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
02/22/22	\$ 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 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.	
		T	
		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		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 - Liverpool	
		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.

Accounting Period:	2021/2	
	LEGAL NAME OF CHAPTER OF CARLE OVOTEN	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Zito West Holding LLC	63838
	Instructions: List each separate community served by the cable system. A "com- separate and distinct community or municipal entity (including unincorporated	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	vill serve as a form of system identification hereafter known as the "first
	community." Please use it as the first community on all future filings.	mi serve as a form of system identification hereafter known as the mist
	Note: Entities and properties such as hotels, apartments, condominiums, or mol	bile home parks should be reported in parentheses below the identified
Area	city.	, , , , , , , , , , , , , , , , , , ,
Served		
	CITY OR TOWN	STATE
First	Liverpool Borough, PA	PA
Community	Buffalo Twp, PA	PA
	Liverpool Township, PA	PA
Add Rows as Necessary		

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63838

Form SA1-2E Short Form (Rev. 05-17)

### **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		BLOCH	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	5	112.56			
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.

	BLO	CK 1		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				
Pay cable—add'l channel		Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	30.00	Burglar protection				
Additional set(s)	20.00	Other services:				
FM radio (if separate rate)		Reconnect	30.00			
Converter		Disconnect				
		Outlet relocation	30.00			
		Move to new address	30.00			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63838

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

Zito West Holding LLC

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WGAL	8.1	N	Harrisburg, PA
WGAL	8.2	NM	Harrisburg, PA
WHP	21.1	N	Harrisburg, PA
WHP	21.3	NM	Harrisburg, PA
WHP	21.2	NM	Harrisburg, PA
WHTM	27.1	N	Harrisburg, PA
WHTM	27.3	NM	Harrisburg, PA
WHTM	27.4	NM	Harrisburg, PA
WHVL	29.1	l	Harrisburg, PA
WITF	33.1	E	Harrisburg, PA
WLYH	49.1	l	Harrisburg, PA
WPMT	43.1	N	Harrisburg, PA
WPMT	43.2	NM	Harrisburg, PA
WPSU	3.1	E	Clearfield, PA

SYSTEM ID#

63838

## Zito West Holding LLC

### 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	<b>d: 2021/2</b>  LEGAL NAME OF OWNER OF (	ADIE OVOT	EM.						FORI	M SA1-2E. PAGE 5.
Name	Zito West Holding LLC	ABLE SYST	EIVI:							63838
	SUBSTITUTE CARRIAGE	· SPECIA	STATEMEN	T AND PROGRAM I C	ng.					
<b> </b> Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis	ion program, broadcast be	oy a FCC	rules, regula	ations, or a	uthoriz	ations. F	or a further
Carriage:	1. SPECIAL STATEMENT									
Special	During the accounting peri				asis	any nonne	twork telev	ision r	orogram	,
Statement and	"	-	cable system	carry, orra substitute b	asis	, arry mornic	twork tolev			V
Program Log	broadcast by a distant stat		root of this nam	o blank If your anower	io "\	/oo " vou mi	ust sample		YES	
	<b>Note:</b> If your answer is "No" log in block 2.	, leave trie	rest or triis pag	je blatik. II your ariswer	15 1	es, you mi	ist comple	te trie	program	II
	2. LOG OF SUBSTITUTE In General: List each substitclear. If you need more space Column 1: Give the title of period, was broadcast by a funder certain FCC rules, rectled to the certain FCC rules, rectled to the certain FCC rules, rectled to the period, was broadcast by a funder certain FCC rules, rectled to the period, was broadcast by a funder certain FCC rules, rectled to the program Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Canacolumn 5: Give the monifirst. Example: for May 7 gives Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	tute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." I was broad cign of the s dcast static adian statio th and day e "5/7." s when the Example: a	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the cowhen your system substitute proprogram carried isted program ons in effect du	rows to the tables. Ision program ("substitus ur cable system substitus. See page (v) of the gotball." List specific program "Yes." Otherwise enter a sting the substitute program was carried by young a system from 6:00 was substituted for progring the accounting period of the substituted for progring the accounting period of the substituted for progring the accounting period substituted for progring the accounting period substituted for progring the accounting period substituted for progring the accounting period substituted for progring the accounting period substituted for progring the accounting period substituted for program was carried by young the accounting period substituted for program was carried to the substituted for program was carri	te pruted ener ram r "Not gram he s te prur cas o'1:15 gran iod; c	rogram") that for the program instruction titles, for exp."  a. tation is liceration is ider rogram. Use able system 5 p.m. to 6:2 mming that yenter the let	at, during the content of the conten	ne according another info ove Lu e FCC , with the mes ac should n was e liste	counting ther state or mation ucy" or cor, in the mon ccurated be required d programments.	th y
	Check on October 13, 1370.					WHE	EN SUBST	ITLIT	F	
	S	UBSTITUT	E PROGRAM				IAGE OCC			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	6. FROM	TIMES —	TO	DELETION
								_		
								_		
								_		
								_		

