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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
2/24/21	\$					
	ALLOCATION NUMBER					

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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filling 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.							
		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)							
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С		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	IDENTIFICATION OF CABLE SYSTEM:							
		Zito Media - Gretna							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							
<del></del>	1	bear and a contract of							

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.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Gretna  NE			FORM SA1-2E. PAG								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Gretna NE  Elkhorn NE  Valley NE  Sarpy County Douglas County NE	Name		SYSTEM								
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter knas 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 home parks should be reported in parentheses below the identified city.    CITY OR TOWN			109								
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  First  Gretna NE  Community  Elkhorn NE  Valley NE  Sarpy County Douglas County NE											
CITY OR TOWN   STATE     First   Gretna   NE	D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
CITY OR TOWN STATE			r mobile home parks should be reported in parentheses below the								
First         Gretna         NE           Community         Elkhorn         NE           Valley         NE           Rows as Necessary         Sarpy County         NE           Douglas County         NE	Serveu										
Community Elkhorn NE Valley NE  Rows as Necessary Douglas County NE		CITY OR TOWN									
Rows as Necessary Sarpy County NE Douglas County NE	First	Gretna	NE								
Rows as Necessary Sarpy County NE Douglas County NE	Community	Elkhorn	NE NE								
Rows as Necessary Sarpy County NE Douglas County NE		Vallev	NE								
Douglas County NE	D										
Usugas couny Waterioo NE  NE  NE  NE  NE  NE  NE  NE  NE  N	Rows as Necessary	Sarpy County									
Waterloo NE		Douglas County									
		Waterloo	NE								
			11111111111111111111111111111111111111								

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC

SYSTEM ID# 10964

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	11	59.64			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
				1	1

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	17.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10964

PRIMARY TRANSMITTERS: TELEVISION

Zito Midwest LLC

# G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **Omaha NE KETV** 7.1 Ν **KMTV** 3.1 Ν **Omaha NE** 42.1 **Omaha NE KPTM KSNB** 4.2 Lincoln NE KUON 12.1 Lincoln NE Е **KXVO** 15.1 **Omaha NE WOWT** 6.1 Ν **Omaha NE WOWT** 6.5 **Omaha NE** 

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC 10964

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	od: 2020/2						FORI	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				. 011	SYSTEM ID#	
Name	Zito Midwest LLC							10964	
ı	SUBSTITUTE CARRIAG In General: In space I, iden					tion, that you	r cable sys	stem carried on a	
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a feexplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form							ns. For a further	
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	t and								
Program Log	broadcast by a distant sta	ation?					YES	X NO	
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you r	must comple	te the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUT In General: List each subs		_	rate line. Use abbreviation	s wherever po	ossible. if the	eir meanin	a is	
	clear. If you need more spa	ace, please	add additiona	I rows to the tables.	•			-	
	Column 1: Give the title period, was broadcast by a			evision program ("substitut your cable system substitu					
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for furth	er informa	ation.	
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	ketball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or	
			dcast live, ent	ter "Yes." Otherwise enter	"No."				
		0		casting the substitute prog the community to which th		aanaad by th	o ECC or	in	
	the case of Mexican or Ca						e rcc oi,	Ш	
			when your sy	stem carried the substitute	e program. Us	se numerals,	with the r	month	
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	rogram was carried by you	ır cable systeı	m. List the tir	nes accur	ately	
	to the nearest five minutes	. Example:						,	
	stated as "6:00–6:30 p.m."  Column 7: Enter the let		e listed progra	m was substituted for prog	ramming that	vour system	n was <i>rea</i> u	uired	
	to delete under FCC rules	and regulat	ions in effect o	during the accounting perio	od; enter the I	etter "P" if th	e listed pr		
	was substituted for programeffect on October 19, 1976	•	your system w	vas permitted to delete und	der FCC rules	and regulat	ions in		
		<i>.</i>			II				
	S	UBSTITUT	E PROGRAN	Л	1 1	N SUBSTIT AGE OCCU	_	7. REASON FOR	
	TITLE OF PROGRAM	1	3. STATION'S		5. MONTH	6. TIN		DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO		
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Accounting Period:	<b>2020/2</b> FOR	M SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SYSTEM II						
	Zito wildwest LLC	109						
1/	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total	l of						
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se	ice						
	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	4,699.25						
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount	of gross receipts)						
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:							
Copyright	Complete block 1, block 2, or block 3.							
Royalty Fee	<ul> <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> </ul>							
	<ul> <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-mo accounting period is \$52.00	ni						
	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)							
	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)	0_						
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	0						
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	0						
	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 Register of Cop See page i of the general instructions in the paper SA1-2 form for more information.	yrights!						

Accounting Period:	020/2	FORM SA1-2E. PAGE 7.						
Name	EGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SYSTEM ID# 10964						
<b>M</b> Channels	Instructions: You must give (1) the number of channels on which the country to its subscribers, and (2) the cable system's total number of activated of the country to its subscribers, and (2) the cable system's total number of activated of the country total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	nannels during the accounting period.						
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NO we can contact about this statement of account.)  Name Teri McMullen	EDED (Identify an individual to whom  Telephone 814-260-0434						
Information	Address  PO Box 665 (Number, street, rural route, apartment, or suite number)	Telephone 814-260-0434						
	Coudersport PA 16915 (City, town, state, zip)  Email teri.mcmullen@zitomedia.com	Fax (optional)						
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.							
		gas  re on the line above to certify this statement. s/ signature" (e.g., /s/ John Smith)						
	Title:  President  (Title of official position held in corporation)							
	Date:	02/26/2021						

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
o Midwest LLC	10964
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 17	sic de sub-  Special Statement
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners?	ssions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay	yment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	1%
	1 70
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<del>-</del>
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 cha	rge)
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original file.	•
Owner	
Address	
ID number	0.00.00.00.00.00.00.00.00.00.00
First community served	
Accounting period	

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 th 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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)