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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

## SA1-2E Short Form

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

General instru	uctions are located			Office Licensing Di							
in the first tab	of this workbook	8/25/2023	ALLOCATION NUMBER	Tel: (202) 707-815							
Α	ACCOUNTING PERIOD COV	ERED BY THIS STATEMENT: (	YYYY/(Period))								
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31								
		Barcode Data Filing Period (optic	onal - see instructions)								
Accounting Period											
В	Instructions: Give the full legal name of the o the subsidiary, not that of the pa		ibsidiary of another corporation, give the full co	rporate title of							
Owner	List any other name or names up	nder which the owner conducts the business o	of the cable system.								
		uring the accounting period, only the owner o y fee payment covering the entire accounting	on the last day of the accounting period should s geriod.	submit a single							
	Check here if this is the system's	first filing. If not, enter the system's ID numb	per assigned by the Licensing Division.	63698							
	LEGAL NAME OF OWNER	MAILING ADDRESS OF CABLE SYSTE	M								
	Zito Canton LLC										
	BUSINESS NAME(S) OF OV	NER OF CABLE SYSTEM (IF DIFFERE	NT)								
	Zito Media										
	MAILING ADDRESS OF OW	NER OF CABLE SYSTEM									
	PO Box 665 (Number, street, rural route, apartmer	it, or suite number)									
	Coudersport, PA 169 (City, town, state, zip)	15									
•		ny business or trade names used to i	dentify the business and operation of th	e system unless these							
С			f the system, if different from the addres	s given in space B.							
System	1 1	IDENTIFICATION OF CABLE SYSTEM:									
	Zito Media - Forksvil MAILING ADDRESS OF CABLE										
		· · · · · · · · · · · · · · · · · · ·									
	2 (Number, street, rural route, apartmer	it, or suite number)									

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 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 suffciency of the fling, a determination that would be made by a court of law.

(City, town, state, zip code)

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Canton LLC	63698
D Area Served	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor city.	inities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Forksville	PA
Community		
Add Rows as Necessary		
1		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1-	TEM I
Name	Zito Canton LLC								636
Е	SECONDARY TRANSMISSION							h	
-	In General: The information in s system, that is, the retransmission			-	-				
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the ne								
	separately for the particular serv	0		0,0				onaigea	
	Rate: Give the standard rate c	-	-						
	unit in which it is generally billed category, but do not include disc	· · ·	,		y standar	d rate variations	s within a p	oarticular rate	
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servi	ce that cable	
	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 of					in the count und	der Servio		
	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 sufficient.	and rates, in the	e right-ha	ind block. A two	o- or three	e-word description	on of the s	ervice is	
		OCK 1					BLOC	К2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		21	59.50					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
E	In General: Space F calls for rat	•	,			• •			
F	not covered in space E, that is, t					-			
Services	service for a single fee. There ar furnished at cost or (2) services	•					• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	• •				• •		were not	
Nates	listed in block 1 and for which a	• •			-	• ·			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CATEC	BORY OF SERVICE	RA
			Installa	tion: Non-resi	dential				
	Continuing Services:			-1 14-1					
	Continuing Services: • Pay cable		• Mot	ei, notei					
	-			notei nmercial					
	• Pay cable		• Con						
	• Pay cable • Pay cable—add'l channel		• Con • Pay	nmercial	annel				
	Pay cable     Pay cable     Pay cable—add'l channel     Fire protection		• Con • Pay • Pay • Fire	nmercial cable cable-add'l cha protection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	30.00	• Con • Pay • Pay • Fire	nmercial cable cable-add'l cha	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	30.00 20.00	• Con • Pay • Pay • Fire • Burg	nmercial cable cable-add'l cha protection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Con • Pay • Pay • Fire • Burg <b>Other s</b> • Rec	nmercial cable cable-add'l cha protection glar protection <b>ervices:</b> onnect	annel	30.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Con • Pay • Pay • Fire • Burg <b>Other s</b> • Rec	nmercial cable cable-add'l cha protection glar protection <b>ervices:</b>	annel	30.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Con • Pay • Pay • Fire • Burg <b>Other s</b> • Rec • Disc	nmercial cable cable-add'l cha protection glar protection <b>ervices:</b> onnect	annel	30.00			

	I			
9	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	Zito Canton LLC			6369
	PRIMARY TRANSMITTERS:			
		ntify every television station (including the deviation of the accounting period, except	•	,
	FCC rules and regulations i	n effect on June 24, 1981, permitting th	e carriage of certain network program	ms [sections
y ters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain station	ons carried on a
ion		: With respect to any distant stations ca	nried by your cable system on a sub	stitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (th	o Special Statement and Program I	eg) if the
	station was carried only on		le Special Statement and Program L	
		also in space I, if the station was carried		
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p		
	multicast stream associated	d with a station according to its over-the	-	-
	"WETA-2" as the same on the channel of the channel	the form. el number the FCC assigned to the tele <sup>.</sup>	vision station for broadcasting over t	he air in its community
	of license. For example, W	RC is channel 4 in Washington, D.C.	6	
		case whether the station is a network s ring the letter "N" (for network), "N-M" (f	•	
		"Fing the letter "N" (for network), "N-M" (i "E" (for noncommercial educational), o		
		erms, see page (iv) of the general instru		- licenced by the
		n of each station. For U.S. stations, list dian stations, if any, give the name of th	-	•
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE	28.1	N	Wilkes-Barre PA
	WBRE WNEP	28.1 16	N N	Wilkes-Barre PA Scranton PA
ary				
iry	WNEP	16	N	Scranton PA
ary	WNEP WOLF	16 56.1	N	Scranton PA Hazelton PA
ary	WNEP WOLF WQMY	16 56.1 53.1	N	Scranton PA Hazelton PA Williamsport PA
ssary	WNEP WOLF WQMY WSWB	16 56.1 53.1 38.1	N N I I	Scranton PA Hazelton PA Williamsport PA Scranton PA
essary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
essary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
cessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
cessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N 1 1 E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N 1 1 E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N 1 1 E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N 1 1 E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N 1 1 E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N 1 1 E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ecessary	WNEP WOLF WQMY WSWB WVIA	16 56.1 53.1 38.1 44	N N 1 1 E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA

