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 OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2-26-25	\$					
	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))
		2024/2 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 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 - Juniata
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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

		FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM			
	Zito West Holding LLC	638			
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.				
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home city.	e parks should be reported in parentheses below the identifi			
		STATE			
First	Bloomfield Borough, PA	PA			
Community	Bratton Twp, PA	PA			
	Burnham Borough, PA	PA			
ld Rows as Necessary	Centre Twp, PA	PA			
	Delaware Twp, PA	PA			
	Derry Twp, PA	PA			
	Fayette Twp, PA	PA			
	Fermanagh Twp, PA	PA			
	Granville Twp, PA	PA			
	Ickesburg/Saville Twp, PA	PA			
	Lewistown Borough, PA	PA			
	Mifflin Borough	PA			
	Mifflintown Borough PA	PA			
	Milford Twp, PA	PA			
	Monroe TWP PA	PA			
	Nittany PA	PA			
	Port Royal Borough, PA	PA			
	Saville Twp, PA	PA			
	Susquehana Twp, PA	PA			
	Thompsontown Borough, PA	PA			
	Turbett Twp	PA			
	Tuscarora Twp, PA	PA			
	Walker Twp, PA	PA			
	r				

	1						FORM SA		
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					SYS		
	Zito West Holding LLC							638	
E		pace E should on of television	cover all categori and radio broadc	es of secondary asts by your sys	stem to subscrib	ers. Give i	nformation		
Secondary Iransmission Service: Sub- scribers and Rates	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). <b>Number of Subscribers:</b> 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). <b>Rate:</b> 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. <b>Block 1:</b> 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. <b>Note:</b> 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)." <b>Block 2:</b> 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.								
	BLO	OCK 1	-			BLOCI		1	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential: • Service to first set • Service to additional set(s)		300 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.								
		BLO					BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF Installation: No	-	RATE	CATEG	ORY OF SERVICE	RAT	
	• Pay cable		• Motel, hotel						
	• Pay cable—add'l channel		Commercial						
	Fire protection		Pay cable						
	Duralar protection		<ul> <li>Pay cable-ad</li> </ul>						
	•Burglar protection		1						
	Installation: Residential		Fire protection					-	
	Installation: Residential  • First set	30.00	• Burglar prote						
	Installation: Residential • First set • Additional set(s)	30.00 20.00	• Burglar prote Other services:		30.00				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar prote Other services: • Reconnect		30.00				
	Installation: Residential • First set • Additional set(s)		• Burglar prote Other services:	ction	30.00				

				FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER C			SYSTEM ID				
	Zito West Holding LL			63839				
G rimary ismitters: levision	<ul> <li>PRIMARY TRANSMITTERS: TELEVISION</li> <li>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, <i>except</i> (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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis periof. FCC rules, regulations, or authorizations:</li> <li>• Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>• List the station here, and also in space I, if the stations, see page (v) of the general instructions.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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 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.</li> <li>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, "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (w) of the general instructions in the station is licensed by the FCC. For Mexican or Canadian stations, ji</li></ul>							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WGAL	8.1	N	Harrisburg, PA				
	WHP	21.1	Ν	Harrisburg, PA				
3 Necessary	WHP WHTM	21.1 27.1	N N	Harrisburg, PA Harrisburg, PA				
Necessary				Harrisburg, PA Harrisburg, PA Harrisburg, PA				
Necessary	whtm	27.1	N N	Harrisburg, PA				
ecessary	WHTM WPMT	27.1 43.1	N	Harrisburg, PA Harrisburg, PA				
Necessary	WHTM WPMT WPSU	27.1 43.1 3.1	N N E	Harrisburg, PA Harrisburg, PA Clearfield, PA				
as Necessary	WHTM WPMT WPSU	27.1 43.1 3.1	N N E	Harrisburg, PA Harrisburg, PA Clearfield, PA				
<i>u</i> s as Necessary	WHTM WPMT WPSU	27.1 43.1 3.1	N N E	Harrisburg, PA Harrisburg, PA Clearfield, PA				
vs as Necessary	WHTM WPMT WPSU	27.1 43.1 3.1	N N E	Harrisburg, PA Harrisburg, PA Clearfield, PA				
s as Necessary	WHTM WPMT WPSU	27.1 43.1 3.1	N N E	Harrisburg, PA Harrisburg, PA Clearfield, 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 b ertain sta	the accounting egulations, an adend, and (2 enna, during ce	e system during opyright Office ro the system's he vstem's FM ante	rried on a separate and discre- nerally receivable by your cabl - <b>Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried.	tation ca were ger ming All / the sys be receir 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
			sed by the FC	station is licens	n is AM or FM. nal was electronically processe mark in the "S/D" column. on (the community to which the the community with which the	he statio ion's sigr a check a's locatio	tate whether t the radio stati this by placing tive the station	Column 2: S Column 3: If signal, indicate Column 4: G
	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					I	FORM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		ΓEM:				SYSTEM ID#
Name	Zito West Holding LLC						63839
1	SUBSTITUTE CARRIAGE						
I I	In General: In space I, identi						
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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	CONCER	NING SUBST	ITUTE CARRIAGE			
Special	• During the accounting per	iod, did you	ır cable systen	n carry, on a substitute ba	sis, any nonn	etwork television pro	ogram
Statement and Program Log	broadcast by a distant stat	ion?				YES	
r rogram Eog	Note: If your answer is "No	" loovo tho	rest of this na	ne blank. If your answer is	: "Ves " vou m		
	-	, leave the	rest of this pay	ge blank. If your answer is	s res, you n	lust complete the pr	ogram
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subs			ate line. Use abbreviations	s wherever po	ssible, if their mean	ing is
	clear. If you need more spa				<b>II</b> ) (1		
	column 1: Give the title period, was broadcast by a			vision program ("substitute our cable system substitut			
	under certain FCC rules, re	gulations, c	or authorization	s. See page (v) of the ge	neral instructi	ons for further inforr	nation.
	Do not use general categor		ovies" or "baske	etball." List specific progra	am titles, for e	xample, "I Love Luc	y" or
	"NBA Basketball: 76ers vs.		deast live ente	er "Yes." Otherwise enter '	'No "		
				asting the substitute progr			
	Column 4: Give the broa	adcast statio	on's location (t	he community to which the	e station is lic		or, in
	the case of Mexican or Car			community with which the stem carried the substitute			month
	first. Example: for May 7 giv		when your sys		piografii. Os		montin
	Column 6: State the time	es when the		ogram was carried by your			
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6:	28:30 p.m. should b	e
	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 was <i>re</i> e	auired
	to delete under FCC rules a	and regulati	ons in effect d	uring the accounting perio	d; enter the le	etter "P" if the listed	
	was substituted for program		our system wa	as permitted to delete und	er FCC rules	and regulations in	
	effect on October 19, 1976						
					WHE	EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	0
					-	<u> </u>	
					-		
						_	
						_	
					-		
					-		
					-		
					-		
						_	
						_	
					-		
						_	
					-		

Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SY	STEM ID# 63839
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	5,571.12 ss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>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.</li> </ul>	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		
	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	
246	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		sl
1			

Accounting Period:	2024/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito West Ho	OWNER OF CABLE SYSTEM: Iding LLC					SYSTEM ID# 63839
M Channels	to its subscrit 1. Enter the to system car 2. Enter the to on which th	You must give (1) the number bers, and (2) the cable system's otal number of channels on whi ried television broadcast statio otal number of activated chann he cable system carried televisio padcast services	s total number of ich the cable ins iels ion broadcast sta	f activated channels during	g the acc	ounting period.	6 95
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of acco		TION IS NEEDED (Identif	fy an indi	vidual to whom	
for Further Information	Name	Teri McMullen				Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apa Coudersport PA 169 (City, town, state, zip)		iber)			
	Email	teri.mcmullen(	@zitomedia.cor	n		Fax (optional	
O Certification	I, the undersig     (Ow     (Age     X     (Off     I have examinare true, comp	N (This statement of account n ned, hereby certify that (Check o ner other than corporation or p ent of owner other than corpor- in line 1 of space B and that th ficer or partner) I am an officer in line 1 of space B. ed the statement of account and plete, and correct to the best of m iction 1001(1986)]	ne, <i>but only one</i> , partnership) I an ation or partners ne owner is not a (if a corporation) ( hereby declare un	of the boxes.) In the owner of the cable syst <b>ship)</b> I am the duly authorize corporation or partnership; c or a partner (if a partnership) nder penalty of law that all st	tem as ide ed agent o or o) of the le	entified in line 1 of space B; of the owner of the cable sys egal entity identified as owne s of fact contained herein	tem as identified
		Typed or printe Title:	Enter an electr Enter signature d name: Ja President	James Rigas onic signature on the line ab e using an "/s/ signature" (e.g mes Rigas	g., /s/ Joł		-
		Date:				02/27/2025	

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unting Period: 2024/2	SYSTEM II
West Holding LLC	6383
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: <ul> <li>"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</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Mailing Address       Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q 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	
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	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

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C	Cal Woi	ble rksheet	Total amount of remittance	Number of SAs re	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	