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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
	ary Transmissions by	DATE RECEIVED	AMOUNT					
	ems (Short Form)			<u>coplicsoa@loc.gov</u>				
O l in . to		08/22/2022	\$	For additional information, contact the U.S. Copyright				
-	ictions are located of this workbook	00/22/2022	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150				
			ALLOCATION NUMBER	-				
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	'YYY/(Period))					
		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
	2022/1		renou z – outy r - December or					
		-						
		Barcode Data Filing Period (optiona	I - see instructions)					
Accounting								
Period								
	Instructions: Give the full legal name of the owner o	f the cable system. If the owner is a sub	sidiary of another corporation, give the full	corporate				
B	title of the subsidiary, not that of the p							
Owner	List any other name or names under w	nich the owner conducts the business of the cable system.						
	If there were different owners during t	he accounting period, only the owner or	n the last day of the accounting period shoul	d submit a				
	-	r fee payment covering the entire accou						
	Check here if this is the system's first fi	ling. If not, enter the system's ID numbe	r assigned by the Licensing Division.	40578				
	LEGAL NAME OF OWNER/MAIL	NG ADDRESS OF CABLE SYSTEM	Λ					
	DuCom Treasure Lake LP							
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	Т)					
	Zito Media							
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM						
	PO Box 665 (Number, street, rural route, apartment, or suite	e number)						
	Coudersport, PA 16915							
	(City, town, state, zip)							
C	<b>INSTRUCTIONS:</b> In line 1, give any bus names already appear in space B. In lin							
System	IDENTIFICATION OF CABLE SYSTEM:							
	Zito Media - Treasure Lak							
	MAILING ADDRESS OF CABLE SYSTE	M:						
	2 (Number, street, rural route, apartment, or suite	e number)						
	(City, town, state, zip code)							
Privacy Act Notic	e: Section 111 of title 17 of the United States Code	authorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this				

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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC
Name		
	DuCom Treasure Lake LP	40
_	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	ist will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Treasure Lake	PA
Community	Sandy	PA
	Huston	PA
Add Rows as Necessary	Jay Township	PA
Add Rows as Necessary	Reeds Twp	PA
		PA
	Pine Creek Twp	
	Polk Twp	PA
	Snyder Twp	PA
	Warsaw Twp	PA
	Washington Twp	PA

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	DuCom Treasure Lake LP										
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND RA	TES						
E	In General: The information in s					ry transmission	service of	the cable			
	system, that is, the retransmission										
Secondary	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).										
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla evetan	n broken			
scribers and	down by categories of secondar	•									
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 standa	ird rate variation	is within a	particular rate			
	Block 1: In the left-hand block				es of sec	ondary transmis	ssion serv	ice that cable			
	systems most commonly provide			-							
	that applies to your system. Not										
	categories, that person or entity						•				
	subscriber who pays extra for ca					d in the count ur	nder "Serv	ice to the			
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those			
	printed in block 1 (for example, t	-		•							
	with the number of subscribers a										
	sufficient.										
	BLC	DCK 1	-				BLOCI				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RA		
	Residential:	SUBSCRIB	EKS	RATE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	TVA		
	Service to first set		574	18.45							
	Service to additional set(s)		5/4	10.45							
	( )										
	• 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	te (not subscril	ber) info	ormation with res	pect to a	Ill your cable sy	stem's ser	vices that were			
Г	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services	•					• •	,			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		aoaanj	2		la gou on a ran	anie hei h	nog.am zacio,			
ransmissions:	Block 1: Give the standard rat	te charged by t									
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) description and include the rate for each.										
	bilei (two- of tillee-word) descrip										
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERV		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RA		
	Continuing Services:	RATE		ation: Non-resid		RATE	CATEG	ORT OF SERVICE	RA		
	Pay cable			tel, hotel	lential						
	• Pay cable—add'l channel			mmercial							
	• Fire protection			y cable							
	•Burglar protection			y cable-add'l cha	nnel						
	Installation: Residential			e protection							
	• First set	30.00		rglar protection							
		30.00 20.00		rgiar protection services:							
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	20.00		connect		30.00					
	· · · /					30.00					
	Converter		• DIS	sconnect							
				thet we less - +!		00.00					
			-	tlet relocation		30.00 30.00					

unting Period: 2	-			FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER OF			#SYSTEM ID 40578						
	DuCom Treasure Lake LP PRIMARY TRANSMITTERS: TELEVISION									
G Primary ansmitters: elevision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t b)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. It with respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrien in concerning substitute basis stations i's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WATM	23	N	Altoona PA						
	WATM	23.1	N	Altoona PA						
. N	WATM	23.1		Altoona PA						
lecessary	WATM	6	N	Johnstown PA						
	WKBS	46		Altoona PA						
	WRBS	19.1		Jeannette PA						
	WPSU	3	E	State College PA						
	WTAJ	10	N	Altoona PA						
	WWCP	-								
	WWCP	8	N	Johnstown PA						

