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: Tel: (202) 707-8150 2-26-25 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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 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 (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 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		IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Bayfield CO
		MAILING ADDRESS OF CABLE SYSTEM:
	_	
	2	(Number, street, rural route, apartment, or sulte 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 NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	Zito West Holding LLC	63771
	Instructions: List each separate community served by the cable system. A "com	
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	Bayfield	СО
Community	La Plata County	<u> </u>
	Ignacio	СО
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	TEM IC	
Name	Zito West Holding LLC								
E Secondary Transmission Service: Sub- scribers 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								
	that applies to your system. Note categories, that person or entity subscriber who pays extra for cal first set" and would be counted o Block 2: If your cable system f printed in block 1 (for example, ti	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							
	BLC	DCK 1				BLOC	٢2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		ATE C	CATEGORY OF SE		NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCRIB			CATEGORT OF SE	RVICE	SUBSCRIBERS	RAI	
	Service to first set		7	20.50					
	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 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.								
		BLO	CK 1				BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY		RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:			Non-residentia	al				
	Pay cable Pay cable add'l channel		 Motel, ho Commerce 						
	Pay cable—add'l channel Fire protection		-						
			Pay cable	e-add'l channel					
	Fire protection Burglar protection								
	•Burglar protection		-						
	•Burglar protection Installation: Residential	30.00	• Fire prote	ction					
	•Burglar protection Installation: Residential • First set	30.00	• Fire prote • Burglar pi	ction rotection					
	•Burglar protection Installation: Residential • First set • Additional set(s)	30.00 20.00	• Fire prote	rotection rotection es:	30.00				
	•Burglar protection Installation: Residential • First set		 Fire prote Burglar prote Other servic 	ection rotection es: ct	30.00				
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire prote • Burglar pr Other servic • Reconned	rction rotection es: ct ct	30.00				

lomo	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM						
Name	Zito West Holding LL	.C		637						
	PRIMARY TRANSMITTERS: TELEVISION									
G smitters: evision	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 her 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 chanr of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried l on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	1) stations carried only on a part-tin e carriage of certain network program (e)(2) and (4))]; and (2) certain stati rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also bee page (v) of the general instruction ogram services such as HBO, ESPI air designation. For example, report ision station for broadcasting over t tation, an independent station, or a or network multicast), "I" (for indepe "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station i	ne basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt 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						
	KCNC	4.1	Ν	Denver, CO						
	KCNC KDVR	4.1 31.1	<u>N</u>	Denver, CO Denver, CO						
cessary				Denver, CO						
cessary	KDVR	31.1	N	Denver, CO Denver, CO						
essary	KDVR KMGH	31.1 7.1	N N	Denver, CO						
ssary	KDVR KMGH KRMA	31.1 7.1 6.1	N N E	Denver, CO Denver, CO Denver, CO						
ecessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
Vecessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
. Necessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
as Necessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
is Necessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
s Necessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
: Necessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
Necessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
: Necessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
ıs Necessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
ıs Necessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						
IS Necessary	KDVR KMGH KRMA KUSA	31.1 7.1 6.1 9.1	N N E	Denver, CO Denver, CO Denver, CO Denver, CO						

Accounting P	eriod: 2024	/2						FORM	I SA1-2E. PAGE 4
LEGAL NAME OF			YSTEM:						SYSTEM ID#
Zito west ho									6377
	t every radio s	station ca	rried on a separate and disc nerally receivable by your cal						н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. Intertify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the statio ion's sign g a chech n's location	Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which the	at sy th se	the system's he ystem's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the g ystem as a se sed by the FC0) it can l ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	s, if any,	the community with which the			ea). AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AIVI OF FIVI	5/0	LOCATION OF STATION	F	GALL SIGN	AIVI OF FIM	5/D	LOCATION OF STATION	
		<u> </u>							
		+							
		<u>+</u>							
				-					
		<u>+</u>							
				-					
		+							
		+							
		+							
								·	
				-					
		+							
		+							
		<u> </u>							

Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.		
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	Zito West Holding LLC	;						63771		
		005014								
	SUBSTITUTE CARRIAGE									
•	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant station?									
	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		MS							
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if the	ir meaning is	5		
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.						
				sion program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor									
	"NBA Basketball: 76ers vs.			<i>"</i>						
				"Yes." Otherwise enter "N sting the substitute progra						
				e community to which the		nsed by the	e FCC or, in			
	the case of Mexican or Can									
		•	when your syst	em carried the substitute	program. Use	numerals,	with the mor	hth		
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable system	I ist the tin	nes accurate	lv		
	to the nearest five minutes.							.,		
	stated as "6:00–6:30 p.m."	"D" : (1)								
	to delete under FCC rules a			was substituted for progra						
	was substituted for program									
	effect on October 19, 1976.					•				
	s	UBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
							_			
							_			
		T					_			
		+						+		
		+					_	+		
		<u> </u>					_			
		<u></u>					_			
							_			
							_			
		+								
		+					_			
		+					_			
		<u></u>					_			
							_			
		+								
		+								
		+								
		<u> </u>					_			
							-			
		1					_			
		+								
		+								
							_			
							_			

Accounting Period:	2024/2	FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC		8YSTEM ID# 63771
K Gross Receipts	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 tra (as identified in space E) during the accounting period. For a further explanation of how to compute to 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.	Insmission service his amount, see	
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 • 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.		
	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 accounting period is \$52.00	for 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		0.00
	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 \$	137,100)	
	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	· · · · · <u>· · · · · · · · · · · · · · </u>	
	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 \$ 263,800	.00	
	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	<u>-</u>
	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)	52.00	-
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	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the F See page i of the general instructions in the paper SA1-2 form for more info		ghts!

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito West Ho	OWNER OF CABLE SYSTEM: ding LLC	SYSTEM ID# 63771
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which th	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ied television broadcast stations	6 52
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at 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	
	Email	(City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional	
	CERTIFICATION	I (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification		ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	or.
		nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	
	 I have examine are true, comp 	icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. ed 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)]	of the 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: 02/27/2025	

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 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 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.

AL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 8
	SYSTEM ID
West Holding LLC	6377 [,]
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. 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	P Special Statement Concerning Gross Receipts Exclusion
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here -	
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - days	
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here -	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% x days Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 \$	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x - 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 - - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - * 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. For further assistance	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x days Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x x Line 4 Multiply line 3 by 0.00274** and enter here x x x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please - * To view the interest rate chart click on www.copyright.gov/licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x	

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 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 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.

C	Cable Worksheet		Total amount of remittance	Number of SAs rec'o	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							
	🗆 Janua	ary 1 - June 30, 2017		July 1 - December 31, 2017			
		rsent		Information received			
		oted		Phone call/Date/Contact			
Space B Owner							
	□ Letter	rsent		Information received			
		oted	Phone call/Date/Contact				
Space D Area Served							
	□ Letter	rsent		Information received			
		oted		Phone call/Date/Contact			
Space E Secondary Transission							
Service Subscribers:	Letter	rsent		Information received			
and Rates		oted		Phone call/Date/Contact			
Space G Primary Transmitters:							
Television	Letter	rsent		Information received			
		oted		Phone call/Date/Contact			
Space H Primary Transmitters:							
Radio		oted	C	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 Fee
□ 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	