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>
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	CCOUNTING PERIOD CO	VERED BY THIS STATEMENT: (YYYY/(Period))	
	2022/1	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 o of the subsidiary, not that of th	owner of the cable system. If the owner is a subsidiary of another corporation, give the full corponent corporation.	orate title
Owner	List any other name or names u	under which the owner conducts the business of the cable system.	
		during the accounting period, only the owner on the last day of the accounting period should sub d royalty fee payment covering the entire accounting period.	omit a
	Check here if this is the system	n's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63840
	LEGAL NAME OF OWNER	R/MAILING ADDRESS OF CABLE SYSTEM	
	Zito West Holding LLC		
	BUSINESS NAME(S) OF O	WNER OF CABLE SYSTEM (IF DIFFERENT)	
	Zito Media		
		WNER OF CABLE SYSTEM	
	PO Box 665 (Number, street, rural route, apartme	ent, or suite number)	
	Coudersport, PA 16 (City, town, state, zip)	915	
С		any business or trade names used to identify the business and operation of the B. In line 2, give the mailing address of the system, if different from the address	
System	1 IDENTIFICATION OF CABLE S		
	Zito Media - Bellevil MAILING ADDRESS OF CABL		
	MAILING ADDRESS OF CABL	ESTSIEM:	
	2 (Number, street, rural route, apartme	ent, 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.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	Zito West Holding LLC	63840
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area	as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c identified city.	
Served	identified city.	
	CITY OR TOWN	STATE
First	Brown Twp, PA	PA
Community	Union Twp, PA	PA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	TEM ID
Name	Zito West Holding LLC							6384
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 new separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	pace E should on of television vay cable) in sp (June 30 or D blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$2 ounts allowed in space E, th e to their subsc	cover all cate and radio bro ace F, not he ecember 31, a ce E call for th service. In ge gs in that cate indicated—no h category of 20/mth"). Sum for advance p e form lists the ribers. Give th	gories of seconda adcasts by your a re. All the facts your as the case may be neral, you can co gory (the number t the number of s service. Include to marize any stand ayment. the categories of secondary the number of sub-	system to subscrib ou state must be the be). scribers to the cab or of persons or orga- tets receiving servi- both the amount of dard rate variations econdary transmiss scribers and rate f	pers. Give hose existi- note system r of subscr anizations ice). f the charg s within a p sion servic for each lis	information ng on the broken ibers in charged e and the particular rate e that cable ted category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to once again und has rate catego iers of services	nted as a sub- additional sets er "Service to pries for second that include	scriber in each ap would be include additional set(s). ndary transmissio one or more seco	oplicable category. ed in the count une " on service that are ondary transmissio	Example: der "Servic different fr ns), list the	a residential te to the rom those tom, together	
	BLC	DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		ATE CA	TEGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIVID				(VIOL	ODDOCKIDENO	
	Service to first set		73	36.22				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services 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 brief (two- or three-word) description	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	er) informatic that are not of ns: you do no nished to nons usually billed he cable syste stem furnished te was made of	n with respect to fered in combina t need to give rat subscribers. Rate If any rates are em for each of the d or offered during or established. Lis	tion with any seco e information cond information should charged on a varia e applicable servic g the accounting p	ndary tran cerning (1) d include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			Non-residential				
	Pay cable Pay cable add'l channel		Motel, ho Commere					
	Pay cable—add'l channel Fire protection		Commerce Pay cable					
	Burglar protection		,	e-add'l channel				
	Installation: Residential		Fay cable Fire prote					
	• First set	30.00	• Burglar p					
	Additional set(s)	20.00	Other servic					
		20.00						
	. ,		 Reconne 	ct	30.00			
	 FM radio (if separate rate) Converter 		Reconne Disconne		30.00			
	• FM radio (if separate rate)			ect	30.00 30.00			