EGAL NAME OI Lito Canton		CABLE S	YSTEM:						SYSTEM I 636
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cat						н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. Identify the call tate whether to the radio stat this by placing tive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	at I sy th	the system's he ystem's FM ante is point, see pag d by the cable s station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	) it can b ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the. and discrete	Primary Transmitters Radio
			the community with which the	es					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	$\mathbb{H}$	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
									]
									1
				ı 1			L		1

Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito Canton LLC							63698
	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	itions, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				<b>J</b>		- F - F	
Special	During the accounting period	-			s, any nonnet	work telev	vision program	n
Statement and Program Log	broadcast by a distant stat	ion?			-		YES	×NO
	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is "		ist comple		
	log in block 2.	, leave the	rest of this pay	e blank. Il your answer is	res, you mu	ist comple	te the program	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every not distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." s when the Example: a	m on a separa add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ins, if any, the o when your syst e substitute pro- program carrie	rows to the tables. sion program ("substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N sting the substitute program le community to which the community with which the s tem carried the substitute p gram was carried by your of	brogram") that d for the prog eral instruction n titles, for exa lo." m. station is licen- station is licen- station is licen- tation is licen- station is licen- station is licen- station is licen- tation is licen- station is licen- station is licen- tation is licen- station is licen- station is licen- tation is licen- station is licen- tation is licen- tati	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals, List the tin 8:30 p.m.	ne accounting of another sta er information ove Lucy" or e FCC or, in , with the mon mes accurate should be	tion n. nth
	to delete under FCC rules a							
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulat	ions in	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM			WHEN SUBSTITUTE ARRIAGE OCCURRED 7. REASO		
	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	
							_	
							_	
							_	
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		[					_	
							_	<b>.</b>
1								

Accounting Period:	2023/1		FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Canton LLC		SYSTEM ID# 63698
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ary transmission pute this amount	on service unt, see
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 e • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		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	t pay for this si	ix-month
	accounting period is \$52.00 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	<u> </u>	\$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the	an \$137,100)	)
	1. Base amount under statutory formula \$ 263	8,800.00	
	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	····· <u> </u>	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	······ <u> </u>	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less the second secon	han \$527,60	0)
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	8,800.00	
	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 See page i of the general instructions in the paper SA1-2 form for more		

Accounting Period:	2023/1								FORM S	6A1-2E. PAGE 7
Name	LEGAL NAME OF OWN	NER OF CABLE SYSTEM:								SYSTEM ID# 63698
<b>M</b> Channels	to its subscribers, a 1. Enter the total n	must give (1) the numbe and (2) the cable system' umber of channels on wh elevision broadcast static	's total num nich the cat	mber of Ible	activated channe	ls during the a	accounting peric	od.	7	
	on which the cal	umber of activated chanr ble system carried televis ist services	sion broadc						89	
N Individual to Be Contacted		E CONTACTED IF FUR but this statement of acco		ORMA	TION IS NEEDED	ldentify an i	ndividual to who	m		
for Further Information	Name <b>T</b>	eri McMullen						Telephone	814-260-0434	
	(N	O Box 665 umber, street, rural route, apa coudersport PA 169 ity, town, state, zip)		uite numł	ber)					
	Email	teri.mcmullen	@zitomedi	lia.com	1		Fax (option	al		
	CERTIFICATION (Th	is statement of account r	must be cer	ertified a	and signed in acco	ordance with (	Copyright Office	regulations)		
O Certification		hereby certify that (Check ther than corporation or				cable system :	as identified in lin	e 1 of space B	or	
	(Agent of	owner other than corpo ine 1 of space B and that	pration or p	partner	<b>ship)</b> I am the duly	authorized ac				
		or partner) I am an officer line 1 of space B.	r (if a corpoi	oration)	or a partner (if a pa	artnership) of t	he legal entity ide	entified as own	er of the cable system	
		e statement of account and and correct to the best of i 1001(1986)]	-					tained herein		
	1		X	/s/J	lames Rigas					
					onic signature on the using an "/s/ signat			nent.		
		Typed or printe	ed name:	Jar	nes Rigas					
		Title:	Presic Title of officia		n held in corporation	or partnership)				
		Date:					08/28/20	22		

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.

	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Canton LLC	63698
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         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         Name       Name	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
xdaysdaysdaysdays	_
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	_
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 <b>\$</b>	_
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	
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	
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