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 COPYRIGE	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2/24/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))	
2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		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.										
		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	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Hickman										
	-	MAILING ADDRESS OF CABLE SYSTEM:										
	2	(Number, street, rural route, apartment, or sulte number)										
		(City, town, state, zip code)										

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

Name Zito Midwest LLC Instructions: Usi each separate community served by the cable system. A "community" is the same as a "community unit" a separate and distinc community of municipal entity (including unincorporated communities within unincorporated area distinct community. "In text community with a unincorporated area distinct community." In text community with a cable system. A "community that use it is the first community." In text community. "In text community and the cable community." In text community. "In text community." The text community. "In text community." In text community. "In text community." The text community. "In text community." In text community. "In text community." The text community is a start first community. "In text community." The text community is a start first community. "In text community." The text community is a start first community. "In text community." The text community is a start fif text community is a start fif text community. The text communit	SYSTEM									
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areadiscrete unincorporated aread)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identias the "first community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in pare identified city. First CITY OR TOWN STATE Hickman KY	22									
Area Served identified city. First Community CITY OR TOWN	is and including single fication hereafter kno									
First Community	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the									
Community										
And Rouss a second Image: Control of										

	LEGAL NAME OF OWNER OF C	FORM SA1	TEM I									
Name	Zito Midwest LLC								22			
	SECONDARY TRANSMISSION				TES							
Ε	In General: The information in s					ry transmission	service of	the cable				
	system, that is, the retransmission											
Secondary	about other services (including p						those exis	ting on the				
Transmission Service: Sub-	last day of the accounting period						hla svetan	h broken				
scribers and	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											
Rates	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	-	-	•				-				
	category, but do not include disc	· · ·	,		ly Standa		is within a					
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ice that cable				
	systems most commonly provide											
	that applies to your system. Not categories, that person or entity			-		-						
	subscriber who pays extra for ca											
	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, t with the number of subscribers a											
	sufficient.	and rates, in th	e ngnt-na		o- or the	e-word descrip		Service is				
		OCK 1					BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA			
	Residential:		2.1.0		0,111							
	Service to first set		37	67.97								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial											
	Converter								[
	Residential								ļ			
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA		IONS: RATES	;							
F	In General: Space F calls for ra					Ill your cable sy	stem's ser	vices that were				
F	not covered in space E, that is, t					,	,					
Services	service for a single fee. There al furnished at cost or (2) services	•			•		• •	,				
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the	rate column.				C C		C				
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	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) descrip											
	, , ,				BLOCK 2							
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RA			
	Continuing Services:		Installat	ion: Non-resid	dential							
	• Pay cable	17.95	• Mote	el, hotel								
	 Pay cable—add'l channel 		• Com	mercial								
	Fire protection		• Pay	cable								
	•Burglar protection		• Pay	cable-add'l cha	annel				ļ			
	Installation: Residential			protection								
	• First set	30.00	• Burg	lar protection								
	A 1 100 1 16 X		Other s	ervices:								
	 Additional set(s) 											
	• FM radio (if separate rate)			onnect		30.00						
	. ,		• Disc	onnect								
	• FM radio (if separate rate)		• Disc			30.00						

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEN						
Name	Zito Midwest LLC			2						
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary ansmitters: relevision	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, <i>except</i> (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), or 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 station, an 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 loc									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KBSI	23.1	Ν	Paducah KY						
	KFVS	12.1	Ν	Cape Girardeau MO						
	KFVS	12.3		Cape Girardeau MO						
	WDKA	49.1		Paducah KY						
	WKMU	21	E	Mayfield KY						
	WPSD	6.1	Ν	Paducah KY						
	WPSD	6.3	N-M	Paducah KY						
	WQWQ	12.2	l	Paducah KY						
	WSIL	3.1	Ν	Paducah KY						
ld Douis as Nacassan										
ows as Necessary	wтст	27.1	I	Marion IL						
lows as Necessary	wтст		I							
Rows as Necessary	WTCT		I							
ows as Necessary	WTCT		<u>l</u>							
ows as Necessary	WTCT									
ows as Necessary	WTCT		I							
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carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul to <i>not</i> list the station here station was carried <i>only</i> on the List the station here, and a basis. For further information Column 1: List each station multicast stream associated WETA-2" as the same on th Column 2: Give the channe of license. For example, WF	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: a in space G—but do list it in space I (a substitute basis. also in space I, if the station was carried n concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th he form.	g translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of s, see page (v) of the general instruction program services such as HBO, ESPN ne-air designation. For example, report evision station for broadcasting over th	ne basis under ns [sections ons carried on a titute program og)—if the on some other ns. I, etc. Identify each multistream						
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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 Canad	dian stations, if any, give the name of	the community with which the station is	s identified.						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	Column 3: Indicate in each educational station, by ente for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	Column 3: Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" for independent multicast), "E" (for noncommercial educational), For the meaning of these terms, see page (iv) of the general instr Column 4: Give the location of each station. For U.S. stations, lis FCC. For Mexican or Canadian stations, if any, give the name of	Column 3: Indicate in each case whether the station is a network station, an independent station, or a n educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial education 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 FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is						

