This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

### SA1-2E Short Form

#### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
2/24/23	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		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 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:
	1	Zito Media - Lake of Egypt
		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.

	T	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 118						
	Zito Midwest LLC							
	Instructions: List each separate community served by the cable system. A "commun							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,							
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I	ist will serve as a form of system identification hereafter kno						
	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	nome parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	Lake of Egypt/Williamson	IL 						
Community	Creal Springs	<u>                                     </u>						
	Lake of Egypt/Johnson County	<u> </u>						
Rows as Necessary	Goreville	IL						
i								

Accounting Period: 2022/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 11836

## Zito Midwest LLC

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
<ul> <li>Service to first set</li> </ul>	13	81.09	
<ul> <li>Service to additional set(s)</li> </ul>			
<ul> <li>FM radio (if separate rate)</li> </ul>			
Motel, hotel			
Commercial			
Converter			
Residential			
Non-residential			

## F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	20.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		<ul> <li>Move to new address</li> </ul>	30.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

PRIMARY TRANSMITTERS: TELEVISION

Zito Midwest LLC

# G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBSI	23.1	N	Paducah KY
KFVS	12.1	N	Cape Girardeau MO
WDKA	49.1	<u> </u>	Paducah KY
WPSD	6.1	N	Paducah KY
WQWQ	12.2	<u> </u>	Cape Girardeau MO
WSIL	3.1	N	Harrisburgh IL
wsiu	8	E	Carbondale IL
WTCT	27	<u> </u>	Marion IL

Add Rows as Necessary

11836

•	2022/2			FORM SA1-2E. PAG						
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	Zito Midwest LLC			118						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable system	m during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under						
Primary	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4)									
Fransmitters:	( ) ( )	s explained in the next paragraph.		nie danned dir d						
Television			carried by your cable system on a subs	titute program						
		lles, regulations, or authorizations:	(II. 0. 1.10)							
	<ul> <li>Do not list the station here station was carried only on</li> </ul>		the Special Statement and Program Lo	g)—if the						
	,		ed both on a substitute basis and also	on some other						
	*	. ,	s, see page (v) of the general instruction							
			program services such as HBO, ESPN							
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream									
	"WETA-2" as the same on the form.									
		•	levision station for broadcasting over th	e air in its community						
		RC is channel 4 in Washington, D.C.	k station, an independent station, or a r	anaammaraial						
			k station, an independent station, or a r ' (for network multicast), "I" (for indeper							
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.									
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the									
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

11836

Zito Midwest LLC

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#		
Name	Zito Midwest LLC							11836		
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Carriage: Special										
Statement and Program Log	<ul> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television pr broadcast by a distant station?</li> </ul>									
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the pi									
	log in block 2.  2. LOG OF SUBSTITUT	E BBOOD	MC							
	In General: List each subsclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the mofirst. Example: for May 7 give Column 6: State the tirr to the nearest five minutes stated as "6:00–6:30 p.m."	stitute prograce, please of every not a distant state gulations, or ries like "mo a Bulls." m was broasign of the addast statinh and day live "5/7." les when th . Example: ter "R" if the and regulatemming that	am on a sepan add additional connetwork tele- tion and that your authorization ovies" or "bask- dcast live, ent station broadd on's location (ons, if any, the when your syour e substitute program a program car e listed program ions in effect of	al rows to the tables. Evision program ("substitutivour cable system substitutivour cable system substitutions. See page (v) of the general seems of the substitutions. The substitutions of the substitutions of the community to which the community with which the community with which the substitution carried the substitution of the substitution o	e program") the ted for the program titles, for e "No." ram. he station is lide to program. Using the program. Using the cable system to 6 program to 6 program to 6 program to 6 programing that bod; enter the limited for the program to 6 p	nat, during the organization of the consection o	ne account of another ner information acove Lucy" ne FCC or, with the remaining accur- should be ne was require listed pr	ting station tion. or in month ately		
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7				
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TII	MES	7. REASON FOR DELETION		
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	2022/2		1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC	3	YSTEM I 118						
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute th page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	smission service							
	during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amount of gro	9,022.64 ss receipts)						
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to  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 accounting period is \$52.00	or this six-mon							
	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								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)							
	1. Base amount under statutory formula	0_							
	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								
	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 \$5	27,600)							
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula	0_							
	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 otal Remittance	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 Register of Copyrigh								

Accounting Period:	2022/2					F	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O Zito Midwest LI	WNER OF CABLE SYSTEM: LC					SYSTEM ID# 11836
M Channels	1. Enter the total system carried to the total on which the total on which the carried to the total on the	nu must give (1) the number of and (2) the cable system's to number of channels on which television broadcast stations.  number of activated channels able system carried television hast services	tal number of acti the cable	vated channels during the ad	ccounting period.	8 75	
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accoun		N IS NEEDED (Identify an in	ndividual to whom		
for Further Information	Name	Teri McMullen			Telepho	one <b>814-260-0434</b>	
	Address	PO Box 665 (Number, street, rural route, apartm	nent, or suite number)				
		Coudersport PA 1691 (City, town, state, zip)	15				
	Email	teri.mcmullen@	zitomedia.com	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fax (optional)		
_	CERTIFICATION (	(This statement of account mu	st be certified and	signed in accordance with 0	Copyright Office regulatio	ns)	
O Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but only one</i> , of	the boxes.)			
	(Owner	r other than corporation or pa	artnership) I am th	e owner of the cable system	as identified in line 1 of sp	ace B; or	
		of owner other than corpora ine 1 of space B and that the o			gent of the owner of the ca	able system as identified	
		er or partner) I am an officer (i ine 1 of space B.	f a corporation) or	a partner (if a partnership) of	the legal entity identified a	s owner of the cable system	1
		the statement of account and e, and correct to the best of my on 1001(1986)]				erein	
			Enter an electronic	nes Rigas signature on the line above to		_	
		Typed or printed Title:	name: Jame	s Rigas			
				orporation or partnership)			
		Date:			02/27/2023		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 11836 Zito Midwest LLC 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-"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 Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? 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. **Interest Assessment** 1% davs 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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . . \* 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 Accounting period

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