter sent	Information received	
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
Accepted	Information received	
Letter sent	Information received	
Letter sent	Information received	Channels Space O
Letter sent	Information received Phone call/Date/Contact	Channels Space O
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