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	IT OFFICE USE ONLY	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	2/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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
		DuCom Treasure Lake LP
		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	1	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Treasure Lake MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE STSTEM.
	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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	DuCom Treasure Lake LP	405
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Treasure Lake	PA
Community	Sandy	PA
	Huston	PA
d Rows as Necessary	Jay Township	PA
	Reeds Twp	PA
	Pine Creek Twp	PA
	Polk Twp	PA
	Snyder Twp	PA
	Warsaw Twp	PA
	Washington Twp	PA
	***************************************	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM II
Name	DuCom Treasure Lake L								4057
		-1							
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							chargeo	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed	· · ·	,		ny standai	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ios of soc	ondary transmi	scion convi	o that cablo	
	systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count ur	nder "Servi	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	e different f	rom those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a	ind rates, in the	e right-ha	and block. A tw	o- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1			1		BLOC	()	
	BLC	NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		1,183	16.67					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	5				
-	In General: Space F calls for rat	-				l your cable sys	stem's serv	ices that were	
F	not covered in space E, that is, the					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services (				•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		<b>U</b>	
ransmissions:	Block 1: Give the standard rat							wore not	
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-res					
	Pay cable	17.50	• Mot	el, hotel					
			• Con	nmercial					
	Pay cable—add'l channel		• Pav	cable					
			,						
	• Pay cable—add'l channel			cable-add'l ch	annel				
	Pay cable—add'l channel     Fire protection		• Pay	cable-add'l ch protection	annel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	50.00	• Pay • Fire		annel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	50.00	• Pay • Fire • Burg	protection	annel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	50.00	• Pay • Fire • Burg Other s	protection glar protection e <b>rvices:</b> onnect	annel	30.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	50.00	• Pay • Fire • Burg Other s	protection glar protection services:	annel	30.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	50.00	• Pay • Fire • Burg • Burg • Rec • Disc	protection glar protection e <b>rvices:</b> onnect	annel	30.00			

				OVOTEN ID#
ame	LEGAL NAME OF OWNER OF			#SYSTEM ID 40578
	DuCom Treasure Lak			70070
G imary imitters: evision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ims [sections itions carried on a postitute program Log)—if the poon some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WJAC	6	N	Johnstown PA
	WJAC	6.1	Ν	Johnstown PA
as Necessary	WJAC WPSU	6.1 3	N E	
as Necessary				Johnstown PA State College PA State College PA
is Necessary	WPSU	3	E	State College PA
is Necessary	WPSU WPSU	3 3.1	E	State College PA State College PA
is Necessary	WPSU WPSU WKBS	3 3.1 46	E E I	State College PA State College PA Altoona PA
is Necessary	WPSU WPSU WKBS WTAE	3 3.1 46 4	E E I N	State College PA State College PA Altoona PA Pittsburgh PA
is Necessary	WPSU WPSU WKBS WTAE WTAE	3 3.1 46 4 4.1	E E I N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM	3 3.1 46 4 4.1 23 23.1	E E I N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3	E E I N N N N I	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM	3 3.1 46 4 4.1 23 23.1	E E I N N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Altoona PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3 23.4	E E I N N N N N I N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Johnstown PA         Johnstown PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3 23.4 8 8.1	E E I N N N N N N N N N N N N N N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Johnstown PA         Johnstown PA         Johnstown PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM WATM WATM WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3 23.4 8 8.1 10	E E E I N N N N N N N N N N N N N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Altoona PA         Johnstown PA         Johnstown PA         Altoona PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM WATM WATM WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3 23.4 8 8.1 10 10.1	E E I N N N N N N N N N N N N N N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Johnstown PA         Johnstown PA         Johnstown PA         Altoona PA         Altoona PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM WATM WATM WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3 23.4 8 8.1 10	E E E I N N N N N N N N N N N N N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Altoona PA         Johnstown PA         Johnstown PA         Altoona PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM WATM WATM WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3 23.4 8 8.1 10 10.1	E E E I N N N N N N N N N N N N N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Altoona PA         Johnstown PA         Johnstown PA         Johnstown PA         Altoona PA         Altoona PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM WATM WATM WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3 23.4 8 8.1 10 10.1	E E E I N N N N N N N N N N N N N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Altoona PA         Johnstown PA         Johnstown PA         Johnstown PA         Altoona PA         Altoona PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM WATM WATM WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3 23.4 8 8.1 10 10.1	E E E I N N N N N N N N N N N N N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Altoona PA         Johnstown PA         Johnstown PA         Johnstown PA         Altoona PA         Altoona PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM WATM WATM WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3 23.4 8 8.1 10 10.1	E E E I N N N N N N N N N N N N N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Altoona PA         Johnstown PA         Johnstown PA         Johnstown PA         Altoona PA         Altoona PA
as Necessary	WPSU WPSU WKBS WTAE WTAE WATM WATM WATM WATM WATM WATM WATM WATM	3 3.1 46 4 4.1 23 23.1 23.3 23.4 8 8.1 10 10.1	E E E I N N N N N N N N N N N N N N N N	State College PA         State College PA         Altoona PA         Pittsburgh PA         Pittsburgh PA         Altoona PA         Altoona PA         Altoona PA         Johnstown PA         Johnstown PA         Johnstown PA         Altoona PA         Altoona PA

