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 COPYRIGH	Return completed workbook by email to:	
		DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
		2-26-25	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A AC	COUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	ſY/(Period))	

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Paraoda Data Filing Pariod (antional and instructional)
		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.
		1
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito West Holding 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
	INCT	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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 - Mt Pleasant Mills
	-	MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Ļ		

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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1b					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	Zito West Holding LLC	63836					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, dis 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 community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the iden						
Area Served	city.						
	CITY OR TOWN	STATE					
First	Chapman Twp, PA	PA					
Community	Perry Twp, PA	PA					
	Washington Twp, PA	PA					
Add Rows as Necessary	West Perry Twp, PA	PA					

	·						FORM SA1		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	Zito West Holding LLC							638	
E	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								
Secondary Transmission Service: Sub- scribers and Rates	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	- 1			BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB			TEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential: • Service to first set • Service to additional set(s)		27	36.22					
	• FM radio (if separate rate) Motel, hotel								
	Commercial							[
	Converter								
	 Residential Non-residential 								
F Services Other Than Secondary ransmissions: 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.								
	CATEGORY OF SERVICE	BLO RATE		OF SERVICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT	
	Continuing Services:			Non-residential		JAIL O			
	• Pay cable		• Motel, ho	tel					
	 Pay cable—add'l channel 		Commerce	cial				ļ	
	. aj casio adai chamier		 Pay cable)				1	
	Fire protection		1 _						
	Fire protection Burglar protection		-	e-add'l channel					
	Fire protection Burglar protection Installation: Residential	20.00	• Fire prote	ection					
	Fire protection Burglar protection Installation: Residential First set	30.00	• Fire prote • Burglar p	ection rotection					
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	30.00 20.00	• Fire prote • Burglar p Other servic	ection rotection es:	30.00				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire prote • Burglar p Other servic • Reconne	ection rotection es: ct	30.00				
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire prote • Burglar p Other servic	ection rotection es: ct ct	30.00				

ting Period: 2	2024/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O			SYSTEM ID				
	Zito West Holding LL			6383				
G rimary ismitters: levision	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 a							
	For the meaning of these te Column 4: Give the location	 2. B'CAST CHANNEL NUMBER 	tions in the paper SA1-2 form. he community to which the station i	s licensed by the				
	WNEP	16.1	N	Scranton PA				
	WVIA	44	E	Scranton PA				
cessary	WBRE	28.1	<u>N</u>	Scranton PA				
	WYOU	22.1	N	Scranton PA				
	WOLF	56.1	N	Scranton PA				

I SA1-2E. PAGE	FORM					2	eriod: 2024/	Accounting P
SYSTEM I 638					STEM:	ABLE SY		LEGAL NAME OF Zito West Ho
H Primary Transmitters: Radio	nal is generally be expected, ated intervals.	g period. FM sign) it can t ertain sta	the accounting egulations, an eadend, and (2 enna, during ce	e system during opyright Office r the system's he vstem's FM ante	rried on a separate and discre- nerally receivable by your cabl -Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t	tation ca were ger ming All / the sys be receiv t the Co	t every radio s whose signals tions Concer it is carried by monitoring, to prmation abou m.	all-band basis w Special Instruct ecceivable if (1) on the basis of For detailed info paper SA1-2 for
	the case of		sed by the FC	station is licens station is identifi	each station carried. n is AM or FM. nal was electronically processo mark in the "S/D" column. on (the community to which th the community with which the	he station ion's sigr a check n's location	tate whether t the radio stati this by placing tive the station	Column 2: S Column 3: If signal, indicate Column 4: G Mexican or Can
	LOCATION OF STATION	S/D	AM or FM	CALL SIGN	LOCATION OF STATION	S/D	AM or FM	CALL SIGN

Accounting Perio	d: 2024/2						FORM	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		ΓEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						63836
1	SUBSTITUTE CARRIAGE	-	-					
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	 During the accounting per 	iod, did you	ır cable systen	n carry, on a substitute ba	asis, any nonr	etwork televisi	on prograi	m
Statement and Program Log	broadcast by a distant stat	ion?					YES	× NO
r rogram Eog	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer i	e "Vee " vou r			-
	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 subs			ate line. Use abbreviation	s wherever p	ossible, if their	meaning i	s
	clear. If you need more spa							
	column 1: Give the title period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ge	eneral instruct	ions for further	informatio	on.
	Do not use general categor		vies" or "bask	etball." List specific progra	am titles, for e	example, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs.		deast live ente	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (t	he community to which th	e station is lie		CC or, in	
	the case of Mexican or Car			community with which the stem carried the substitute			ith the mo	nth
	first. Example: for May 7 giv		when your sys		e program. O	se numerais, w		iiui
	Column 6: State the time	es when the		ogram was carried by you				ely
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:0	1:15 p.m. to 6	:28:30 p.m. sho	ould be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	listed program	n was substituted for prog	ramming that	vour svstem w	as require	ed
	to delete under FCC rules a	and regulati	ons in effect d	uring the accounting perio	od; enter the l	etter "P" if the I	isted prog	
	was substituted for program		our system wa	as permitted to delete und	der FCC rules	and regulation	s in	
	effect on October 19, 1976							
					WH	EN SUBSTITU	TE	
	S	UBSTITUT	E PROGRAM		CARF	AGE OCCUR		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH			DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						<u></u>		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63836
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	2,249.84 ss 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 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 accounting period is \$52.00	s 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		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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	,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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		s!
l			

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	INER OF CABLE SYSTEM:			SYSTEM ID# 63836
M Channels	to its subscribers1. Enter the total system carried2. Enter the total on which the c	and (2) the cable system's total num number of channels on which the cat television broadcast stations		ccounting period.	5 83
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFO pout this statement of account.)	DRMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Teri McMullen		Telephone 814-2	60-0434
	Address	PO Box 665 Number, street, rural route, apartment, or su Coudersport PA 16915 City, town, state, zip)	ite number)		
	Email	teri.mcmullen@zitomed	ia.com	Fax (optional	
O Certification	I, the undersigned (Owner (Agent i X (Office i · I have examined t	hereby certify that (Check one, <i>but onl</i> , other than corporation or partnership of owner other than corporation or part line 1 of space B and that the owner is or partner) I am an officer (if a corpora- line 1 of space B. me statement of account and hereby deco , and correct to the best of my knowledge	 p) I am the owner of the cable system as artnership) I am the duly authorized ager 	identified in line 1 of space B; or it of the owner of the cable system as ic legal entity identified as owner of the ca nts of fact contained herein	
		Enter sig Typed or printed name: Title: Presi d	/s/James Rigas electronic signature on the line above to mature using an "/s/ signature" (e.g., /s/ J James Rigas		

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	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II 6383
West Holding LLC	6303
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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 Exclusior
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.	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	Q Interest Assessmen
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 Assessmer
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Cable Worksheet		ble rksheet	Total amount of remittance	c'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					
	🗌 Janu	ary 1 - June 30, 2017	[July 1 - December 31, 2017	
	Lette	er sent	[Information received	
	Acce	pted		Phone call/Date/Contact	
Space B Owner					
	Lette	er sent	[Information received	
	Acce	epted		Phone call/Date/Contact	
Space D Area Served					
	Lette	er sent	Γ	Information received	
	Acce	epted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Lette	er sent		Information received	
and Rates	Acce	epted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Acce	pted	Γ	Phone call/Date/Contact	

		Space I Substitute 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	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	