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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
-	/ Transmissions by	DATE RECEIVED	AMOUNT	
-	ns (Short Form)			<u>coplicsoa@loc.gov</u>
General instruct in the first tab of		8-26-20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	'YY/(Period))	
	2020/1	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 th of the subsidiary, not that of the parent co		diary of another corporation, give the full corpo	prate title
Owner	List any other name or names under which	n the owner conducts the business of th	ne cable system.	
	If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should sub ing period.	omit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	63695
-	LEGAL NAME OF OWNER/MAILING	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 n	umber)		
	Coudersport, PA 16915			

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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

(City, town, state, zip)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

Zito Media - Locke

(City, town, state, zip code)

С

System

1

2

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Zito West Holding LLC	6369
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nity" is the same as a "community unit" as defined in FCC rule ommunities within unincorporated areas and including single list will serve as a form of system identification hereafter know
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Locke	NY
Community	Genoa	NY
	Moravia (Village)	NY
Add Rows as Necessary	Moravia (Town)	NY

	<u> </u>							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						515	TEM II 6369
	Zito West Holding LLC								0303
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s			•		•			
Secondary	system, that is, the retransmissi about other services (including p					•			
Transmission	last day of the accounting period	• • •			•		THOSE EXIS	sting on the	
Service: Sub-	Number of Subscribers: Both						able syster	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	· ·	,		•	rd rate variatior	ns within a	particular rate	
	category, but do not include disc					andor (transmi		ice that apple	
	Block 1: In the left-hand block systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity					• •			
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system	•			• • •	service that an	e different	from those	
	printed in block 1 (for example, t	-							
	with the number of subscribers a					•			
	sufficient.						<u> </u>	(a	
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		395	18.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra				•	• •			
F	not covered in space E, that is, the					•			
Services	service for a single fee. There as furnished at cost or (2) services		-		-			-	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•					
Rates	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip	otion and includ	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	17.95	• Mot	el, hotel					
	Pay cable—add'l channel		• Cor	nmercial					
	Fire protection		• Pay	[,] cable					
	 Burglar protection 			[,] cable-add'l ch	nannel				
	Installation: Residential			protection					
	• First set	30.00		glar protection					
	• Additional set(s)			services:					
	 FM radio (if separate rate) 		• Rec	connect		30.00			
	• Converter			connect					
			• Out	connect let relocation ve to new addr		30.00 30.00			

Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	Zito West Holding LL			6369
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(6) substitute program basis, a	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta	time basis under rams [sections ations carried on a
	 basis under specific FCC ru Do not list the station here station was carried only on List the station here, and a basis. For further information Column 1: List each station 	ules, regulations, or authorizations: e in space G—but do list it in space I (t	he 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	n Log)—if the so on some other ctions. PN, etc. Identify each
	"WETA-2" as the same on the Column 2: Give the channel of license. For example, We Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	0	evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	r the air in its community a noncommercial pendent), "I-M" tional multicast). n is 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
	WCNY WENY	24.1 36.1	E N	Syracuse NY Elmira NY
ows as Necessary	WENY			
ws as Necessary	WENY	36.1	Ν	Elmira NY
iws as Necessary	WENY WENY	36.1 36.2	Ν	Elmira NY Elmira NY
iws as Necessary	WENY WENY WNYS	36.1 36.2 43.1	Ν	Elmira NY Elmira NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX	36.1 36.2 43.1 11.1	N N I I	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY
ows as Necessary	WENY WENY WNYS WPIX WSKG	36.1 36.2 43.1 11.1 46.1	N N I I E	Elmira NY Elmira NY Syracuse NY New York City NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM	36.1 36.2 43.1 11.1 46.1 3	N N I I E	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ	36.1 36.2 43.1 11.1 46.1 3 3.2	N N I I E N I	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1	N N I I E N I	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2	N N I I E N I	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2 9.3	N N I I E N I I N I I	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR WSYR WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2 9.3 68.1	N N I I E N I I N I I I N	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR WSYR WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2 9.3 68.1	N N I I E N I I N I I I N	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR WSYR WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2 9.3 68.1	N N I I E N I I N I I I N	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR WSYR WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2 9.3 68.1	N N I I E N I I N I I I N	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR WSYR WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2 9.3 68.1	N N I I E N I I N I I I N	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR WSYR WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2 9.3 68.1	N N I I E N I I N I I I N	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR WSYR WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2 9.3 68.1	N N I I E N I I N I I I N	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR WSYR WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2 9.3 68.1	N N I I E N I I N I I I N	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY
ows as Necessary	WENY WENY WNYS WPIX WSKG WSTM WSTQ WSYR WSYR WSYR WSYR WSYR	36.1 36.2 43.1 11.1 46.1 3 3.2 9.1 9.2 9.3 68.1	N N I I E N I I N I I I N	Elmira NY Elmira NY Syracuse NY New York City NY Binghamton NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY Syracuse NY

LEGAL NAME OF			TSTEM.					SYSTEM I 636
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co sign of e the station ion's sign g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived 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 this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	ertain st ertain st eneral i eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
0.001		0,0				2, 2		
							·	
							·	
		-						

Accounting Perio	d: 2020/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						63695
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every no	nnetwork televi	sion program, broadcast by	v a distant sta	tion, that your	cable syste	em carried on a
	substitute basis during the a	• •		•	-			
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of th	ne general inst	tructions in the	e paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonn	etwork televi	sion progr	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer is	- "Vee " vou r	nust complet	e the prog	
	-	, leave the	rest of this pa	ige blattk. It your attswer is	s res, your		e the plog	Iam
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subs			ate line. Lise abbreviation	s whorever n	nesihla if tha	ir meaning	, ie
	clear. If you need more spa				s wherever po		ii meaning	15
				vision program ("substitute	e program") tl	hat, during the	e accounti	ng
	period, was broadcast by a		•		•	• •		
	under certain FCC rules, re	•						
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Lo	ove Lucy" (or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute progr				
			,	the community to which th			e FCC or, i	n
	the case of Mexican or Car			-		,		4l-
	first. Example: for May 7 gi		when your sys	stem carried the substitute	e program. Us	se numerals,	with the m	ionth
			e substitute pr	ogram was carried by you	r cable svster	n. List the tim	nes accura	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976	0				andregulatio		
		-						
						N SUBSTITI		
	S		E PROGRAM	1		AGE OCCU		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	6. TIN FROM —	IES TO	DELETION
		165 01 110	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM —	10	
						_		
						_		
						_		
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							•••••••••••••••••••••••••••••••••••••••	
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Accounting Period:	: 2020/1 F	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SYSTEM 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. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	ervice
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 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. 	
	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-m accounting period is \$52.00	onth
	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
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito West Hold	ling LLC	63695
M Channels		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.	
		number of channels on which the cable television broadcast stations	13
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	76
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814-2	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) (Agentic in I X (Offic in I I) 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; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a line 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 of the line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

	X /s/James Rigas
	nter an electronic signature on the line above to certify this statement. nter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	ame: James Rigas
	President al 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. 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 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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 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.