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				
0 (0 7 (0 0 0 0	\$				
8/25/2023	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	DUNTING 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 West Holding LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		Zito Media					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		PO Box 665 [Number, street, rural route, apartment, or suite number)					
		Coudersport, PA 16915 (City, town, state, zip)					
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:						
		Zito Media - Salton City CA MAILING ADDRESS OF CABLE SYSTEM:					
		INFALLING ADDICES OF GADLE GIGTEM.					
	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.

Accounting Period:	2023/1						
		FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	Zito West Holding LLC	63768					
	Instructions: List each separate community served by the cable system. A "community"						
D	separate and distinct community or municipal entity (including unincorporated commun						
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	as a form of system identification hereafter known 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 hom	e parks should be reported in parentheses below the identified					
Served	19						
	CITY OR TOWN	STATE					
First	Salton City	CA					
Community							
Add Rows as Necessary							

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID# 63768

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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1	48.70			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

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

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC
SYSTEM ID#

PRIMARY TRANSMITTERS: TELEVISION

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 **KDFX** 33.2 Palm Springs, CA **KESQ** 42.1 Ν Palm Springs, CA **KPBS** 15.1 Е San Diego, CA Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

63768

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	d: 2023/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER C	F CABLE SYS	ГЕМ:				SYSTEM ID#
Name	Zito West Holding LL	С					63768
Substitute Carriage: Special Statement and Program Log	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 o substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program					e system carried on a rations. For a further per SA1-2 form. program (ES	
	to the nearest five minute stated as "6:00–6:30 p.m	s. Example: a " etter "R" if the s and regulati amming that y 6.	a program carr listed program ons in effect do	n was substituted for prog uring the accounting perions as permitted to delete und	1:15 p.m. to 6 ramming that od; enter the I ler FCC rules WHI	:28:30 p.m. shoul your system was etter "P" if the list	Id be s required ed program n
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		DELETION
						<u></u>	
						<u> </u>	
						<u> </u>	
						ļ	

