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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

Return completed workbook by email to:

## coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		<u>.</u>
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito Midwest LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	
		Zito Media - Jackson County MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	-	·
Privacy Act Notice	e: Section	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-26-20

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.

Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Zito Midwest LLC	369
D	Instructions: List each separate community served by the cable system. A "come "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter knc s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	ile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Jackson County	IL
Community		
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 369
	Zito Midwest LLC								309
_	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIE		TES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmissi about other services (including)								
Transmission	last day of the accounting period	. , ,						sing on the	
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ice E call	for the number	r of subse	cribers to the ca	•		
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	<b>Rate:</b> Give the standard rate of						,	rge and the	
	unit in which it is generally billed	· ·	,		iy standa	rd rate variation	ns within a	particular rate	
	category, but do not include disc					and any transmi	incian aan	ion that apple	
	Block 1: In the left-hand block systems most commonly provid	•		•		•			
	that applies to your system. <b>Not</b>								
	categories, that person or entity					•			
	subscriber who pays extra for ca						nder "Serv	rice to the	
	first set" and would be counted of Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example,	-		-					
	with the number of subscribers					•	, .		
	sufficient.							<u> </u>	
	BLC	OCK 1 NO. OF	-				BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		98	21.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
F	In General: Space F calls for ra	•			•				
F	not covered in space E, that is, service for a single fee. There a					•	•		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the		the echle	aveter for one	ab af tha		iana liatad		
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha			•					
natoo	listed in block 1 and for which a				-	-	•		
	brief (two- or three-word) descrip	otion and inclu	de the rat	e for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			ion: Non-resid	lential				
	• Pay cable	17.95	4	l, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		-	mercial					
	Fire protection		• Pay						
	•Burglar protection		-	cable-add'l cha	nnel				
	Installation: Residential			protection					
	• First set	30.00	-	lar protection					
	• Additional set(s)		Other so						
	• FM radio (if separate rate)		4	onnect		30.00			
	• Converter			onnect		20.00			
	• Converter		• Outle	onnect et relocation e to new addres	20	<u>30.00</u> 30.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Zito Midwest LLC			369
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(a substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic <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, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part-ti- the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub- the Special Statement and Program be ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over 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	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI	23.1	Ν	Paducah KY
	KBSI KFVS	23.1 12.1	<u>N</u>	Paducah KY Cape Girardeau MO
	KFVS	12.1		Cape Girardeau MO
	KFVS WDKA	12.1 49.1	N 	Cape Girardeau MO Paducah KY
	KFVS WDKA WPSD	12.1 49.1 6.1	N 	Cape Girardeau MO Paducah KY Paducah KY
	KFVS WDKA WPSD WPSD	12.1 49.1 6.1 6.3	N 	Cape Girardeau MO Paducah KY Paducah KY Paducah KY
	KFVS WDKA WPSD WPSD WQWQ	12.1 49.1 6.1 6.3 12.2	N         	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY
	KFVS WDKA WPSD WPSD WQWQ WSIL	12.1 49.1 6.1 6.3 12.2 3.1	N                   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU	12.1 49.1 6.1 6.3 12.2 3.1 8.1	N                   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY Carbondale IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N                   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY Carbondale IL Marion IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY Carbondale IL Marion IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO         Paducah KY         Paducah KY         Paducah KY         Paducah KY         Paducah KY         Paducah KY         Carbondale IL         Marion IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO         Paducah KY         Paducah KY         Paducah KY         Paducah KY         Paducah KY         Paducah KY         Carbondale IL         Marion IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO         Paducah KY         Paducah KY         Paducah KY         Paducah KY         Paducah KY         Paducah KY         Carbondale IL         Marion IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY Carbondale IL Marion IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY Carbondale IL Marion IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY Carbondale IL Marion IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY Carbondale IL Marion IL
d Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY Carbondale IL Marion IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY Carbondale IL Marion IL
Rows as Necessary	KFVS WDKA WPSD WPSD WQWQ WSIL WSIU WSIU WTCT	12.1 49.1 6.1 6.3 12.2 3.1 8.1 27.1	N   	Cape Girardeau MO Paducah KY Paducah KY Paducah KY Paducah KY Paducah KY Carbondale IL Marion IL