EGAL NAME OF DuCom Trea			/STEM:					SYSTEM I 405
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	) it is carried b monitoring, to ormation abou rm. dentify the call State whether f f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the station g a checi n's locati	I-Band FM Carriage: Under stem whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		<u> </u>						
		<b>_</b>						

Accounting Perio	od: 2017/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	DuCom Treasure Lake	LP					40578
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G		
I I	In General: In space I, identi		-		-	ion that your cabl	le system carried on a
	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the pap	er SA1-2 form.
Carriage:	1. SPECIAL STATEMEN						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television p	
Program Log	broadcast by a distant star	tion?				Y	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete the	program
	log in block 2.			-	-		
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS				
	In General: List each subst				wherever pos	sible, if their mea	aning is
	clear. If you need more spa			rows to the tables. Ision program ("substitute	orogram") tha	t during the acco	ounting
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lu	icy" or
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			; or, in
				tem carried the substitute			he month
	first. Example: for May 7 giv	/e "5/7."	, ,	·	0	-	
				gram was carried by your o			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. snouid	be
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a						
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	no regulations in	1
					П		
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCURR 6. TIMES	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то
						_	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2017/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DuCom Treasure Lake LP				8YSTEM ID# 40578
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 explana 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	system's s tion of how	secondary trans to compute this	mission servi s amount, sec \$ 26	ice
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 \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	, ,			1
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add li	nee 1 and 2	)		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE			-	
	1. Base amount under statutory formula	,	263,800.00	100)	
	2. Enter amount of gross receipts from space K				
	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				<u>.</u>
	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				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26				
		۴	260 072 76		
	Enter the amount of gross receipts from space K		268,073.76		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1			42.74	
	4. Multiply line 3 by .01.				-
	<ul> <li>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)</li> <li>6. Interest charge. Enter the amount from line 4, space Q, page 8</li> </ul>			0.00	<u>.</u>
			-		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .		\$	1,361.74
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,361.74	
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			\$	1,381.74
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Isure Lake LP	SYSTEM ID# 40578
M Channels	<ul> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ul>	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. total number of channels on which the cable ed television broadcast stations	16 195
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 81	4-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersig     (Ow     (Ag     X     (Of     I have examinare true, comp	In (This statement of account must be certified and signed in accordance with Copyright Office regulations) gened, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Inter other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner or in line 1 of space B. The defined 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)	m as identified
		Date: 02/28/2018	

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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM   405
om Treasure Lake LP	405
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence:     "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gros
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 Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address	
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 Assessme
40/	
x1%	_
x       1%         Line 2 Multiply line 1 by the interest rate* and enter the sum here       -	
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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.