ROSS RECEIPTS structions: The figure you give in this space determines the form you file and the am amounts (gross receipts) paid to your cable system by subscribers for the system's s identified in space E) during the accounting period. For a further explanation of how ge (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. IPORTANT: You must complete a statement in space P concerning gross receipts. PYRIGHT ROYALTY FEE ructions: To compute the royalty fee you owe: complete block 1, block 2, or block 3. See block 1 if the amount of gross receipts in space K is \$137,100 or less see block 2 if the amount of gross receipts in space K is more than \$137,100 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 3 if the amount of gross receipts in space K is more than \$137,100 or less that the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you counting period is \$52.00 The 1. Royalty fee for accounting period	nan or equal to \$2 nan \$527,600 n. LESS u must pay for this	ter the total of ission service amount, see \$ 1 (Amount of gro	(4376) (4376) (5
ROSS RECEIPTS structions: The figure you give in this space determines the form you file and the am amounts (gross receipts) paid to your cable system by subscribers for the system's s is identified in space E) during the accounting period. For a further explanation of how ige (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. IPORTANT: You must complete a statement in space P concerning gross receipts. PYRIGHT ROYALTY FEE ructions: To compute the royalty fee you owe: complete block 1, block 2, or block 3. Be block 1 if the amount of gross receipts in space K is \$137,100 or less are block 2 if the amount of gross receipts in space K is more than \$137,100 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 1 if the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you counting period is \$52.00.	nan or equal to \$2 nan \$527,600 n. LESS u must pay for this	\$ 1 (Amount of gro	,360.20
amounts (gross receipts) paid to your cable system by subscribers for the system's s is identified in space E) during the accounting period. For a further explanation of how ge (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. IPORTANT: You must complete a statement in space P concerning gross receipts. PYRIGHT ROYALTY FEE PRUCTIONS: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. BE block 1 if the amount of gross receipts in space K is \$137,100 or less are block 2 if the amount of gross receipts in space K is more than \$137,100 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the block 1. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo counting period is \$52.00 The 1. Royalty fee for accounting period	nan or equal to \$2 nan \$527,600 n. LESS u must pay for this	\$ 1 (Amount of gro	,
ructions: To compute the royalty fee you owe: complete block 1, block 2, or block 3. se block 1 if the amount of gross receipts in space K is \$137,100 or less se block 2 if the amount of gross receipts in space K is more than \$137,100 but less the se block 3 if the amount of gross receipts in space K is more than \$263,800 but less the se block 3 if the amount of gross receipts in space K is more than \$263,800 but less the se block 3 if the amount of gross receipts in space K is more than \$263,800 but less the se block 9 if the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,100 OR structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo counting period is \$52.00 ne 1. Royalty fee for accounting period	nan \$527,600 n. LESS u must pay for this	s six-month	
ructions: To compute the royalty fee you owe: complete block 1, block 2, or block 3. se block 1 if the amount of gross receipts in space K is \$137,100 or less se block 2 if the amount of gross receipts in space K is more than \$137,100 but less the se block 3 if the amount of gross receipts in space K is more than \$263,800 but less the se block 3 if the amount of gross receipts in space K is more than \$263,800 but less the se block 3 if the amount of gross receipts in space K is more than \$263,800 but less the se block 9 if the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,100 OR structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo counting period is \$52.00 ne 1. Royalty fee for accounting period	nan \$527,600 n. LESS u must pay for this	s six-month	
structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo counting period is \$52.00 ne 1. Royalty fee for accounting period	u must pay for this		
counting period is \$52.00 ne 1. Royalty fee for accounting period			
		\$	
ne 2. Interest charge. Enter the amount from line 4, space Q, page 8		Ψ	52.00
			0.00
ne 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 m	ore than \$137,1	00)	
Base amount under statutory formula	263,800.00		
Enter amount of gross receipts from space K			
Subtract line 2 from line 1			
Enter the amount of gross receipts from space K	·		
Enter the amount from line 3			
Subtract line 5 from line 4			
Multiply line 6 by .005 (enter figure here)			
Interest charge. Enter the amount from line 4, space Q, page 8			0.00
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)	
Enter the amount of gross receipts from space K			
Base amount under statutory formula	263,800.00		
Subtract line 2 from line 1			
Multiply line 3 by .01	· <u></u>		
Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
FILING FEE AND TOTAL REMITTANCE DUE			
Royalty Fee Payable for Accounting Period (from Block 1.2 or 3. above)	. \$	52.00	
		15.00	
TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
	Enter amount under statutory formula Enter amount of gross receipts from space K Subtract line 2 from line 1 Enter the amount from line 3 Subtract line 5 from line 4 Multiply line 6 by .005 (enter figure here) Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but enter the amount of gross receipts from space K Base amount under statutory formula Subtract line 2 from line 1 Multiply line 3 by .01 Royalty due on the first \$263,800 of gross receipts (under statutory formula) Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6. FILING FEE AND TOTAL REMITTANCE DUE Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) Filling Fee (See the instructions for more information on filing fee calculations) Important: Your remittance must be in the form of an electronic payment paya	Base amount under statutory formula	Enter amount of gross receipts from space K Subtract line 2 from line 1 Enter the amount of gross receipts from space K Enter the amount from line 3 Subtract line 5 from line 4 Multiply line 6 by .005 (enter figure here) Interest charge. Enter the amount from line 4, space Q, page 8 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) Enter the amount of gross receipts from space K Base amount under statutory formula \$ 263,800.00 Subtract line 2 from line 1 Multiply line 3 by .01 Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00 Interest charge. Enter the amount from line 4, space Q, page 8 0.00 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 FILING FEE AND TOTAL REMITTANCE DUE Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 \$ 15.00

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: ng LLC		SYSTEM ID# 63768
M Channels	to its subscriber The total system carrie Enter the total on which the	ou must give (1) the number of channels on which the cable system carried television s, and (2) the cable system's total number of activated channels during the accounting number of channels on which the cable ditelevision broadcast stations	ng period.	3 34
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	to whom	
for Further Information	Name	Teri McMullen	Telephone 814-260-0434	
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915		
	Email	(City, town, state, zip) teri.mcmullen@zitomedia.com Fax ((optional	
O Certification	I, the undersigne (Owne		d in line 1 of space B; or owner of the cable system as identified titly identified as owner of the cable system ct contained herein	
		Enter an electronic signature on the line above to certify the Enter signature using an "/s/ signature" (e.g., /s/ John Smit		
		Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)		
		Date: 08	8/28/2023	

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ounting Period: 2023/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
West Holding LLC	63768
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	-
* 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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