unting Period:	. 2020/1			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
	Zito Midwest LLC			369
	PRIMARY TRANSMITTERS:	TELEVISION		
•	In General: In space G, ic	lentify every television station (including	g translator stations and low power tel	evision stations)
G	-	em during the accounting period, except	-	
	-	in effect on June 24, 1981, permitting	• • •	-
Primary		(e)(2) and (4), or 76.63 (referring to 76.	61(e)(2) and (4))]; and (2) certain stati	ions carried on a
ransmitters:		as explained in the next paragraph.	perfied by your apple system on a sub	atitute program
Television		s: With respect to any distant stations or rules, regulations, or authorizations:	carried by your cable system on a sub	situte program
		re in space G—but do list it in space I (	the Special Statement and Program L	.og)—if the
	station was carried only o			
		I also in space I, if the station was carrie	ed both on a substitute basis and also	on some other
		ion concerning substitute basis stations		
		on's call sign. Do not report origination		-
		ed with a station according to its over-th	e-air designation. For example, report	rt multistream
	"WETA-2" as the same on	n the form. The number the FCC assigned to the tel	ovision station for broadcasting over t	ho air in its community
		WRC is channel 4 in Washington, D.C.	evision station for broadcasting over t	
		ch case whether the station is a network	station, an independent station, or a	noncommercial
		tering the letter "N" (for network), "N-M"	•	
	-	), "E" (for noncommercial educational),	, , , , ,	,
		terms, see page (iv) of the general insti		
		on of each station. For U.S. stations, lis	-	-
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the station i	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. D CAST CHARNEL ROMBER	3. THE OF STATION	4. LOOATION OF STATION

LEGAL NAME OI Zito Midwes								SYSTEM I 369
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf Signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co sign of e the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s pyright 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 this point, see pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral 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	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						·		
						·		
						·		
						·		
						·		
						·		
						·		

Accounting Perio	od: 2020/1					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Zito Midwest LLC						36917
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every no	nnetwork televi	sion program, broadcast b	y a <i>distant</i> sta	tion, that your cable sy	stem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorizatio	ns. For a further
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general ins	tructions in the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network television prog	gram
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	". leave the	e rest of this pa	ge blank. If vour answer i	s "Yes." vou r	nust complete the pro	oram
	log in block 2.	,			o, jea.		9.0
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if their meanir	ng is
	clear. If you need more spa						
	<b>Column 1:</b> Give the title period, was broadcast by a	•		vision program ("substitut		-	-
	under certain FCC rules, re					0 0	
	Do not use general categor	•					
	"NBA Basketball: 76ers vs.		1		(( <b>N</b>		
				er "Yes." Otherwise enter asting the substitute prog			
		-		the community to which the		censed by the FCC or	, in
	the case of Mexican or Car					,	
			when your sy	stem carried the substitut	e program. U	se numerals, with the	month
	first. Example: for May 7 giv Column 6: State the tim		e substitute pr	ogram was carried by you	ır cable svste	m. List the times accu	rately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	"D" " ( )					
	to delete under FCC rules a			n was substituted for prog			
	was substituted for program						logram
	effect on October 19, 1976					C C	
					WHE	N SUBSTITUTE	
	S			1		AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	
						_	
					-		
					-		
						_	
					-		
					-		
					-		
						—	
					1		
					-		
					-		
					-		
						_	
					1		
						_	
					1		
1							

ccounting Period:	: 2020/1 FORM SA1-	2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM:	отем I 369
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	<b>178.48</b> receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	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-month 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 \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	

	0.00	
	52.00 15.00	
	\$	67.00
-		nts!
	\$ . \$ 	\$ 15.00

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito Midwest L	WNER OF CABLE SYSTEM: LC	SYSTEM ID# 36917
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	nu must give (1) the number of channels on which the cable system carried television broadcast stations and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	10 104
N Individual to		<b>BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom bout this statement of account.)	
Be Contacted 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)         teri.mcmullen@zitomedia.com         Fax (optional)	
O Certification	I, the undersigned     (Owned)     (Agenting)     (Agenting)     X     (Officing)     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.) <b>r other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; of <b>owner other than corporation or partnership)</b> 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 <b>er or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner ine 1 of space B. I the statement of account and hereby declare under penalty of law that all statements of fact contained herein a, and correct to the best of my knowledge, information, and belief, and are made in good faith. In 1001(1986)]	tem as identified

	X /s/James Rigas
	ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	me: James Rigas
	resident I position held in corporation or partnership)
Date:	08/27/2020

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 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.

unting Period: 2020/1	FORM SA1-2E. PAC
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	369
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 dish owners?	P Special Statemen Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name	
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
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	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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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.