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	HT 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>
General instructions are located	08/22/2022	\$	For additional information, contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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 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)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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 - Fairfield CO 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 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. PAGE 1b. SYSTEM ID#
Name	Zito West Holding LLC	63766
D	Instructions: List each separate community served by the cable system. A "communi "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 lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Fairfield	СО
Community		
Add Rows as Necessary		
	การการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	Zito West Holding LLC								6376
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed.	pace E should on of television ay cable) in sp (June 30 or D blocks in span transmission umber of billing ice at the rate harged for eac (Example: "\$2	cover a and rac pace F, r ecembe ce E cal service. gs in tha indicate h categ 20/mth")	Il categories of tio broadcasts b not here. All the er 31, as the cas I for the number I ngeneral, you t category (the d—not the num ory of service. In . Summarize ar	secondary y your sy facts you e may be of subsc can com number of ber of set nclude bo	stem to subscrit state must be t). ribers to the cat pute the numbe persons or org s receiving servi th the amount o	bers. Give hose existi ble system, r of subscr anizations ice). f the charg	information ng on the broken ibers in charged e and the	
	category, but do not include disc 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 Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	in space E, the to their subsc Where an ine should be cour ble service to a nce again und has rate catego ers of services	e form li ribers. (dividual nted as addition er "Serv pries for s that ind	sts the categori Give the number or organization a subscriber in al sets would be vice to additional secondary tran clude one or mo	r of subsc is receiving each appl e included I set(s)." smission are second	ribers and rate f ng service that f icable category. in the count un service that are lary transmissio	or each lis alls under Example: der "Servic different fr ns), list the	ted category different a residential e to the om those em, together	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		155	35.50					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrit nose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) info that are ns: you nished to usually he cable stem fur je was n	rmation with res not offered in c do not need to o nonsubscriber billed. If any rat e system for eac nished or offeren nade or establis	pect to al ombinatio give rate i s. Rate in tes are ch ch of the a d during t	n with any seco nformation cond formation shoul arged on a varia upplicable servic he accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE	1	GORY OF SER		RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services: Pay cable	17.95		ation: Non-resi tel, hotel	uential				
	Pay cable—add'l channel			mmercial					
	• Fire protection		_	/ cable					
	•Burglar protection		-	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	30.00	• Bur	glar protection					
	 Additional set(s) 	20.00		services:					
	• FM radio (if separate rate)			connect		30.00			
	Converter			connect					
				tlet relocation ve to new addre	200	30.00 30.00			

ng Period: 2	LEGAL NAME OF OWNER O			FORM SA1-2E. PAGE 3 SYSTEM ID#
ame	Zito West Holding LL			63766
	PRIMARY TRANSMITTERS:			-
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here, station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eact educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, son's call sign. <i>Do not</i> report origination p ad with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog I(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream ir the air in its community a noncommercial pendent), "I-M" tional multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCNC	4.1	N	Denver, CO
	KDVR	31.1	Ν	Denver, CO
ecessary	КМСН	7.1	N	Denver, CO
	KRMA	6.1	E	Denver, CO
	KTVD	20.1	I	Denver, CO
	KUSA	9.1	Ν	Denver, CO
	KWGN	2.1	I	Denver, CO

EGAL NAME OF		ABLE 51	STEM:					SYSTEM I 637
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i cor 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 ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recei t the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM anten his point, see pa ed by the cable s e 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 in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary 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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						63766
	SUBSTITUTE CARRIAGI				G			
	In General: In space I, identi					ion that voi	ır cable syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televi	sion progran	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete	e the prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if thei	ir meaning is	;
				ision program ("substitute p	orogram") tha	t, during the	e accounting	I
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re Do not use general categor							า.
	"NBA Basketball: 76ers vs.		vies of baske	ubali. List specific program		ample, 1 LC	We Lucy Of	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		neod by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv		aubatituta pro	gram was carried by your o	abla avatam	List the tim	ana angurata	b.
	to the nearest five minutes.							iy
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.		2			Ū		
					WHE	N SUBST		
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							<u> </u>	
							_	
							_	
							_	
							_	
							_	
							_	
					, ,			

