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 COPYRIG	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	8/27/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ		- 11	4

A	ACCO	DUNTING PERIOD COVER	ED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1	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 subsidiary, not that of the pare	of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title ent corporation.	
Owner		List any other name or names under	which the owner conducts the business of the cable system.	
		-	g the accounting period, only the owner on the last day of the accounting period should submit a Ity 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.	63695
		·		
		LEGAL NAME OF OWNER/MAI	ILING ADDRESS OF CABLE SYSTEM	
		Zito West Holding LLC		
		BUSINESS NAME(S) OF OWNER	R OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media		
		MAILING ADDRESS OF OWNER	R OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or s	suite number)	
		Coudersport, PA 16915 (City, town, state, zip)		
С			business or trade names used to identify the business and operation of the system line 2, give the mailing address of the system, if different from the address given in	
System	4	IDENTIFICATION OF CABLE SYSTE	EM:	
	1	Zito Media - Locke		
		MAILING ADDRESS OF CABLE SYS	STEM:	
	2	(Number, street, rural route, apartment, or s	suite number)	
		(City, town, state, zip code)		
•				

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	Zito West Holding LLC	63695							
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single,							
	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the							
Area Served	identified city.	e nome parks should be reported in parentneses below the							
	CITY OR TOWN	STATE							
First	Locke	NY							
Community	Genoa	NY							
	Moravia (Village)	NY							
Rows as Necessary	Moravia (Town)	NY							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	
Name	Zito West Holding LLC								6369
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	pace E should on of television hay cable) in sp I (June 30 or Do blocks in space y transmission umber of billing ice at the rate i harged for eacl . (Example: "\$2 ounts allowed fi in space E, the	cover all c and radio ace F, not ecember 3 ce E call fo service. In s in that c ndicated— h category 20/mth"). S for advance e form lists	ategories of seco broadcasts by yo here. All the facts 1, as the case may r the number of s general, you can ategory (the number of service. Includ ummarize any sta e payment. the categories of	ondary bur syst s you s ay be). subscri n comp ber of j of sets de both andard	tem to subscril state must be t bers to the cat ute the numbe persons or org receiving serv the amount o I rate variations	bers. Give hose exist ole system r of subsci anizations ice). f the charg s within a p sion servic	information ing on the , broken ribers in charged Je and the particular rate se that cable	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	should be cour ble service to a once again undo has rate catego iers of services	nted as a s additional s er "Service ories for se that inclue	ubscriber in each sets would be incl to additional set condary transmis de one or more se	n applic luded i t(s)." ssion se econda	able category n the count un ervice that are ary transmissic	Example: der "Servio different fi ns), list the	a residential ce to the rom those em, together	
	BLO	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	NO. OF SUBSCRIBERS	RAT		
	Residential: • Service to first set		530	18.00					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
<b>F</b> Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrib hose services t re two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) informa hat are no ns: you do ished to n usually bil ne cable s stem furnis e was made	ation with respect t offered in combi- not need to give onsubscribers. Ra led. If any rates a system for each of hed or offered du de or established.	ination rate in ate info are cha f the ap uring th	with any seco formation cond ormation shoul rged on a varia oplicable service e accounting p	ndary tran cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			RY OF SERVICE		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:     Pay cable	17.50	• Motel	on: Non-resident hotel	uai				
	Pay cable—add'l channel	.,	• Comn						
	Fire protection		• Pay c	able					
	•Burglar protection		•Pay c	able-add'l channe	el				
	Installation: Residential		•	rotection					
	First set	50.00	•	ar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other ser						
			<ul> <li>Record</li> </ul>			30.00			
	• FM radio (if separate rate)								
	<ul><li>FM radio (if separate rate)</li><li>Converter</li></ul>		Discore	nnect					
	· · · /		• Discor • Outlet			30.00 30.00			

