This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT		
Cable Syste General instru in the first tab	ctions	are located	\$ 2/25/2020 ALLOCATION NUMBER		coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
Accounting		2019/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31 Il - see instructions)		
Period						
B Owner		of the subsidiary, not that of the parent co	orporation.	idiary of another corporation, give the full co	rporate title	
Owner		List any other name or names under whic If there were different owners during the single statement of account and royalty fe	accounting period, only the owner on	the last day of the accounting period should s	submit a	
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	63695	
		LEGAL NAME OF OWNER/MAILIN	G 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 r Coudersport, PA 16915 (City, town, state, zip)	umber)			
С		RUCTIONS: In line 1, give any busir		ntify the business and operation of the		
	name		2, give the mailing address of th	e system, if different from the address	s given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Locke				
		MAILING ADDRESS OF CABLE SYSTEM	l:			
	2					
		(Number, street, rural route, apartment, or suite r	umber)			
	<u> </u>	(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 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.

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 "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Locke	NY
Community	Genoa	NY
	Moravia (Village)	NY
dd Rows as Necessary	Moravia (Town)	NY

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 6369
	Zito West Holding LLC								030;
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including p						those exist	ting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n			•		•			
	separately for the particular serv								
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc	· ·		,	iny stanua		is within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers.	Give the numb	er of subs	cribers and rate	for each lis	sted category	
	that applies to your system. Not			•		0			
	categories, that person or entity				••	•••	•		
	subscriber who pays extra for ca first set" and would be counted of					a in the count u	nder "Servi	ice to the	
	Block 2: If your cable system					service that are	e different f	from those	
	printed in block 1 (for example, t	iers of services	s that in	Iclude one or m	ore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	vo- or thre	e-word descrip	tion of the	service is	
	sufficient.	DCK 1					BLOCK	()	
		NO. OF		D.175				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
			427	18.00					
	Service to first set		421	18.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for ra					III your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are	e not offered in	combinati	on with any sec	ondary trar	nsmission	
. .	service for a single fee. There are	•			0		0.	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	y billed. If ally is		larged on a var		logram basis,	
ransmissions:	Block 1: Give the standard rat		the cab	le system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a				ished. List	these other sei	vices in the	e form of a	
	brief (two- or three-word) descrip	buon and inclue	ue ine r	ate for each.		I	1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	47.05		ation: Non-res	idential				
	• Pay cable	17.95		otel, hotel mmercial					
	Pay cable Add'l channel		-00						
	• Pay cable—add'l channel		• Do	V cable					
	Pay cable—add'l channel Fire protection			y cable v cable add'l ct	annal				
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pa	y cable-add'l ch	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	- 20.00	• Pa • Fire	y cable-add'l ch e protection					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	30.00	• Pa • Fir • Bu	y cable-add'l ch e protection rglar protection					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	30.00	• Pa • Fire • Bu Other	y cable-add'l ch e protection rglar protection services:					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	30.00	• Pa • Fir • Bu Other • Re	y cable-add'l ch e protection rglar protection services: connect		30.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	30.00	•Pa •Fir •Bu Other •Re •Dis	y cable-add'l ch e protection rglar protection services: connect sconnect					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	30.00	• Pa • Firo • Bu Other • Re • Dis • Ou	y cable-add'l ch e protection rglar protection services: connect		30.00 30.00 30.00			

Accounting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Zito West Holding LLC	;		63695
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections
Transmitters: Television	Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations c es, regulations, or authorizations:	carried by your cable system on a subs	titute program
	• Do <i>not</i> list the station here station was carried <i>only</i> on	in space G—but do list it in space I (a substitute basis.	the Special Statement and Program L	
	basis. For further information Column 1: List each station	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, repor	ns. I, etc. Identify each
	"WETA-2" as the same on th Column 2: Give the channe	ne form. I number the FCC assigned to the tel	evision station for broadcasting over th	
	Column 3: Indicate in each educational station, by enter	ing the letter "N" (for network), "N-M"	station, an independent station, or a r (for network multicast), "I" (for independent or "E-M" (for noncommercial education)	ndent), "I-M"
	For the meaning of these ter Column 4: Give the location	ms, see page (iv) of the general instr of each station. For U.S. stations, lis		licensed by the
	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	N	Elmira NY
Add Rows as Necessary	WENY	36.2	Ν	Elmira NY
	WNYS	43.1	l	Syracuse NY
	WPIX	11.1	l	New York City NY
	WSKG	46.1	E	Binghamton NY
	WSTM	3	Ν	Syracuse NY
	WSTQ	3.2	l	Syracuse NY
	WSYR	9.1	N	Syracuse NY
	WSYR	9.2	I	Syracuse NY
	WSYR	9.3	l	Syracuse NY
	WSYT	68.1	Ν	Syracuse NY
	WTVH	5.1	N	Syracuse NY

EGAL NAME OF							1	SYSTEM 636
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received al ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see pa ed by the cable s le 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, ated 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							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Zito West Holding LLC	>						63695
	SUBSTITUTE CARRIAG							
	In General: In space I, ident				-	tion that ve		tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this pa	age blank. If your answer i	s "Yes " vou i	must comp	lete the proc	
	log in block 2.			ge blank. It year anower i	o 100, jour	indet oomp		jian
	2. LOG OF SUBSTITUTE	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa					hot during	the energy	tin a
	period, was broadcast by a			vision program ("substitut our cable system substitu				
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car			e community with which th stem carried the substitute			le with the r	nonth
	first. Example: for May 7 gi		when your sy		e program. O	se numera	is, with the f	nonun
	Column 6: State the tim	es when th		ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	e listed program	n was substituted for prog	ramming tha	t vour svste	em was <i>rea</i> u	uired
	to delete under FCC rules a							
	was substituted for program		your system w	as permitted to delete und	der FCC rules	s and regul	ations in	
	effect on October 19, 1976							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
								"
							<u> </u>	
							_	
							<u> </u>	
							_	
							_	
								1
							_	
								1
								+

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM 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. 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 a 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	9,295.48 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than s527,600 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	this six-mon	
	accounting period is \$52.00 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 \$ 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:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: ding LLC	SYSTEM ID# 63695
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable I television broadcast stations	13 80
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name		4-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of the of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	tem as identified
		Date: 02/26/2020	

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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
West Holding LLC	6369
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1%	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 \$	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - - x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessme
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 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	Interest Assessme
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 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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