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

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	7145
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Missouri-Kansas 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)	
	INICIT		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is a lready appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Marshall MAILING ADDRESS OF CABLE SYSTEM:	
		MAILING ADDRESS OF CADLE STSTEM.	
	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 suffciency of the fing, a determination that would be made by a court of law.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Zito Missouri-Kansas LLC 71						
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: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 known as the "first 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						
Area Served	identified city.						
	CITY OR TOWN	STATE					
First	Marshall	MO					
Community							
Add Rows as Necessary							

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Zito Missouri-Kansas LLC								714	
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in si system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the ni separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or Do blocks in space (transmission umber of billing ice at the rate i harged for eacl (Example: "\$2 ounts allowed	cover a and rad ace F, r ecembe ce E cal service. s in tha ndicated h catego 20/mth") for adva	Il categories of lio broadcasts I not here. All the r 31, as the cas I for the numbe In general, you t category (the d—not the num ory of service. I . Summarize an ince payment.	secondary by your sy facts you se may be r of subsc u can com number of ber of set nclude bo ny standar	stem to subscri state must be). ribers to the ca pute the number f persons or org s receiving serv th the amount or d rate variation	bers. Give those exist ble system er of subsci ganizations rice). of the charg s within a p	information ing on the , broken ribers in charged ge and the particular rate		
	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 Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	to their subsci Where an inc should be cour ble service to a nce again und nas rate catego ers of services nd rates, in the	ribers. C dividual additiona er "Serv ories for that inc	Sive the numbe or organization a subscriber in al sets would be ice to additional secondary translude one or mo	r of subsc is receiving each appl e included al set(s)." asmission ore second	ribers and rate ng service that icable category in the count ur service that are dary transmission	for each lis falls under . Example: ader "Servio e different fi pons), list the ion of the s	eted category different a residential ce to the rom those em, together service is		
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATI	
	Residential: • Service to first set		952	26.23						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial Converter									
	Residential									
	Non-residential									
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) description	e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ns: you ished to usually ne cable stem fur e was n	mation with res not offered in c do not need to p nonsubscribe billed. If any ra e system for ea nished or offeren nade or establis	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco nformation con formation shou arged on a vari applicable servi he accounting	ondary tran cerning (1) ld include t able per-pr ces listed. period that	smission services both the rogram basis, were not		
		BLOO						BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATI	
	Continuing Services: Pay cable	16.50		ation: Non-resi tel, hotel	idential					
	• Pay cable—add'l channel			nmercial						
	• Fire protection			/ cable					1	
	•Burglar protection		• Pay	/ cable-add'l ch	annel					
	Installation: Residential		• Fire	e protection						
	First set	50.00		glar protection						
	Additional set(s)			services:						
	• FM radio (if separate rate)			connect		30.00				
	Converter			connect		20.00				
			• Out	let relocation		30.00				
				ve to new addre	ess	30.00				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM				
Name	Zito Missouri-Kansas LLC							
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here, station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations on's call sign. <i>Do not</i> report origination of with a station according to its over-th	of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a subs the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPI ue-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a la (for network multicast), "I" (for independent or "E-M" (for noncommercial education puctions in the paper SA1-2 form. at 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				
	КРХЕ	50	I	Kansas City MO				
	KPXE	50.1	I	Kansas City MO				
	WDAF	4	Ν	Kansas City MO				
	WDAF	4.1	Ν	Kansas City MO				
	WDAF	4.2	I	Kansas City MO				
	ксти	5	N	Kansas City MO				
	ксти	5.1	Ν	Kansas City MO				
	КМСІ	38.1	I	Lawrence KS				
	KMCI	38.2	l	Lawrence KS				
dd Rows as Necessary	КМСІ	38.3	l	Lawrence KS				
	КСРТ	19	E	Kansas City MO				
	КСРТ	19.1	E	Kansas City MO				
	КСРТ	19.2	E	Kansas City MO				
	КМВС	9	Ν	Kansas City MO				
	КМВС	9.1	N	Kansas City MO				
	КМВС	9.2	I	Kansas City MO				
			I					
	KSMO	62						
	KSMO KSMO	62 62.1		Kansas City MO Kansas City MO				
	кѕмо	62.1	I	Kansas City MO				
		62.1 41		Kansas City MO Kansas City MO				
	KSMO KSHB KSHB	62.1 41 41.1	I N	Kansas City MO Kansas City MO Kansas City MO				
	KSMO KSHB	62.1 41	I N N	Kansas City MO Kansas City MO				
	KSMO KSHB KSHB KCWE	62.1 41 41.1 29	I N N I E	Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO				
	KSMO KSHB KSHB KCWE KMOS	62.1 41 41.1 29 6	I N N I	Kansas City MO Kansas City MO Kansas City MO Kansas City MO				