Name	LEGAL NAME OF OWNER O			SYSTEM II 6369
	PRIMARY TRANSMITTERS:			
G rimary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network program (e)(2) and (4))]; and (2) certain state arried by your cable system on a sum the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, repre- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each or multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCNY	24.1	E	Syracuse NY
	WENY	36.1	Ν	Elmira NY
Necessary	WENY	36.2	N	Elmira NY
	WNYS	43.1	I	Syracuse NY
	WPIX	11.1	I	New York City NY
	WSKG	46.1	Е	Binghamton NY
	WSTM	3	Ν	Syracuse NY
	WSTQ	3.2	I	Syracuse NY
				Oylacuse IN I
	WSYR	9.1	Ν	Syracuse NY
	WSYR WSYR	9.1 9.2	N	
			-	Syracuse NY
	WSYR	9.2		Syracuse NY Syracuse NY
	WSYR WSYR	9.2 9.3	l 1	Syracuse NY Syracuse NY Syracuse NY
	WSYR WSYR WSYT	9.2 9.3 68.1	i I N	Syracuse NY       Syracuse NY       Syracuse NY       Syracuse NY
	WSYR WSYR WSYT	9.2 9.3 68.1	i I N	Syracuse NY       Syracuse NY       Syracuse NY       Syracuse NY
	WSYR WSYR WSYT	9.2 9.3 68.1	i I N	Syracuse NY       Syracuse NY       Syracuse NY       Syracuse NY
	WSYR WSYR WSYT	9.2 9.3 68.1	i I N	Syracuse NY       Syracuse NY       Syracuse NY       Syracuse NY
	WSYR WSYR WSYT	9.2 9.3 68.1	i I N	Syracuse NY       Syracuse NY       Syracuse NY       Syracuse NY
	WSYR WSYR WSYT	9.2 9.3 68.1	i I N	Syracuse NY         Syracuse NY         Syracuse NY         Syracuse NY         Syracuse NY
	WSYR WSYR WSYT	9.2 9.3 68.1	i I N	Syracuse NY         Syracuse NY         Syracuse NY         Syracuse NY         Syracuse NY
	WSYR WSYR WSYT	9.2 9.3 68.1	i I N	Syracuse NY       Syracuse NY       Syracuse NY       Syracuse NY
	WSYR WSYR WSYT	9.2 9.3 68.1	i I N	Syracuse NY       Syracuse NY       Syracuse NY       Syracuse NY

EGAL NAME OF		ABLE SY	SIEM:					SYSTEM I 636
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourm. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e 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 general 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	

Accounting Perio	od: 2019/1						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito West Holding LLC							63695
	SUBSTITUTE CARRIAGI				<b>^</b>			
I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					s general mat			2 101111.
Special	1. SPECIAL STATEMEN					huank talawisia		
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	s, any nonne			
Program Log	broadcast by a distant star	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	ist complete th	ne progran	n
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more spa							
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."				<b>1 1 1 1</b>		
				r "Yes." Otherwise enter "N				
				sting the substitute progra			00 an in	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv					,,		
				gram was carried by your				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	mming that y	our evetem wa	e roquiro	4
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
							ITE	
	0	претіті іт		1		EN SUBSTITU		7. REASON FOR
		2. LIVE?	E PROGRAM			AGE OCCUF 6. TIM		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	то	
						_		
					•			
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
					1 1	1		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	STEM ID# 63695
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 service s amount, see	e 1,993.83
Copyright	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		
	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:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME C	OF OWNER OF CABLE SYSTEM: blding LLC		SYSTEM ID# 63695
M Channels	<ul><li>to its subscrib</li><li>1. Enter the to system carr</li><li>2. Enter the to on which the</li></ul>	bers, and (2) the cable system's to otal number of channels on which ied television broadcast stations . otal number of activated channels e cable system carried television b		13 81
N Individual to Be Contacted		TO BE CONTACTED IF FURTHE ct about this statement of account	ER INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartm Coudersport PA 1691 (City, town, state, zip)		
	Email	teri.mcmullen@z	zitomedia.com Fax (optional)	
O	I, the undersi      (Ov     (Ag     X     (O      I have exami are true, comp	gned, hereby certify that (Check one rener other than corporation or par tent of owner other than corporation in line 1 of space B and that the own fficer or partner) I am an officer (if is in line 1 of space B. hed the statement of account and here blete, and correct to the best of my k iction 1001(1986)] Figure Corporation Typed or printed in Title:	rtnership) I am the owner of the cable system as identified in line 1 of space B         ion or partnership) I am the duly authorized agent of the owner of the cable symer is not a corporation or partnership; or         a corporation) or a partner (if a partnership) of the legal entity identified as ownereby declare under penalty of law that all statements of fact contained herein mowledge, information, and belief, and are made in good faith.         X       /s/James Rigas         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	vstem as identified
		Date:	08/27/2019	

