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

<b>STATEMENT OF ACCOUNT</b> for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook		FOR COPYRIGH DATE RECEIVED 2/24/23	T OFFICE USE ONLY AMOUNT \$ ALLOCATION NUMBER	Return completed workbook by email to: <u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the pare		idiary of another corporation, give the full o	orporate

В		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 NCTNWVPAOH 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		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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 - Thompson
		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. PAC					
Name		33					
	Zito NCTNWVPAOH LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in F						
D	"a separate and distinct community or municipal entity (including unincorporated com 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 for	mmunities within unincorporated areas and including sing st will serve as a form of system identification hereafter kr					
Area Served	identified city.	Sme parks should be reported in parentineses below the					
	CITY OR TOWN	STATE					
First	Thompson Township	ОН					
Community	Hambden Township	ОН					
	Huntsburg Township	ОН					
Add Rows as Necessary	Claridon Township	ОН					
	Hartsgrove Township	ОН					
	Leroy Township	ОН					
	Montville Township	ОН					
	Windsor Township	ОН					
	Trumbull Township	ОН					
	Rustic Pines	ОН					
		n aanaaanaaanaaanaaanaaanaaanaaanaaanaa					

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID	
Name	Zito NCTNWVPAOH LLC							010	3357	
Е	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									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	ast 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									
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•								
Rates	each category by counting the n	,		0 / 3						
	separately for the particular serv		0	•••				g		
	Rate: Give the standard rate c	-	-	•				-		
	unit in which it is generally billed					ard rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					condary transmis	sion servi	ce that cable		
	systems most commonly provide			-		•				
	that applies to your system. Not									
	categories, that person or entity									
	subscriber who pays extra for ca first set" and would be counted o					d in the count ur	ider "Servi	ce to the		
	Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in th	e right-ł	nand block. A t	wo- or thre	e-word descript	ion of the s	service is		
	sufficient.	T		BLOCK	( )					
		DCK 1 NO. OF	-				BLUCF	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		54	21.71						
	<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									
	SERVICES OTHER THAN SEC				e					
_	In General: Space F calls for rat					all your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t					,	,			
	service for a single fee. There ar		,		0		0.0			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		usually	blice. If any f				logialiti basis,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
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									
	brief (two- or three-word) description and include the rate for each.						11			
		BLO				DATE		BLOCK 2 DRY OF SERVICE	DAT	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RAT	
	Pay cable			tel, hotel	nuentiai					
	• Pay cable—add'l channel			mmercial						
	• Fire protection			y cable						
	•Burglar protection			y cable-add'l cl	nannel					
	Installation: Residential			e protection						
	First set	30.00		rglar protection						
	Additional set(s)	20.00		services:						
	• FM radio (if separate rate)	_0.00		connect		30.00				
	Converter			connect						
				tlet relocation		30.00				
	1		l Ou			55.00				
			• Mo	ve to new addr	ess	30.00				

counting Period: 2	-			FORM SA1-2E. PAGE 3.			
Name				SYSTEM ID#			
	Zito NCTNWVPAOH L			33572			
G Primary Transmitters: Television	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 (refering 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 substitue 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. <td< td=""></td<>						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
				"			
	WEWS	5.1	N	Cleveland OH			
	WJW	8.1	N	Cleveland OH			
Rows as Necessary	WKYC	3.1	N	Cleveland OH			
	WOIO	19	N	Shaker Heights OH			
	WOIO	19.3		Shaker Heights OH			
	WUAB	43.1		Lorain OH			
	WVIZ	25.1	E	Cleveland OH			
	WVPX	23.1	<b>I</b>	Akron OH			

EGAL NAME O								SYSTEM 33
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed infi- paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stati this by placing Give the station	y the sys be recei t the Cc sign of e he static ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	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: 2022/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito NCTNWVPAOH L	LC						33572
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I C	)G			
1	In General: In space I, ident				-	ion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the program							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			sis any nonr	etwork telev	rision prog	ram
Statement and				fi carry, on a substitute be				
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever po	ossible, if the	eir meaning	g is
	clear. If you need more spa			rows to the tables. vision program ("substitute		at during th		ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.				<i>"</i>			
				er "Yes." Otherwise enter asting the substitute prog				
				the community to which th		ensed by th	e FCC or.	in
	the case of Mexican or Car		````	5		,	,	
			when your sy	stem carried the substitute	e program. Us	se numerals,	with the n	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can		1.10 p.m. to 0	.20.00 p.m.		
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	your system	n was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for program							
		• •	your system w	as permitted to delete uno	der FCC rules	and regulat	ions in	
	effect on October 19, 1976	• •	your system w	as permitted to delete und	der FCC rules	and regulat	ions in	
		• •	your system w	as permitted to delete und		N SUBSTIT		
	effect on October 19, 1976	i.	your system w	·	WHE	N SUBSTIT	UTE RRED	7. REASON FOR
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED //ES	7. REASON FOR DELETION
	effect on October 19, 1976		E PROGRAM	·	WHE CARRI	N SUBSTIT AGE OCCU 6. TIM	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	

Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	¥STEM ID# 33572
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	3,638.37
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 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-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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	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 DUE		
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:	2022/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW Zito NCTNWVPA	NER OF CABLE SYSTEM: AOH LLC		SYSTEM ID# 33572
M Channels	to its subscribers, a 1. Enter the total n system carried te 2. Enter the total n on which the cab	and (2) the cable system's t umber of channels on which elevision broadcast stations umber of activated channel le system carried television		
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of account	ER INFORMATION IS NEEDED (Identify an individual to who t.)	n
for Further Information	Name	Teri McMullen		Telephone 814-260-0434
		PO Box 665 Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)		
	Email	teri.mcmullen@	zitomedia.com Fax (optiona	)
O Certification	I, the undersigned     (Owner of the image of the im	I, hereby certify that (Check o other than corporation or p of owner other than corpor e 1 of space B and that the o r or partner) I am an officer ( e 1 of space B. he statement of account and and correct to the best of m	ust be certified and signed in accordance with Copyright Office ne, <i>but only one</i> , of the boxes.) <b>artnership</b> ) I am the owner of the cable system as identified in li- <b>tion or partnership</b> ) I am the duly authorized agent of the owner where is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity ic hereby declare under penalty of law that all statements of fact cor- knowledge, information, and belief, and are made in good faith. X /s/James Rigas Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith) I name: James Rigas President	ne 1 of space B; or er of the cable system as identified dentified as owner of the cable system ontained herein
			ficial position held in corporation or partnership)	22
		Date:	02/27/20	23

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.

unting Period: 2022/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
NCTNWVPAOH LLC	3357
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 Statement Concerning Gross
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 Exclusior
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 \$ -	
(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	
ID number First community served	

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 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.