	2017/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Zito Missouri-Kansas	LLC		714
-	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	m during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(6 substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph.	the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	ons carried on a
	basis under specific FCC ru	ules, regulations, or authorizations: e in space G—but do list it in space I (the Special Statement and Program Lo	
	• List the station here, and	also in space I, if the station was carrie	ed both on a substitute basis and also , see page (v) of the general instructio	
		d with a station according to its over-th	program services such as HBO, ESPN e-air designation. For example, report	
	Column 2: Give the channel of license. For example, W	el number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	evision station for broadcasting over th station, an independent station, or a r	
	educational station, by enter	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	ndent), "I-M"
	For the meaning of these te	erms, see page (iv) of the general insti	uctions in the paper SA1-2 form.	,
			t the community to which the station is the community with which the station is	
		dian stations, if any, give the name of		s actuated.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OI			YSTEM:					SYSTEM I 71
	t every radio s	station ca	arried on a separate and disc					н
all-band basis whose signals were generally receivable by your cable system during the accounting period. 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. 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	
		5,5		O, LE OION	, OF F W	5,0		
							1	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Missouri-Kansas I	LLC						7145
	SUBSTITUTE CARRIAGE				G			
I I	In General: In space I, identi				-	ion that you	cabla sveta	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT				- J			
Special	During the accounting period					twork tolovia	ion program	
Statement and		-	i cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ust complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa							
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							1.
	"NBA Basketball: 76ers vs.					ap.o,o		
	Column 2: If the program	n was broad	dcast live, enter	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
				e community to which the			FCC or, in	
	the case of Mexican or Can			tem carried the substitute			with the mor	oth
	first. Example: for May 7 giv		when your sys		piogram. Use	numerais, v		101
			e substitute pro	gram was carried by your	cable system.	List the time	es accurate	lv
	to the nearest five minutes.							5
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			ina regulatio	113 111	
								1
					WHE	IN SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCI	JRRED	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 -	IMES – TO	DELETION
		100 01110	O, LEE OTOIN			TROM	10	
							_	
						-	_	
						_	_	
							_	
							_	
						-	_	
						-	_	
							_	
					·			