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o West Holding LLC         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 foliowing sectores:         "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 carrier(s) below.       \$         Name       Maining Address         Maining Address       Name         Maining Address <td< th=""><th></th><th>/1</th><th></th><th>FORM SA1-2E. PAGE</th></td<>		/1		FORM SA1-2E. PAGE
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 shall not include sub- scribers and amounts oldceted from subscribers exerving 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? No VES. Enter the total here and list the satellite carrier(s) below.  Name Mailing Address  Name Mailing Address  Num 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 rate and enter the sum here  x 19% Line 2 Multiply line 1 by the interest rate* and enter the sum here  x 0.00274 Line 4 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 there  in space L. (page 8) block 1, line 2, or block 2 line 8, or block 3 line 6	oct Holding I	OF CABLE SYSTEM:		SYSTEM
The Statellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following semence: "In determining the total number of subscribers and the gross amounts paid to the cable system of the basic scribers 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?"   No   YES. Enter the total here and list the satellite carrier(s) below.   Name   Maling 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 rasessment, see page (viii) of the general instructions located in the paper SA1-2 form.   Line 1 Enter the amount of late payment or underpayment.   Ime 2 Multiply line 1 by the interest rate* and enter the sum here   x   x   x   unage 2 holds late and enter the sum here   x   x   x   x   unitiply line 2 by the number of days late and enter the sum here   x   x   yo view the interest rate and enter the sum here   x   x   x   x   yo urget the interest rate due to clock 2 line 8, or block 3 line 6   x   x   x   x   x   x <	est notaing L	LC		6369
Mailing Address       Mailing Address       Mailing Address         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.       Image: 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.       Image: 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.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment for an explanation of interest rate the amount of late payment or underpayment	e Satellite Home wing sentence: "In determin service of p scribers and or more informatio cated in the pape uring the account ade by satellite ca NO	Viewer Act of 1988 amended Title 17, set ing the total number of subscribers and th roviding secondary transmissions of prime amounts collected from subscribers rece on on when to exclude these amounts, set r SA1-2 form. ing period, did the cable system exclude a arriers to satellite dish owners?	ection 111(d)(1)(A), of the Copyright Act by adding the fol- ne gross amounts paid to the cable system for the basic ary broadcast transmitters, the system shall not include sub- eiving secondary transmissions pursuant to section 119." e the note on page (vii) of the general instructions any amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: 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.       Image: Complete this worksheet for those royalty payments as a result of a late payment or underpayment.         Line 1       Enter the amount of late payment or underpayment	••••••			
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. Line 1 Enter the amount of late payment or underpayment				
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	ou must complete or an explanation	this worksheet for those royalty payment of interest assessment, see page (viii) of	the general instructions located in the paper SA1-2 form.	Q Interest Assessmer
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         k       - <td></td> <td>mount of fate payment of underpayment.</td> <td></td> <td></td>		mount of fate payment of underpayment.		
Line 3 Multiply line 2 by the number of days late and enter the sum here	ne 2 Multiply line	• 1 by the interest rate* and enter the sun	n 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			xdays	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	ne 3 Multiply line	2 by the number of days late and enter		
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