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 COPYRIGH	IT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	08/22/2022	ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	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.	
		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 as 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 - Clay Center	
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you las 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 parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Clay Center Sutton	NE NE
Community	Fairfield	NE
Add Rows as Necessary	Harvard	NE
	Edgar	NE

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I
Name	Zito Midwest LLC	DEE OTOTEM.						010	12
Е	SECONDARY TRANSMISSION		-	-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Fransmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				iy stanual		s within a p		
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o						-I:66		
	Block 2: If your cable system printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	OCK 1						0	
	BL	NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	• Service to first set		11	82.61					
	Service to additional set(s)			02.01					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;				
F	In General: Space F calls for rat	•	,		•				
F	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the ur		usually	billed. If any rat	es are ch	arged on a varia	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ear	h of the a	applicable servi	res listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				hed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip			te for each.					
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATECO	BLOCK 2 DRY OF SERVICE	RA
	Continuing Services:	NATE	1	tion: Non-resi		NATE	CATEGO	DRT OF SERVICE	
	• Pay cable		• Mot	el, hotel					
	Pay cable—add'l channel			nmercial					
	Fire protection		• Pay	cable					
	 Burglar protection 		• Pay	cable-add'l cha	annel				
	Installation: Residential			protection					
	• First set	30.00		glar protection					
	Additional set(s)	20.00		ervices:		00.00			
	 FM radio (if separate rate) 		• Rec	onnect		30.00			
	• Convortor		- Die	onnoct					
	• Converter			connect		30.00			
	• Converter		• Out	connect let relocation ve to new addre	ess	30.00 30.00			

				FORM SA1-2E. PAGE 3.
ne	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 1263
	Zito Midwest LLC			1203
ary itters: sion	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the chann- of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting to 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: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carried on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ering the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin 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 a, see page (v) of the general instructio program services such as HBO, ESPN te-air designation. For example, report evision station for broadcasting over th a station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. at the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program bg)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KXFL	51.1	N	Lincoln NE
	KI KN	81	N	
accarv	KLKN KOLN	8.1 10 1	N	Lincoln NE
ssary	KOLN	10.1	N	Lincoln NE Lincoln NE
sary	KOLN KSNB	10.1 4		Lincoln NE Lincoln NE Lincoln NE
sary	KOLN KSNB KSNB	10.1 4 4.1	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE
ssary	KOLN KSNB KSNB KUON	10.1 4 4.1 12.1	N	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE
ssary	KOLN KSNB KSNB KUON KXVO	10.1 4 4.1 12.1 15.1	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE
essary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
ssary	KOLN KSNB KSNB KUON KXVO	10.1 4 4.1 12.1 15.1	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE
essary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
cessary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
essary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
essary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
essary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
cessary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
cessary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
ecessary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
ecessary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
cessary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
lecessary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA
Necessary	KOLN KSNB KSNB KUON KXVO WATM	10.1 4 4.1 12.1 15.1 23.3	N N I	Lincoln NE Lincoln NE Lincoln NE Lincoln NE Lincoln NE Omaha NE Altoona PA

		CABLE SY	/STEM:					SYSTEM I
Lito Midwes	t LLC							12
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co sign of a the static ion's sign g a chech n's locati	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 this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/0				0/0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2022/1						FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							1263
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM I OO	3			
I	In General: In space I, identi	-	-			ion that you	ır cable evete	am carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per				s any nonnet	work televi	sion program	n
Statement and		-	i cable system	carry, on a substitute basis	s, any nonne			
Program Log	broadcast by a distant sta	uon?				L	YES	X NO
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if thei	ir meaning is	6
	clear. If you need more spa							
				ision program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			Lot opcome program		ampio, i <u>c</u> o		
	Column 2: If the program	n was broad	dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute program				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the s			with the mor	nth
	first. Example: for May 7 giv		when you sys		logiani. Ose	numerais,		iiui
			e substitute pro	gram was carried by your o	able svstem.	List the tim	nes accurate	elv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976.		our system wa	s permitted to delete under	FCC fulles a	nu regulatio		
								-
					WHE	N SUBSTI	ITUTE	
	S	UBSTITUT	E PROGRAM	1		N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	

Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 1263
			1203
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servio s amount, see	7,691.71
	COPYRIGHT ROYALTY FEE		
L 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 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 accounting period is \$52.00	this 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,	100)	
	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	7,600)	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		13.00]
	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		ghts!

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Midwes	DF OWNER OF CABLE SYSTEM: st LLC			SYSTEM ID: 1263
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	oers, and (2) the cable system's otal number of channels on which ried television broadcast stations otal number of activated channe e cable system carried television	total numl ch the cabl s els n broadcas		9
N Individual to Be Contacted		ect about this statement of accou		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen		Telephone	e <u>814-260-0434</u>
	Address	PO Box 665 (Number, street, rural route, apa	rtment, or su	uite number)	
		Coudersport PA 169 (City, town, state, zip)	915		
	Email	teri.mcmullen@	∋zitomed	lia.com Fax (optional)	
O Certification	I, the undersite (Ow (Ag X (Of V)	igned, hereby certify that (Check or wner other than corporation or p gent of owner other than corpor in line 1 of space B and that the officer or partner) I am an officer in line 1 of space B.	one, but on partnershi ation or pr owner is no (if a corpor hereby de	<pre>intified and signed in accordance with Copyright Office regulations; ify one, of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space I artnership) I am the duly authorized agent of the owner of the cable s ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as ow eclare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith.</pre>	B; or system as identified ner of the cable system
				/s/James Rigas	-
		Typed or printe	d name:	James Rigas	
		Title:	Presid	dent	
		(Title of	official posit	tion held in corporation or partnership)	

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 the 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 telephoi 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 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 t 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 lav

unting Period: 2022/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Midwest LLC	120
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x 1%	-
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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