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC	S	STEM ID# 63838
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service nount, see	1,952.34 ss receipts)
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 \$26 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.	53,800	
	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 accounting period is \$52.00	s six-month	
	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 \$137,10		
	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)	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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 Regist See page i of the general instructions in the paper SA1-2 form for more information		ts!

Accounting Period: 2	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:				SYSTEM ID# 63838
M Channels	to its subscribers		total numl	ls on which the cable system carried tel ber of activated channels during the acc		
	system carrie	d television broadcast stations	s			. 14
	on which the	number of activated channel cable system carried television cast services	n broadca	ast stations		. 101
N Individual to Be Contacted		BE CONTACTED IF FURTH		RMATION IS NEEDED (Identify an indi	ividual to whom	
for Further Information	Name	Teri McMullen			Telephone	814-260-0434
imormation	Address	PO Box 665 (Number, street, rural route, apartn Coudersport PA 1691 (City, town, state, zip)		te number)		
	Email	teri.mcmullen@:	zitomedia	a.com	Fax (optional	
	CERTIFICATION (	This statement of account mu	ust be cert	tified and signed in accordance with Co <sub>l</sub>	pyright Office regulations)	
O Certification		d, hereby certify that (Check on		y one, of the boxes.)  p) I am the owner of the cable system as	identified in line 1 of space	B: or
	(Agent	of owner other than corpora	ation or pa	artnership) I am the duly authorized agen not a corporation or partnership; or		
		er or partner) I am an officer (if in line 1 of space B.	if a corpora	ation) or a partner (if a partnership) of the	legal entity identified as ow	ner of the cable system
		e, and correct to the best of my		clare under penalty of law that all statemen ge, information, and belief, and are made		
			X	/s/James Rigas		_
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	I name:	James Rigas		
		Title:	Presid	lent position held in corporation or partnership)		
		Date:			02/23/2022	

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.

Soribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below.  Name 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.  Line 1 Enter the amount of late payment or underpayment.  Line 2 Multiply line 1 by the interest rate* and enter the sum here.  2 days  Line 3 Multiply line 2 by the number of days late and enter the sum here.  2 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 Address ID number	FORM SA1-2E. PAGE 8.	unting Period: 2021/2
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 service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  No  YES. Enter the total here and list the satellite carrier(s) below.  \$  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.  Line 1 Enter the amount of late payment or underpayment.  Line 2 Multiply line 1 by the interest rate* and enter the sum here.  \$ \$ \$ \$  Interest  Line 3 Multiply line 2 by the number of days late and enter the sum here.  \$ \$ \$ \$  * * * * * * * * * * * * * *	SYSTEM ID#	L NAME OF OWNER OF CABLE SYSTEM:
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  I'm determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  No  YES. Enter the total here and list the satellite carrier(s) below	63838	West Holding LLC
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	tem for the basic shall not include sub- Special Statement	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyri lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the ca service of providing secondary transmissions of primary broadcast transmitters, the s
Name   Name   Mailing Address		
Name Mailing Address    Name   Mailing Address	ndary transmissions	made by satellite carriers to satellite dish owners?
Name 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.  Line 1 Enter the amount of late payment or underpayment		
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Line 2 Multiply line 1 by the interest rate* and enter the sum here		
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Line 3 Multiply line 2 by the number of days late and enter the sum here	1%	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	Line 2 Multiply line 1 by the interest rate* and enter the sum here
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	days	
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in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	x 0.00274	
(interest charge)  * 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 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	-	
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Address  ID number	1	,
ID number		Owner
		Address
		ID number
First community served		First community served

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.