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Zito West Holding LLC		63766
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.	smission servic s amount, see	e 7,951.81
_	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	<u>-</u>	
	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 \$52)	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		
Filler Fr. (
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Namo	Accounting Period:	2022/1				FORM SA1-2E. PAGE 7
M Channels Instructions: You must give (1) the number of durations on which the cable system carried teevision broadcast stations 1 Instructions: 1 Instructions: 2 Enter the total number of durations on which the cable system carried teevision broadcast stations: 0 2 Enter the total number of durations on which the cable system carried teevision broadcast stations: 0 N Individual to total cable system carried teevision broadcast stations: 0 0 N Individual to contracted about this statement of account. 0 0 N Individual to contracted about this statement of account. 1 1 1 N Individual to contracted about this statement of account. 1 1 1 1 N Individual to contracted about this statement of account. 1 1 1 1 1 N Individual to contracted about this statement of account. 1	Name					SYSTEM ID# 63766
o which the cable system carried television broadcast stations 69 N Monochroadcast services. 1 Individual to be contracted in services. 1 1 Individual to be contracted in the service on the control of the contracted in the service on the control of the contracted in the service. 1 Individual to be contracted in the service on the control of the control of the control of the control of the contracted in the service on the service on the control of th		Instructions: to its subscrib 1. Enter the to	ers, and (2) the cable system's total number of channels on whic	otal numb	e of activated channels during the accounting period.	
Individual to Be Contacted for Further Information Name Information Telephone 814-260-0434 Name Information Couldersport PA 18915 Information Telephone 814-260-0434 Couldersport PA 18915 Couldersport PA 18915 Couldersport PA 18915 Information Fax (optional) Email Information Fax (optional) Information Fax (optional) Certification Certification Fax (optional) Information Image: Certification Couldersport PA 18915 Information Fax (optional) Image: Certification Certification Fax (optional) Information Image: Certification Certification Fax (optional) Information Image: Certification Couldersport PA 18915 Information opartmership) I am the owner of the cable system as identified in line 1 of space 8 or Image: Certification Couldersport PA 18915 Information, and object (if a corporation or partmership) I am the owner of the cable system as identified in line 1 of space 8 or Image: Certification Contertified and count and brevely declare under portal of any target field and therein are the owner of the cable system in line 1 of space 8 or Image: Content of the tabatenewerin tor account and brevely declare under portaly		on which the	e cable system carried television	broadcas		69
Information Address PD Box 665 (Window, street, run invoke, spentment, or sub number) Couldersport PA 16315 ((b)) Email Ref.mcmullen@jzitomedia.com Fax (optional) Fax (opt	Individual to				RMATION IS NEEDED (Identify an individual to whom	
(Number: street, truet tools, agartment, or subte number) Coldersport PA95 (City, non, site, 2p) Email teri.nonullen@zitomedia.com Fax (optional) Fax (optional) Certification Cerification domain dand the base on pathemethip an		Name	Teri McMullen		Telephone	814-260-0434
Coudersport PA 16915 (City, Low, state, 20) Email tetrimenullen@attomedia.com Fax (optional) Coudersport PA 16915 Email tetrimenullen@attomedia.com Fax (optional) Coudersport PA 16915 Email tetrimenullen@attomedia.com Fax (optional) Coudersport PA 16915 Coudersport PA 16915 Coudersport PA 16915 Email tetrimenullen@attomedia.com Fax (optional) Coudersport PA 16915 Coudersporteno non partnership) 1 an the ouvere of the		Address		ment or sui	te nimber)	
Email ter.mcmuller@2thmedia.com Fax (optional) O Certification Certification Certification Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)			Coudersport PA 169			
Certification Certification Certification • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • Officer or partner) I am an officer (if a corporation) or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are two, complex, and correct to the best of my knowledge, information, and belief, and are made in good failt. IB U.S.C., Section 1001(1986)): Meet or printed name: Maren Rigas Tree or printed name: Jarnes Rigas Tree or declaration here in a dectronic signature on the line above to certify this statement. 		Email		Titomodi	Com (antional)	
P Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [8 U.S.C., Section 1001(1980)] Every E X /s/James Rigas Inter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position hed in corporation or partnership)						
In line 1 of space B and that the owner is not a corporation or partnership; or Image: Complete in the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1986)) Image: Complete in the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1986)) Image: Complete in the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. If U.S.C., Section 1001(1986) Image: Complete in the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. If U.S.C., Section 1001(1986) Image: Complete in the statement of account and hereby declare under penalty of law that all statements. Inter or printed name: Image: Complete in the account is granture (e.g., /s/ John Smith) Title or official position held in corpo	-	• I, the undersig	gned, hereby certify that (Check o	ne, <i>but onl</i> j	<i>y one</i> , of the boxes.)	
in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]			in line 1 of space B and that the c	wner is no	t a corporation or partnership; or	
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)		 I have examin are true, compl 	ned the statement of account and lete, and correct to the best of my	-		
Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)				X	/s/James Rigas	_
Title: President (Title of official position held in corporation or partnership)						
(Title of official position held in corporation or partnership)			Typed or printed	l name:	James Rigas	
Date: 08/23/2022						
			Date:		08/23/2022	

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 telephol 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 lay

Inting Period: 2022/1	FORM SA1-2E. PAG
	SYSTEM 637
West Holding LLC	007
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- 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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gros
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.	Receipts Exclusio
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x 1%	Interest Assessme
	Interest Assessm
x 1%	Interest Assessm
x 1%	Interest Assessm
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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 -	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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 - Line 4 Multiply line 3 by 0.00274** and enter here - - - -	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - - - - x	Interest Assessme
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