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	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 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	ı	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 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 number)
		Coudersport, PA 16915
	!	(City, town, state, zip)
С	names	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 1	IDENTIFICATION OF CABLE SYSTEM:  Zito Media - Canton TX
	_	MAILING ADDRESS OF CABLE SYSTEM:
	2	Number, street, rural route, apartment, or suite 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 suffciency of the fling, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito West Holding LLC	637
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the	
	as the "first community." Please use it as the first community on all future fil	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Canton Borough	TX
Community	Canton Rural	TX
Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63741

### Zito West Holding LLC

# 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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	454	15.85					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		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		
		<ul> <li>Move to new address</li> </ul>	30.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63741 **Zito West Holding LLC** 

PRIMARY TRANSMITTERS: TELEVISION

# 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
KDFI	27		Dallas TX
KDFW	4	N	Dallas TX
KERA	13	<b>E</b>	Dallas TX
KTVT		N	Fort Worth TX
KTXA	21.2	<u> </u>	Fort Worth TX
KXAS	5	N	Fort Worth TX
WFAA	8	N	Dallas TX
		***************************************	
		***************************************	
		***************************************	
		***************************************	

U.S. Copyright Office

Add Rows as Necessar

	2020/2			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM				
Name	Zito West Holding LL	С		637				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syste	entify every television station (including m during the accounting period, excep	t (1) stations carried only on a part-tim	ne basis under				
Primary	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							
Transmitters:		is explained in the next paragraph.		nio dallida dil a				
Television	Substitute Basis Stations	:: With respect to any distant stations c	arried by your cable system on a subs	titute program				
		ules, regulations, or authorizations:						
	<ul> <li>Do not list the station her station was carried only or</li> </ul>	e in space G—but do list it in space I (t	he Special Statement and Program Lo	eg)—If the				
	•	also in space I, if the station was carrie	d 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. <b>Column 1:</b> 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							
		el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	evision station for broadcasting over th	e air in its community				
	Column 3: Indicate in each	n case whether the station is a network	station an independent station or a r	oncommercial				
		ering the letter "N" (for network), "N-M"						
		, "E" (for noncommercial educational), o						
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.							
	Column 4: Give the location	on of each station. For U.S. stations, list	t the community to which the station is	•				
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	Column 4: Give the location	on of each station. For U.S. stations, list	t the community to which the station is	•				
	Column 4: Give the location	on of each station. For U.S. stations, list	t the community to which the station is	•				
	Column 4: Give the location FCC. For Mexican or Cana	on of each station. For U.S. stations, list dian stations, if any, give the name of t	t the community to which the station is the community with which the station is	s identified.				
	Column 4: Give the location FCC. For Mexican or Cana	on of each station. For U.S. stations, list dian stations, if any, give the name of t	t the community to which the station is the community with which the station is	s identified.				
	Column 4: Give the location FCC. For Mexican or Cana	on of each station. For U.S. stations, list dian stations, if any, give the name of t	t the community to which the station is the community with which the station is	s identified.				
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	Column 4: Give the location FCC. For Mexican or Cana	on of each station. For U.S. stations, list dian stations, if any, give the name of t	t the community to which the station is the community with which the station is	s identified.				
	Column 4: Give the location FCC. For Mexican or Cana	on of each station. For U.S. stations, list dian stations, if any, give the name of t	t the community to which the station is the community with which the station is	s identified.				
	Column 4: Give the location FCC. For Mexican or Cana	on of each station. For U.S. stations, list dian stations, if any, give the name of t	t the community to which the station is the community with which the station is	s identified.				

Accounting Period: 2020/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Zito West Holding LLC** 

63741

#### 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	nd. 2020/2						FOE	M SA1-2E. PAGE 5.		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#		
Name	Zito West Holding LL0							63741		
ı	In General: In space I, identi substitute basis during the a	tify every no	nnetwork telev eriod, under sp	pecific present and former F	a <i>distant</i> stat CC rules, regi	ulations, c	or authorization	ons. For a further		
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and	and   During the accounting period, did your cable system carry, or a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta						YES	NO		
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you n	nust com	plete the pro	gram		
	log in block 2.  2. LOG OF SUBSTITUT	F PROGRA	\MS							
	In General: List each subs	titute progra	am on a separ		wherever po	ossible, if	their meanir	ng is		
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the program	of every no a distant sta egulations, o ries like "mo . Bulls." m was broa	onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent	evision program ("substitute your cable system substitut ns. See page (v) of the ger	ed for the proneral instruction titles, for e	ogrammin ons for fu	g of another irther inform	station ation.		
	Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi	adcast stati nadian stati nth and day ve "5/7."	on's location ( ons, if any, the when your sy	the community to which the	e station is lic e station is ide program. Us	entified). se numera	als, with the	month		
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulat mming that	e listed programions in effect o	m was substituted for progr during the accounting perio	ramming that d; enter the le	your sys etter "P" i	tem was <i>req</i> f the listed p	uired		
	SUBSTITUTE PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE			7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION		
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counting Period:	<b>2020/2</b> Fi	ORM SA1-2E. PAGI							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC	SYSTEM II							
	<u> </u>	037							
V	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to								
K Gross Receipts	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. \$	92,655.51							
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amo	unt of gross receipts)							
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:								
Copyright Royalty Fee	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								
Royalty Fee	<ul> <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-raccounting period is \$52.00	non <sup>-</sup>							
	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)	0.00							
		0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
	TEMOTEE THE TOTAL TREMIT WHOLE BOL								
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2.00							
Due	Filing Fee (See the instructions for more information on filing fee calculations)	5.00							
	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 Register of C	onvrightel							
	See page i of the general instructions in the paper SA1-2 form for more information.	opyrigina:							

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O Zito West Hold	WNER OF CABLE SYSTEM: ing LLC				SYSTEM ID# 63741
<b>M</b> Channels	1. Enter the total system carried to the total on which the total on which the carried to the total on the	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels ble system carried television I		during the accounti	ng period.	128
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accoun	ER INFORMATION IS NEEDED	ldentify an individua	al to whom	
for Further Information	Name	Teri McMullen			Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartm	ent, or suite number)			
		Coudersport PA 1691 (City, town, state, zip)	5			
	Email	teri.mcmullen@	zitomedia.com	Fax	(optional)	
•	CERTIFICATION (	This statement of account mu	st be certified and signed in acco	rdance with Copyrig	ht Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, but only one, of the boxes.)			
	(Owner	r other than corporation or pa	artnership) I am the owner of the	cable system as iden	tified in line 1 of space	B; or
		-	tion or partnership) I am the duly wner is not a corporation or partne	•	the owner of the cable :	system as identified
		er or partner) I am an officer (ine 1 of space B.	a corporation) or a partner (if a pa	artnership) of the lega	al entity identified as ow	rner of the cable system
		e, and correct to the best of my	nereby declare under penalty of la knowledge, information, and belie			1
			X /s/James Rigas	line above to certify	this statement.	
			Enter signature using an "/s/ signat	ure" (e.g., /s/ John Sm	nith)	
		Typed or printed	name: <b>James Rigas</b>			
		Title: (Title of of	President icial position held in corporation or partn	ership)		
		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.

Accounting Period: 2020/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63741 Zito West Holding LLC 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . \$ 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. **Interest Assessment** 1% davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 0.00274 Line 4 Multiply line 3 by 0.00274\*\* and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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