all-band basis v Special Instru- receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	t every radio s whose signals ctions Concer- it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing	tation ca were gel rning AI y the sys be recei t the Co sign of e he statio ion's sign	rried on a separate and discre- nerally receivable by your cab <b>I-Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t	le system during Copyright Office ro t the system's he system's FM ante	the accountin egulations, an adend, and (2	g period FM sigr	nal is generally	H Primary
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	it is carried by monitoring, to prmation abou rm. dentify the call State whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign	tem whenever it is received at ved at the headend, with the s pyright Office regulations on t	t the system's he system's FM ante	adend, and (2			
		n's locatio	an is AM or FM. nal was electronically process ( mark in the "S/D" column. on (the community to which th the community with which the	ed by the cable s e station is licens	ge (v) of the g ystem as a se sed by the FC	ertain sta eneral ir eparate a	ated intervals. Istructions in the. and discrete	Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2022/1 LEGAL NAME OF OWNER OF		TEM					RM SA1-2E. PAGE 5 SYSTEM ID#
Name	DuCom Treasure Lake		· · _ IVI.					40578
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	)G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting pe	eriod, under sp	ecific present and former F	CC rules, reg	ulations, o	r authorizat	ions. For a further
Carriage:	1. SPECIAL STATEMEN				0		• •	
Special Statement and	• During the accounting pe	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network te	evision pro	ogram_
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o". leave the	rest of this pa	ae blank. If vour answer i	s "Yes." vou r	nust comp	lete the pr	
	log in block 2.	,	·	0 ,				0
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Cat <b>Column 5:</b> Give the mon first. Example: for May 7 gi	e of every no a distant stat egulations, o ries like "mo . Bulls." m was broad sign of the adcast statio nadian statio nth and day ive "5/7."	onnetwork tele- tion and that y or authorization ovies" or "bask dcast live, entu- station broadc on's location (1 ons, if any, the when your sy e substitute pro-	vision program ("substitut our cable system substitut ns. See page (v) of the ge etball." List specific progr- er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you	ted for the pro- neral instruct am titles, for e "No." ram. le station is lid e station is id e program. Us r cable system	ogramming ions for fu example, " censed by entified). se numera m. List the	the FCC c s, with the times acc	er station nation. y" or or, in e month urately
	to delete under FCC rules a was substituted for program	ter "R" if the and regulation mming that y	listed program		od; enter the l	etter "P" if	the listed	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	listed progran ions in effect d your system w	uring the accounting perion as permitted to delete uno	od; enter the l der FCC rules WHE	etter "P" if and regu	the listed ations in	program
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting perions of the second s	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed ations in ITUTE CURRED TIMES	program
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b.	listed program ions in effect d your system w	uring the accounting perion as permitted to delete uno	od; enter the l der FCC rules WHE CARRI	etter "P" if and regul	the listed ations in ITUTE CURRED	7. REASON FO
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	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. UBSTITUTE 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting perions of the second s	bd; enter the l der FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed ations in ITUTE CURRED TIMES	7. REASON FOR
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Accounting Period:	2022/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
INGILIE	DuCom Treasure Lake LP	<u> </u>			40578
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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	ystem's se on of how to	condary transm o compute this a	ission service amount, see	<b>5,317.28</b> pss 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less than nformation	an \$527,600 I.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2	!	<u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	155,317.28		
	3. Subtract line 2 from line 1	\$	108,482.72		
	4. Enter the amount of gross receipts from space K		.\$	55,317.28	
	5. Enter the amount from line 3		.\$	08,482.72	
	6. Subtract line 5 from line 4		\$	46,834.56	
	7. Multiply line 6 by .005 (enter figure here)			\$	234.17
	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		\$	234.17
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	234.17	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	254.17
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2022/1										FOF	RM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW DuCom Treasure	NER OF CABLE SYSTEM: Lake LP										SYSTEM ID# 40578
M Channels	to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cable	must give (1) the number of and (2) the cable system's t umber of channels on which evision broadcast stations umber of activated channel e system carried television t services	total numb ch the cable s els n broadcast	ber of acti le st stations	ivated channo	els during th	ne accountin	ng period.	t stations		9 103	
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of account		ORMATIO	N IS NEEDE	D (Identify a	an individua	I to whom				
for Further Information	Name <b>T</b>	Teri McMullen						۲	Telephone	814-260-0	434	
	۵ د	PO Box 665 Number, street, rural route, apart Coudersport PA 169 City, town, state, zip)	915									
	Email	teri.mcmullen@	@zitomedia	lia.com			Fax	(optional)				
O Certification	<ul> <li>I, the undersigned,</li> <li>(Owner of (Agent of in line)</li> <li>X (Officer of in line)</li> <li>I have examined the second secon</li></ul>	his statement of account m hereby certify that (Check of ther than corporation or p f owner other than corpor e 1 of space B and that the of or partner) I am an officer ( e 1 of space B. he statement of account and and correct to the best of my 1001(1986)]	partnership partnership oration or pa owner is no (if a corpora d hereby de	nly one, of nip) I am th partnershi not a corpo pration) or a leclare und	f the boxes.) ne owner of th <b>ip)</b> I am the d oration or part a partner (if a der penalty of	ne cable syst uly authorize nership; or a partnership;	tem as iden ed agent of f ) of the lega statements	tified in line the owner o al entity iden of fact conta	1 of space E f the cable s tified as owr	ystem as ider		
				n electronic	mes Rigas c signature on ing an "/s/ sign	the line abov			nt.			
		Typed or printer Title: (Title of c	Presid	dent	es Rigas	artnership)						
		Date:					(	08/23/2022				

