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

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

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito Midwest LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	<u> </u>	Zito Media - Wilber
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		
	Zito Midwest LLC	84
_	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated c	
	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 kno
	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	Wilber	NE
Community	Pleasantdale	NE
	Dorchester	NE
d Rows as Necessary	Milford	NE
	Friend	NE
	Hallam	NE
	Clatonia	NE
	Plymouth	NE
	Wymore	NE
	De Witt	NE 
	Hickman	NE
	Blue Springs	NE

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC

8406

## 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:						
<ul> <li>Service to first set</li> </ul>	1,143	17.45				
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	Ξ
Continuing Services:		Installation: Non-residential			
• Pay cable	16.50	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
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# 8406

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KXFL	51	N	Lincoln NE
KSNB	4	N	Lincoln NE
KSNB	4.2	1	Lincoln NE
WOWT	6.1	N	Omaho NE
KLKN	8.1	N	Lincoln NE
KOLN	10.1	N	Lincoln NE
KUON	12.1	E	Lincoln NE
KXVO	15.1	1	Omaho NE
WGN	9	1	Chicago IL
WATM	23.3	I	Altoona PA
	***************************************		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC 8406

### 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	ГЕМ:					SYSTEM ID#
Name	Zito Midwest LLC							8406
Contractions	In General: In space I, identi substitute basis during the a	GUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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.						
Substitute Carriage:					ne general mat	i deliono in un	c paper on i	-2 101111.
Special	1. SPECIAL STATEMENT				_!			
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	sis, any nonne	etwork televis	sion program	
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	s "Yes," you m	ust complete	the progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a	ce, please a of every no	add additional r nnetwork televi	rows to the tables. sion program ("substitute	e program") the	at, during the	e accounting	
	under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs.	gulations, o ies like "mo Bulls."	r authorizations vies" or "baske	s. See page (v) of the ger tball." List specific progra	neral instruction in titles, for ex	ns for furthe	r information	
	Column 2: If the program Column 3: Give the call : Column 4: Give the broa the case of Mexican or Can	sign of the s dcast statio	station broadca on's location (th	sting the substitute progr e community to which the	ram. e station is lice		FCC or, in	
	Column 5: Give the mon	th and day					with the mor	nth
	first. Example: for May 7 given Column 6: State the time		substitute pro	gram was carried by your	r cahle system	list the tim	es accurate	lv
	to the nearest five minutes.							ly
	stated as "6:00-6:30 p.m."				•			
	Column 7: Enter the lette							
	to delete under FCC rules a was substituted for program							alli
	effect on October 19, 1976.							
	SUBSTITUTE PROGRAM WHEN SUBSTITUTE  CARRIAGE OCCURRED 7. REASO					7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION
							—	
							_	
							_	
							_	
							_	
							_	
						-		
							_	
							_	

Accounting Period:	2017/1			FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC			S	YSTEM ID 840
<b>K</b> 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 explanal 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.	system's tion of ho	secondary tra w to compute	ansmission servic this amount, see	7,725.22
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 informati	than \$527,600 ion.		
	BLOCK 1: GROSS RECEIPTS OF \$13* Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt	-		for this six month	
	accounting period is \$52.00	ly lee that	you must pay	ioi tilis six-iliolitii	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			. <u> </u>	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES  1. Base amount under statutory formula	,	263,800.0		
	Enter amount of gross receipts from space K		·		
	Subtract line 2 from line 1				
	Subtract line 2 from line 1     Enter the amount of gross receipts from space K			<u>0                                    </u>	
	Enter the amount from line 3				
	6. Subtract line 5 from line 4			,	
	7. Multiply line 6 by .005 (enter figure here)				58.25
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.15
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8		··· <u></u> \$	58.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (bu	t less than \$5	527,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			<u> </u>	
	3. Subtract line 2 from line 1		·	<u>-</u>	
	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	IE			
	TILINGT LE AND TOTAL REWITTANCE DU	/ <u>L</u>			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	58.40	
Due	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			\$	78.40
	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2017/1											F	ORM SA1-2E.	PAGE 7
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM:											SYST	FEM ID# 8406
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	ou must give (1) the number of s, and (2) the cable system's to a number of channels on which television broadcast stations. I number of activated channels able system carried television teast services	otal numb  the cabl  s broadcas	ber of act	ivated chann	els during th	ne acco	ounting pe	eriod.			10		
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accoun		ORMATIC	ON IS NEEDE	<b>D</b> (Identify a	an indiv	idual to w	hom					
for Further Information	Name	Teri McMullen							Telep	ohone [	814-260-	0434		
	Address	PO Box 665 (Number, street, rural route, apartr Coudersport PA 1691 (City, town, state, zip)		uite number	)									
	Email	teri.mcmullen@	zitomed	dia.com				Fax (option	onal)					
O Certification	I, the undersigned (Owned)      (Agent in X)      X (Offic in In Yellow)      I have examined	(This statement of account much ad, hereby certify that (Check or er other than corporation or part of owner other than corporation 1 of space B and that the over or partner) I am an officer (if line 1 of space B.  If the statement of account and he, and correct to the best of my for 1001(1986)]	artnership tion or pa wner is no f a corpora	ip) I am the partnership of a corporation) or a ecclare under	the boxes.)  The owner of the owner	e cable syste  ly authorizect  nership; or  partnership)	em as id d agent of the I	dentified in of the own	ner of the can dentified a	pace B; able sys	stem as iden			
		Typed or printed  Title:  (Title of or	Enter sig	Jame	mes Rigas c signature on ing an "/s/ sign es Rigas corporation or p	the line abov			tatement.					

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counting Period: 2017/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
to Midwest LLC	8406
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?	
NO NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name 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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
40/	.23
	.58
x 93 days	.17
Line 3 Multiply line 2 by the number of days late and enter the sum here	.17
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	.15
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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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
	<u>,                                      </u>		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	ate/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
_ <del>_</del>	<u>_</u>	Space O
_ <del>_</del>	<u>_</u>	
_ <del>_</del>	<u>_</u>	Space O
Accepted	Phone call/Date/Contact	Space O
Accepted	Phone call/Date/Contact  Information received	Space O Certification  Space P
Accepted	Phone call/Date/Contact  Information received	Space O Certification  Space P Statement of
Accepted	Phone call/Date/Contact  Information received Phone call/Date/Contact	Space O Certification  Space P
Accepted	Phone call/Date/Contact  Information received	Space O Certification  Space P Statement of
Accepted	Phone call/Date/Contact  Information received Phone call/Date/Contact	Space O Certification  Space P Statement of
Accepted Letter sent Accepted Letter sent	Phone call/Date/Contact  Information received  Phone call/Date/Contact  Information received	Space O Certification  Space P Statement of Gross Receipts  Space Q
Accepted Letter sent Accepted Letter sent	Phone call/Date/Contact  Information received  Phone call/Date/Contact  Information received	Space O Certification  Space P Statement of Gross Receipts
Accepted Letter sent Accepted Letter sent	Phone call/Date/Contact  Information received  Phone call/Date/Contact  Information received	Space O Certification  Space P Statement of Gross Receipts  Space Q Interest
Accepted Letter sent Accepted Letter sent Accepted	Phone call/Date/Contact  Information received Phone call/Date/Contact  Information received Phone call/Date/Contact	Space O Certification  Space P Statement of Gross Receipts  Space Q Interest