Accounting Period:	2017/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
	Zito Missouri-Kansas LLC				7145
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	system's s ion of how	secondary trans to compute this	mission servi s amount, see \$ 27	се
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 t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-month	1
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)	
	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	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	277,181.16		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	13,381.16		
	4. Multiply line 3 by .01		\$	133.81	
	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		\$	3.70	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .		\$	1,456.51
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,456.51	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,476.51
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2017/1		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: ri-Kansas LLC	SYSTEM ID 7145
M Channels	to its subscrib	: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	26
	on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	223
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 814-2	260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915	
	Email	(City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
0	CERTIFICATIO	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification		gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
		ent 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	
	 I have exami are true, comp 	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. cction 1001(1986)]	e cable system
		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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unting Period: 2017/1	SYSTEM				FORM SA1-2E. PAGE
Missouri-Kansas LLC	STOTEM.				714
The Satellite Home Viewer A lowing sentence: "In determining the to service of providing s scribers and amounts	CONCERNING GROSS RECEIPTS ct of 1988 amended Title 17, section 111(d tal number of subscribers and the gross am econdary transmissions of primary broadca collected from subscribers receiving secon n to exclude these amounts, see the note c)(1)(A), of the Cop nounts paid to the st transmitters, the idary transmission	oyright Act by addi cable system for the e system shall not as pursuant to sect	ne basic include sub- ion 119."	P Special Statement Concerning Gross Receipts Exclusion
	, did the cable system exclude any amount	s of gross receipts	s for secondary tra	nsmissions	
YES. Enter the total here	and list the satellite carrier(s) below				
Name	Nam Maili	eng Address			
INTEREST ASSESSME					
For an explanation of interes	sheet for those royalty payments submitted t assessment, see page (viii) of the general	instructions locat	ed in the paper SA	1-2 form.	Q
For an explanation of interes		instructions locat	ed in the paper SA	1-2 form. 1,452.81	Q Interest Assessmen
For an explanation of interes	t assessment, see page (viii) of the general ate payment or underpayment	instructions locat	ed in the paper SA \$ x	1-2 form. 1,452.81 1%	Q Interest Assessmen
For an explanation of interes	t assessment, see page (viii) of the general	instructions locat	ed in the paper SA \$ x	1-2 form. 1,452.81 1% 14.53	Q Interest Assessmer
For an explanation of interes Line 1 Enter the amount of Line 2 Multiply line 1 by the	t assessment, see page (viii) of the general ate payment or underpayment	instructions locat	ed in the paper SA	1-2 form. 1,452.81 1% 14.53	Q Interest Assessmen
For an explanation of interes Line 1 Enter the amount of Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.00	t assessment, see page (viii) of the general ate payment or underpayment	instructions locat	ed in the paper SA \$	1-2 form. 1,452.81 1% 14.53 93 days 1,351.11 00274 3.70	Q Interest Assessmen
For an explanation of interest Line 1 Enter the amount of 1 Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.00 in space L, (page 6) the * To view the interest rate	t assessment, see page (viii) of the general ate payment or underpayment	instructions locat	ed in the paper SA \$ x x x x x x x x x x x x x x x x x x	1-2 form. 1,452.81 1% 14.53 93 days 1,351.11 00274 3.70 st charge)	Q Interest Assessmen
For an explanation of interest Line 1 Enter the amount of 1 Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.00 in space L, (page 6) the * To view the interest rate contact the Licensing D	t assessment, see page (viii) of the general ate payment or underpayment	instructions locat	ed in the paper SA	1-2 form. 1,452.81 1% 14.53 93 days 1,351.11 00274 3.70 st charge)	Q Interest Assessmen
For an explanation of interest Line 1 Enter the amount of 1 Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.00 in space L, (page 6) the * To view the interest rate contact the Licensing D ** This is the decimal equ NOTE: If you are filing this w	t assessment, see page (viii) of the general ate payment or underpayment	instructions locat	ed in the paper SA	1-2 form. 1,452.81 1% 14.53 93 days 1,351.11 00274 3.70 ance please ffice, please	Q Interest Assessme
For an explanation of interest Line 1 Enter the amount of 1 Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.00 in space L, (page 6) the * To view the interest rate contact the Licensing D ** This is the decimal equ NOTE: If you are filing this w	t assessment, see page (viii) of the general ate payment or underpayment	instructions locat	ed in the paper SA	1-2 form. 1,452.81 1% 14.53 93 days 1,351.11 00274 3.70 ance please ffice, please	Q Interest Assessment
For an explanation of interest Line 1 Enter the amount of 1 Line 2 Multiply line 1 by the Line 3 Multiply line 2 by the Line 4 Multiply line 3 by 0.00 in space L, (page 6) the * To view the interest rate contact the Licensing D ** This is the decimal equ NOTE: If you are filing this w list below the owner, address	t assessment, see page (viii) of the general ate payment or underpayment	instructions locat	ed in the paper SA	1-2 form. 1,452.81 1% 14.53 93 days 1,351.11 00274 3.70 ance please ffice, please	Q Interest Assessment
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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.

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	Information received	
Letter sent	Phone call/Date/Contact	
	<u></u>	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	
Letter sent	Information received Phone call/Date/Contact	
		Channels Space O
Accepted	Phone call/Date/Contact	Channels Space O
Accepted Letter sent	Phone call/Date/Contact Information received	Channels Space O
Accepted Letter sent	Phone call/Date/Contact Information received	Channels Channels Space O Certification Space P Statement of
Accepted	Phone call/Date/Contact Information received Phone call/Date/Contact	Channels Channels Space O Certification Space P Statement of
Accepted Accepted Accepted Accepted Letter sent Accepted Letter sent Letter sent		Channels Channels Space O Certification Space P Statement of
Accepted Accepted Accepted Accepted Letter sent Accepted Letter sent Letter sent		Channels Cha