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 OF					
TOR OUT TRIOTITION	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 Idaho 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 salready 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 - Mountain Home
		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 fling, a determination that would be made by a court of law.

	LEGAL MANE OF OWNER OF CARLE OVERTIME	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito Idaho LLC	49
	Instructions: List each separate community served by the cable system. A "com	
D	"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 filing	
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	Mountain Home	ID
Community	Mountain Home Air Force Base	ID
	Elmore County	ID
Rows as Necessary		
nows as inecessary		

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Idaho LLC

4907

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	669	22.42			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	16.50	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4907

Zito Idaho 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
KBOI	2.1	N	Boise ID
KBOI	2.3	N	Boise ID
KBOI	2.2		Boise ID
KAID	4.1	E	Boise ID
KAID	4.4	E	Boise ID
KAID	4.2	E	Boise ID
KISU	12	E	Moscow ID
KIVI	6.1	N	Nampa ID
KIVI	6.2	N	Nampa ID
KIVI	6.3	<u>l</u>	Nampa ID
KTVB	7.1	N	Boise ID
KTVB	7.2	N	Boise ID
KTVB	7.3	N	Boise ID
KNIN	9.1	N	Caldwell ID
KNIN	9.2	N	Caldwell ID
KTRV	12.1	<u>l</u>	Nampa ID
KTRV	12.3	<u>l</u>	Nampa ID
KTRV	12.2	<u>l</u>	Nampa ID
WGN	9	<u>l</u>	Chicago IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Idaho LLC 4907

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							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#
	Zito Idaho LLC							4907
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT	y every nor counting peng that mus	nnetwork televis eriod, under spe et be included in	sion program, broadcast be ecific present and former F this log, see page (v) of t	oy a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further
Special Statement and	During the accounting peri-	od, did you	r cable system	carry, on a substitute ba	isis, any nonne	twork televi	sion program	1
Program Log	broadcast by a distant stat	ion?					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 complet	e the prograr	n
	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 PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that your system was permitted to delete under FCC rules and reg							
	WHEN SUBSTITUTE							
	SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REAS					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. FROM	TIMES — TO	DELETION
		100 0. 110	07.22 01011		7.1.1.2 57.1.		_	
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2017/1				A1-2E. PAGE
LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Idaho LLC			5	YSTEM ID 490
all amounts (gross receipts) paid to your cable system by sul (as identified in space E) during the accounting period. For a page (vii) of the general instructions located in the paper SA' Gross receipts from subscribers for secondary transmiss during the accounting period.	oscribers for the syster further explanation of 1-2 form. sion service(s)	n's secondary tran how to compute th	ismission servicilis amount, see	2,395.85
 Use block 2 if the amount of gross receipts in space K is mor Use block 3 if the amount of gross receipts in space K is mor 	re than \$137,100 but le re than \$263,800 but le	ess than \$527,600	o \$263,800	
BLOCK 1: GROSS REC	EIPTS OF \$137,100	OR LESS		
accounting period is \$52.00	, ,		or this six-month	
. ,				0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING	PERIOD Add lines 1 a	and 2		
			-	
Base amount under statutory formula	<u>\$</u>	263,800.00		
2. Enter amount of gross receipts from space K		152,395.85	_	
3. Subtract line 2 from line 1	\$	111,404.15	_	
4. Enter the amount of gross receipts from space K		\$	152,395.85	
5. Enter the amount from line 3		\$	111,404.15	
6. Subtract line 5 from line 4		\$	40,991.70	
7. Multiply line 6 by .005 (enter figure here)			\$	204.96
8. Interest charge. Enter the amount from line 4, space Q, page	8		. \$	0.52
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER	RIOD. Add lines 7 and 8		\$	205.48
BLOCK 3: GROSS RECEIPTS OF MC	RE THAN \$263,800 ((but less than \$52	27,600)	
Enter the amount of gross receipts from space K	<u> </u>			
Base amount under statutory formula	\$	263,800.00	_	
3. Subtract line 2 from line 1	<u></u>		<u> </u>	
4. Multiply line 3 by .01				
5. Royalty due on the first \$263,800 of gross receipts (under sta	tutory 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 PER	RIOD. Add lines 4, 5, and	d 6		
FILING FEE AND TOTAL RE	MITTANCE DUE			
4 Pauglity Fan Pauglity fan Angereit as Paried (fan St. 1997)	2 ahawa)	¢	205.40	
2. Filling Fee (See the instructions for more information on filling	ree carculations)	<u>Þ</u>	20.00	1
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add	lines 2 and 3		\$	225.48
Important: Your remittance must be in the form of ar	n electronic payment p n the paper SA1-2 forn	ayable to the Reg	ister of Copyrig	jhts!
	GROSS RECEIPTS Instructions: The figure you give in this space determines the all amounts (gross receipts) paid to your cable system by suit (as identified in space E) during the accounting period. MRORTANT: You must complete a statement in space P complete in the paper SA's Gross receipts from subscribers for secondary transmist during the accounting period. MRORTANT: You must complete a statement in space P complete in the paper SA's Gross receipts from subscribers for secondary transmist during the accounting period. MRORTANT: You must complete a statement in space K is more complete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is smore See page (vi) of the general instructions located in the paper SA1. BLOCK 1: GROSS RECEINSTRUCTIONS (STEPP) (STEP	Zito Idaho LLC	Zito Idaho LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay, 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 it page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission exercise(s) during the accounting period. MIPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete 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 \$253,800 but less than 6257,600 See page (vi) of the amount of gross receipts in space K is more than \$253,800 but less than \$257,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 in line 2. Interest charge. Enter the amount from line 4, space Q, page 8. 1. Enter the amount of gross receipts from space K. \$ 152,395.85 3. Subtract line 2 from line 1. \$ 263,800.00 2. Enter amount of gross receipts from space K. \$ 5. 5. Enter the amount from line 4. \$ 263,800.00 1. Enter the amount from line 4. space Q, page 8. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52,000 to the space of the path of the path of the path of the path of the pat	Copyright Product Copy

Accounting Period:	2017/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM:	SYSTEM ID# 4907
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. all number of channels on which the cable ditelevision broadcast stations. all number of activated channels cable system carried television broadcast stations cast services.	19 273
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Telephone 814-26	60-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
	Liliali	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	In (This statement of account must be certified and signed in accordance with Copyright Office regulations) In the defendence of the cable system as identified in line 1 of space B; or In the of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or In the of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or In the owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or In the owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or In the owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or In the owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or In the owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or In the owner of the cable system as identified in line 1 of space B; or In the owner of the cable system as identified in line 1 of space B; or In the owner of the cable system as identified in line 1 of space B; or In the owner of the cable system as identified in line 1 of space B; or In the owner of the cable system as identified in line 1 of space B; or In the owner of the cable system as identified in line 1 of space B; or In the owner of the cable system as identified in line 1 of space B; or In the owner of	
		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)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2017/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
to Idaho LLC	4907
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."	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 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 Mailing Address Name 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	2.05
x 93 d	lavs
	90.61
x 0.00274	
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	0.52
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	е
** 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.	е
Owner	
Address	
ID number	
First community served Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

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
			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
_ _	<u>_</u>	Space O
_ _	<u>_</u>	
_ _	<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