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	T 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>
General instructions are located in the first tab of this workbook	08/27/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	
	x	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	23569
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Texas-Washington 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 us already 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 - Friday Harbor	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
r			

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	Zito Texas-Washington LLC	23569
	Instructions: List each separate community served by the cable system. A	
_	"a separate and distinct community or municipal entity (including unincorp	
D		
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	
	as the "first community." Please use it as the first community on all future	
Area	Note: Entities and properties such as hotels, apartments, condominiums, o	or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Friday Harbor	WA
Community	San Juan County	WA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA						FORM SA1	TEM IC
Name	Zito Texas-Washington						515	2356
Е	SECONDARY TRANSMISSION							
	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period						ing on the	
Service: Sub-	Number of Subscribers: Both	•				,		
scribers and Rates	down by categories of secondary each category by counting the ne							
Rales	separately for the particular serv						charged	
	Rate: Give the standard rate c	harged for eac	h category of	service. Include	both the amount o	f the charg		
	unit in which it is generally billed				dard rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				econdary transmis	sion servic	e that cable	
	systems most commonly provide							
	that applies to your system. Note	e: Where an in	dividual or or	ganization is rece	iving service that f	alls under	different	
	categories, that person or entity							
	subscriber who pays extra for ca first set" and would be counted of					der Servic		
	Block 2: If your cable system I					different fr	rom those	
	printed in block 1 (for example, t							
	with the number of subscribers a sufficient.	and rates, in the	e right-hand t	lock. A two- or th	ree-word descripti	on of the s	ervice is	
		OCK 1				BLOCK	(2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS P	ATE CA	ATEGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		137	24.71				
	Service to additional set(s)		107	27.71				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
								I
	SERVICES OTHER THAN SEC	-						
F	In General: Space F calls for rat not covered in space E, that is, the							
-	service for a single fee. There ar				,	,		
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the un		usually billed	. If any rates are	charged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable svst	em for each of the	e applicable servic	es listed.		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which as				ist these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	the rate for	each.				
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	• Pay cable	17.50	• Motel, h	Non-residential				
	• Pay cable—add'l channel	17.50	Commer					
	• Fire protection		Pay cab					
				e-add'l channel				
	•Burglar protection							
	•Burglar protection Installation: Residential		 Fire prot 	ection				
	Installation: Residential	50.00	 Fire prot Burglar r 					
	- ·	50.00	 Fire prot Burglar prot Other servi 	protection				
	Installation: Residential • First set	50.00	• Burglar ı	protection	30.00			
	Installation: Residential • First set • Additional set(s)	50.00	• Burglar Other servi	protection ces: ect	30.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	50.00	• Burglar p Other servi • Reconne	protection c es: ect ect	30.00			

				FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEM 235
	Zito Texas-Washingto			200
G Primary insmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations 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 Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: 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 a(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 instruction orogram 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- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort 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
	CBUT	2.1	I	Vancouver BC
	КОМО	4	Ν	Seattle WA
	KING	5	N	
s as Necessary	KING			Seattle WA
s as Necessary	CHEK	6.1		Victoria BC
s as Necessary			-	
as Necessary	CHEK	6.1	<u>l</u>	Victoria BC
as Necessary	CHEK KIRO	6.1 7	I N	Victoria BC Seattle WA
as Necessary	CHEK KIRO KCTS	6.1 7 9.1	I N	Victoria BC Seattle WA Seattle WA
as Necessary	CHEK KIRO KCTS CKVU KSTW	6.1 7 9.1 10.1	I N	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA
as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ	6.1 7 9.1 10.1 11 13	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA
as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA
s as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ	6.1 7 9.1 10.1 11 13	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA
s as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA
vs as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA
ws as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA
ws as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA
ows as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA
ows as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA
ows as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA
ows as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA
ows as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA
ows as Necessary	CHEK KIRO KCTS CKVU KSTW KCPQ KZJO	6.1 7 9.1 10.1 11 13 22	I N E I I	Victoria BC Seattle WA Seattle WA Vancouver BC Tacoma WA Tacoma WA Seattle WA

EGAL NAME OF			/STEM:					SYSTEM I
Zito Texas-V	vashingtor	N LLC						235
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which the the community with which the	at the system's system's FM an this point, see sed by the cable the station is lice	headend, and (ntenna, during o page (v) of the g e system as a s ensed by the FC	2) it can certain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	I AM or FM	S/D	LOCATION OF STATION	
							·	-
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Accounting Perio	od: 2018/1						FORM	A SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Texas-Washingto	n LLC						23569
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	3			
	In General: In space I, ident	ify every noi	nnetwork televis	sion program, broadcast by	a distant stati	on, that your cat	ole syster	n carried on a
	substitute basis during the a							
Substitute	explanation of the programm				e general instru	uctions in the pap	per SA1-	2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonnet			
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	st complete the	program	ı
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their me	aning is	
				ision program ("substitute p	program") tha	t, during the acc	counting	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of ano	ther stati	
	under certain FCC rules, re Do not use general categor	gulations, o	r authorization	s. See page (v) of the gene thall " List specific program	eral instruction	ns for further info	ormation	
	"NBA Basketball: 76ers vs.		VIES OF DASKE	toall. List specific program			ucy of	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		and by the EC(C or in	
	the case of Mexican or Can						C 01, III	
	Column 5: Give the mor	th and day		tem carried the substitute p			the mon	th
	first. Example: for May 7 giv					1 :		
	to the nearest five minutes.			gram was carried by your o				y
	stated as "6:00–6:30 p.m."	Example: a	i program oann		o p.iii. to 0.2		u 50	
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulationo n		
			E PROGRAM	1		N SUBSTITUT AGE OCCURF		7. REASON FOR
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	7. REASON FOR DELETION
	s	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCURF	RED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURF 6. TIMES	RED S	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Texas-Washington LLC	S	STEM ID# 23569
			23569
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	mission servic s amount, see	e 5,344.62
_	COPYRIGHT ROYALTY FEE		
L 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 to 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. 	\$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 accounting period is \$52.00	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	<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 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	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7.
Name		DF OWNER OF CABLE SYSTEM: Washington LLC	SYSTEM ID# 23569
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	: 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. otal number of channels on which the cable ried television broadcast stations	11 108
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom act about this statement of account.)	<u> </u>
for Further Information	Name	Teri McMullen Telephone 81	14-260-0434
	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 undersi (Ow (Ag X (Of I have examinare true, comp	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste in line 1 of space B and that the owner is not a corporation or partnership; or "officer or partner" I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. inde 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. ection 1001(1986)] X /s/James Rigas	em as identified
		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)	
I			

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 telephoi 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 fling, a determination that would be made by a court of lay

ounting Period: 2018/1		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
Texas-Washington LLC		235
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 ad lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to set For more information on when to exclude these amounts, see the note on page (vii) of the general instruct located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmise by satellite carriers to satellite dish owners? X NO	r the basic ot include sub- ection 119." tions	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S		Q
	SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S	SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	SA1-2 form. 1% -	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper S Line 1 Enter the amount of late payment or underpayment	SA1-2 form.	Q Interest Assessme
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