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 fing, a determination that would be made by a court of law.

ACCOM Treasure Lake LP       409         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 sectores and amounts of subscribers and the gross amounts paid to the cable system of 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."       P         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.       Special Statement Concerning Gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?       No       Special Statement Concerning Gross receipts for secondary transmissions       Special Statement Concerning Gross receipts for secondary transmissions         Mrme       Maling Address       Marme       Maling Address       Special Statement Concerning Gross receipts for secondary transmissions       Special Statement Concerning Gross       Special Statement Conce	ounting Period: 2022/1	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Stability Home Viewer Act of 1988 amended Tile 17, section 111(a)(1)(A), of the Copyright Act by adding the fol- lowing amenace. The determining the total number of subscribers and the gross amounts paid to the cable system for the basic sections and amounts Collected from subcribers receiving section pruvant to section 119.  For more information on when to exclude these amounts, see the note on page (ai) of the general instructions located in the paper SA1-2 form. The subscriber and list the satellite carrier(s) below. There is a the stabilite carrier to satellite for subscribers  Maning Address  Norm the total here and list the satellite carrier(s) below.  In the stabilite carrier to satellite forms uscended and an amounts of gross receipts for secondary transmissions made by satellite carrier to satellite carrier(s) below.  Norm the stability of the second and the stabe system oxclude any amounts of gross receipts for secondary transmissions made by satellite carrier to satellite carrier(s) below.  Norm the stability of the second and the stabe system oxclude any amounts of gross receipts for secondary transmissions made by satellite carrier to satellite carrier(s) below.  Norm there and list the satellite carrier(s) below.  Line 1 Enter the total here and list the satellite carrier(s) below.  Line 1 Enter the amount of late payment or underpayment. For an explanation of interest rate* and enter the sum here  x 196  Line 2 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 1, (page 6) block 1, line 2, or block 3 line 6,  Covere Address Do unmber This is the docimal equivalent of 1385, which is the interest assessment for one day take.  Note: You can filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served .  Do unmber For community served Do unmber .  Covere A	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Statellite Home Vewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- towing semicare. The Statellite Home Vewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Caple system for the basic sortice of providing secondary transmissions of primary transmissions pursuant to section 119. <sup>o</sup> For more information on when to exclude these amounts, see the note on page (wii) of the general instructions cocated in the pager 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? Name Maining Address Name Maining Address Name Maining Address Name Maining Address Name Maining Address Name Maining Address Name Maining Address Name Naddress Name Naddress Name Naddress Nad	Com Treasure Lake LP	4057
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: Sate Sate Sate Sate Sate Sate Sate Sate	The Satellite Home Viewer Act of 1988 amended Title 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 of primary broadcast transmitters, the system shall not include sub-	-
made by satellite carriers to satellite dish owners?         NO         YES. Enter the total here and list the satellite carrier(s) below\$         Name         Maing Address         Maing 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.		
VES. Enter the total here and list the satellite carrier(s) below	made by satellite carriers to satellite dish owners?	
Name       Mame         Maining Address       Maining Address         INTEREST ASSESSMENT       Normal maining Address         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         Line 1 Enter the amount of late payment or underpayment.       x       1%         Line 2 Multiply line 1 by the interest rate* and enter the sum here       -       x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -       x       0.00274         Line 4 Multiply line 3 by 0.00274** and enter here       (interest charge)       -       (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please       -       (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please       -       (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please       -       -         OWTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please       -       -         Is below the owner, address, first community served       D number, a		
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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         First community served		_
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