	LEGAL MANE OF OWNER OF			EVETEN ID#
ime	LEGAL NAME OF OWNER O			SYSTEM ID# 63840
	PRIMARY TRANSMITTERS:			
Anary nitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WGAL	8.1	Ν	Harrisburg, PA
	WGAL	8.2	NM	Harrisburg, PA
١	WHP	21.1	Ν	Harrisburg, PA
ecessary	WHP WHP	21.1 21.3	N NM	Harrisburg, PA Harrisburg, PA
lecessary				
ecessary	WHP	21.3	NM	Harrisburg, PA
Vecessary	WHP WHP	21.3 21.2	NM NM	Harrisburg, PA Harrisburg, PA
Necessary	WHP WHP WHTM	21.3 21.2 27.1	NM NM N	Harrisburg, PA Harrisburg, PA Harrisburg, PA
Necessary	WHP WHP WHTM WHTM	21.3 21.2 27.1 27.3	NM NM N NM	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
Necessary	WHP WHP WHTM WHTM WHTM	21.3 21.2 27.1 27.3 27.4	NM NM N NM NM	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
5 Necessary	WHP WHP WHTM WHTM WHTM WHVL	21.3 21.2 27.1 27.3 27.4 29.1	NM NM N NM NM I	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA
s Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF	21.3 21.2 27.1 27.3 27.4 29.1 33.1	NM NM N NM NM I	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA
Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM I E I	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA
is Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1	NM NM N NM NM I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA

EGAL NAME OF		ABLE ST	SIEM:					SYSTEM I 638
	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 paper SA1-2 for Column 1: Ic 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 process c 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 anten his point, see pa ed by the cable s e station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general 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						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						63840
					_			
	SUBSTITUTE CARRIAGE							
I	In General: In space I, identi							
	substitute basis during the a							
Substitute	explanation of the programm				e general insu		aper SAT-	2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting period 		r cable system	carry, on a substitute bas	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pad	e blank. If vour answer is '	'Yes." vou mι	ist complete th	ne progran	n
	log in block 2.	,	1.5	,	, ,		1 5	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.				
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."						
				r "Yes." Otherwise enter "N				
				sting the substitute progra			00 an in	
	the case of Mexican or Can	dcast static	on's location (th	e community to which the	station is lice	nsed by the Fi	CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv	e "5/7."			-			
				gram was carried by your				у
	to the nearest five minutes.	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	mming that y	our evetem w	s required	4
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
							ITE	
	9		E PROGRAM	1		N SUBSTITU		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63840
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 servic s amount, see	e 7,265.36
	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	. S	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,		
	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 \$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		
Ellips E - 1			
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!

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito West H	DF OWNER OF CABLE SYSTEM: olding LLC			SYSTEM ID# 63840
M Channels	to its subscrib		s total numl	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le	13
					. 13
	on which the	otal number of activated chann e cable system carried televisio adcast services	on broadcas	st stations	
N Individual to Be Contacted		TO BE CONTACTED IF FUR ct about this statement of accc		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen		Telephon	e 814-260-0434
	Address	PO Box 665 (Number, street, rural route, ap	artment, or su	ite number)	
		Coudersport PA 16 (City, town, state, zip)	915		
	Email	teri.mcmullen	@zitomed	ia.com Fax (optional)	
0	CERTIFICATIO	DN (This statement of account	must be ce	rtified and signed in accordance with Copyright Office regulations	;)
Certification		gned, hereby certify that (Check vner other than corporation or		<i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of space	B; or
	(Ag			artnership) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or	system as identified
	X (O	fficer or partner) I am an officer in line 1 of space B.	· (if a corpor	ation) or a partner (if a partnership) of the legal entity identified as ov	vner of the cable system
	are true, comp		-	clare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith.	1
			<u> </u>	/s/James Rigas	_
				electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or print	ed name:	James Rigas	
		Title: (Title c	Presic of official posit	dent ion held in corporation or partnership)	
		Date:		08/23/2022	
	L	itle 17 of the United States Code	outborizoo fi	e Convright Office to collect the personally identifying information (PII)	

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 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 lav

Inting Period: 2022/1	FORM SA1-2E. PAG
West Holding LLC	638
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:	P
"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic	
service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-	Special Stateme
scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gros
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	Receipts Exclusion
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Nama	
Name 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.	L L
, , , , , , , , , , , , , , , , , , , ,	-
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
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