Zito Midwes	TOWNER OF (SYSTEM 22
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recei it the Cc sign of e he static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 pag ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or EM	e/D		CALL SIGN		e/n		
GALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		ł						

	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							2298
	SUBSTITUTE CARRIAG							
1					-	tion that w		stom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the program	01	, ·	•	, 0	,		
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network tel	evision prog	gram
Statement and Program Log	broadcast by a distant sta	tion?					YES	XNO
i rogram 20g	Note: If your answer is "No	" leave the	rest of this na	ge blank. If your answer is	- "Vee " vou r	nust comp		
	-	, leave the	rescortins pa	ige blank. If your answer is	s res, your	nusi comp	iele li le più	gram
	log in block 2. 2. LOG OF SUBSTITUT		AMS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if t	heir meanir	ıg is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fur	, ther informa	ation.
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy'	' or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter '	"No "			
				asting the substitute progr				
				the community to which th			the FCC or	, in
	the case of Mexican or Car Column 5: Give the more			community with which the stem carried the substitute			ls with the	month
	first. Example: for May 7 gi	,	when your by		program. O		io, with the	monur
				ogram was carried by you				
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m	n. should be	1
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	your syste	em was <i>req</i>	uired
	to delete under FCC rules							rogram
	was substituted for prograr effect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	and regul	ations in	
		•						-
	_					N SUBST		
					CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
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		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
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		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		

Accounting Period:	2020/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 2298
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	0,301.24 pss 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 \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-mon	
	accounting period is \$52.00	¢	E2 00
	Line 1. Royalty fee for accounting period	<u> </u>	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		
	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:	2020/2									FOR	M SA1-2E. PAGE 7
Name	LEGAL NAME OF OV Zito Midwest LL	WNER OF CABLE SYSTEM: .C									SYSTEM ID# 2298
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the cat	a must give (1) the number of and (2) the cable system's number of channels on whic elevision broadcast stations number of activated channel ble system carried television st services	total numb ch the cable s els n broadcas	nber of a ble 	activated chann	els during the	e accounting pe	riod.		10 98	
N Individual to Be Contacted		BE CONTACTED IF FURTH sout this statement of accou		ORMATI	ION IS NEEDE	D (Identify an	n individual to w	/hom			
for Further Information	Name	Teri McMullen						Telephon	e 814-260	-0434	
		PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)		uite numbe	ber)						
	Email	teri.mcmullen@	@zitomedi	dia.com	N		Fax (optio	onal)			
O	I, the undersigned (Owner (Agent of in lir X (Office) in lir I have examined the second sec	Typed or printe Title:	one, but on partnershi ration or p owner is no (if a corpor d hereby de ny knowledg X Enter an Enter sign ed name: Presic	nly one , hip) I am partners not a cor oration) o declare u dge, info /s/J: n electron ignature u Jan ident	, of the boxes.) n the owner of th ship) I am the d rporation or part or a partner (if a under penalty of	ne cable syste uly authorized inership; or a partnership) f law that all st lief, and are n lief, and are n the line above nature" (e.g., /	em as identified d agent of the ov of the legal enti- tatements of fac nade in good fa	in line 1 of space where of the cability identified as of the contained here ith.	e B; or e system as id owner of the c		
		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 fing, a determination that would be made by a court of law.

scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Conc Receiver 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? Image: Conc Name Mailing Address Name Mailing Address Name Mailing Address Name Multing Address Name Multing Address Name Multing Address Name Multing Address Name Mailing Address Name Multing Address Mailing Address State 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.	1 SA1-2E. PAGE 8.
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Tille 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 or primary broadcast transmissions pursuant to section 115." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No VES. Enter the total here and list the satellite carrier(s) below. Name Maing Address Neree Name Maing Address Neree (viii) of the general instructions Line 1 Enter the amount of late payment or underpayment. C an explanation of interest sasessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment. C an explanation of interest rate* and enter the sum here. Nource Number (viii) you are filing this worksheet for those royally payments submitted as a result of a late payment or underpayment. Nume Nume Nume Nume Nume Nume Nume Num	SYSTEM ID#
The Satellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the following settlence: 'In determining the total number of subacribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmissions pursuant to section 118. [•] . 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? Nore Manne Man	2298
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YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Name Line 1 Enteret for those royalty payments submitted as a result of a late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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Line 1 Enter the annohin of rate payment of underpayment x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Q
Line 2 Multiply line 1 by the interest rate* and enter the sum here	st Assessment
x	
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 \$ - (interest charge) * 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	
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First community served Accounting period	

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