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

Α	ACC	OUNTING 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 are already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Hazel	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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#
Name	Zito Midwest LLC	8943
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Hazel	KY
Community	Puryear	КҮ
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1	TEM I
Name	Zito Midwest LLC	ADEL OTOTEM.						010	89
Е	SECONDARY TRANSMISSION In General: The information in s			-	-	/ transmission s	ervice of th	ne cable	
_	system, that is, the retransmission								
Secondary	about other services (including p	ay cable) in sp	ace F, no	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period						ala avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	-not the num	ber of set	s receiving serv	ice).		
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	•	,		ny standa		o within a p		
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o					a a muid a dhadaana	different fo		
	Block 2: If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	OCK 1			1		BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		20	15.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS		3				
Е	In General: Space F calls for rat	-				l your cable sys	tem's servi	ces that were	
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0.,		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		ha aabla		ah af tha a	undiantela annia	a a liata d		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	e was m	ade or establi					
	brief (two- or three-word) descrip	otion and includ	le the rat	e for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services			el, hotel	uentiai				
	Continuing Services:     Pay cable	16.50							
	• Pay cable	16.50	• Com	Imercial					
	-	16.50	• Com • Pay						
	Pay cable     Pay cable—add'l channel	16.50	• Pay		annel				
	Pay cable     Pay cable—add'l channel     Fire protection	16.50	• Pay • Pay	cable	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	16.50 	• Pay • Pay • Fire	cable cable-add'l ch	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay • Pay • Fire • Burg	cable cable-add'l ch protection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Pay • Pay • Fire • Burg Other s	cable cable-add'l ch protection lar protection	annel	30.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay • Pay • Fire • Burg Other so • Reco	cable cable-add'l ch protection lar protection <b>ervices:</b>	annel	30.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay • Pay • Fire • Burg <b>Other s</b> • Reco • Disc	cable cable-add'l ch protection lar protection <b>ervices:</b> onnect	annel	30.00			

counting Period: 2	-			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	<sup>-</sup> CABLE SYSTEM:		SYSTEM I 89
	Zito Midwest LLC PRIMARY TRANSMITTERS:			03
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, an <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	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	<i>bt</i> (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute the Special Statement and Program Lo ed both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPN re-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSBI	52	N	Oklahoma City OK
	WPSD	6	N	Paducah KY
	WBBJ	7	N	Jackson TN
	WBBJ	7.3	N	Jackson TN
	WKMU	21	E	Murray KY
	WQWQ	9		Paducah KY
	WGN	9		Chicago IL
	WGN	9		
Rows as Necessary				

ccounting Period:	2017/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Zito Midwest LLC			894
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations in	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting f	bt (1) stations carried only on a part-ti the carriage of certain network progra	me basis under ms [sections
Primary Transmitters: Television	substitute program basis, a <b>Substitute Basis Stations</b>	<ul> <li>e)(2) and (4), or 76.63 (referring to 76.0)</li> <li>s explained in the next paragraph.</li> <li>With respect to any distant stations of ules, regulations, or authorizations:</li> </ul>		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (		
	basis. For further information <b>Column 1:</b> List each station	on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	s, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
	of license. For example, W <b>Column 3:</b> Indicate in each	el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	station, an independent station, or a	noncommercial
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the locatio	"E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of	or "E-M" (for noncommercial educatic uctions in the paper SA1-2 form. If the community to which the station i	onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting F	Period: 2017	/1					FORM	/I SA1-2E. PAGE 4
		CABLE SY	/STEM:					SYSTEM ID
Zito Midwes	t LLC							894
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein t the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under of stem whenever it is received a wed 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	at 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 leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		0/0				0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Zito Midwest LLC						8943
	SUBSTITUTE CARRIAGI				3		
	In General: In space I, identi					ion that your cal	ble system carried on a
-	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pa	per SA1-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	
Program Log	broadcast by a distant sta	tion?					YES XNO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the	e program
	log in block 2.			·	•		
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS				
	In General: List each subst				wherever pos	sible, if their me	aning is
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") tha	t during the acc	counting
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love L	LUCY" Or
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			<b>a</b>
	the case of Mexican or Can			e community to which the			C or, in
				tem carried the substitute p			the month
	first. Example: for May 7 giv	/e "5/7."			-		
	Column 6: State the time to the nearest five minutes.			gram was carried by your o			
	stated as "6:00–6:30 p.m."	Example. a	i program cam	ed by a system norm 0.01.1	5 p.m. to 0.2	6.50 p.m. snoui	ube
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a was substituted for program						
	effect on October 19, 1976.		our system wa		FCC Tules a	nu regulations i	11
	, , ,						
	9	IIRSTITII	E PROGRAM	1		EN SUBSTITUT	
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то
						_	
						"	
						_	
						_	
						_	
						<u></u>	
						_	
						_	
						_	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	¥STEM ID# 8943
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 this 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.	mission servic s amount, see	e <b>1,829.51</b>
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 • 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 accounting period is \$52.00	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,	100)	
	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 \$527	7,600)	
	1. 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)	1,319.00	
	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 informat		hts!

Accounting Period:	2017/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito Midwes	F OWNER OF CABLE SYSTEM: t LLC	SYSTEM ID# 8943
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations eers, and (2) the cable system's total number of activated channels during the accounting period.	7 77
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	14-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915	
	<b>F</b> 1	(City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
0	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersig	gned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ow	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o	or
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste	em as identified
		in line 1 of space B and that the owner is not a corporation or partnership; or ificer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner	of the coble system
	<u> </u>	in line 1 of space B.	
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 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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ounting Period: 2017/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Midwest LLC	8943
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."         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.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?           X         NO           YES. Enter the total here and list the satellite carrier(s) below.         \$	
Name     Name       Mailing Address     Mailing Address	- - - - -
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
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         \$       52.00	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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
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         \$       52.00         x       1%	Q Interest Assessment
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
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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
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
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

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œ	Ca	ble rksheet	Total amount of remittance	Number of SAs rea	c'd	Initials
	VVO	rksneet	Date of remittance	Check EFT	F	ILING 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		<u>_</u>
	Ac	cepted		Phone call/Date/Contact		
Space D Area Served						
	Le	tter sent		Information received		
	Ac	cepted	C	Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	🗌 Le	tter sent	C	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	cepted		Phone call/Date/Contact		

	Carriage
Letter sent Information received	
Accepted Phone call/Date/Contact	
Letter sent	Space J Part-time Carriage Log (SA3 only)
Accepted Phone call/Date/Contact	Space K Gross Receipts
Letter sent	
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
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