This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/27/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
• I			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the 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
		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
		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
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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 - Spartansburg MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
r		

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:	SYSTEM ID#
Name	DuCom Treasure Lake LP	40575
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	community" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
	CITY OR TOWN	STATE
First	Spartansburg Borough	PA
Community	Sparta Township	PA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA	
Name	DuCom Treasure Lake L							010	4057
		-1							
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serv							s charged	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed	. (Example: "\$2	20/mth"). Si	ummarize any s					
	category, but do not include disc							4141-1-	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count u	nder "Servi	ce to the	
	first set" and would be counted o					onvice that ar	different	from those	
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		-						
	BLO	DCK 1 NO. OF					BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1	36.70					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISSIC						
-	In General: Space F calls for rat	-			ct to all	your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Comilana	service for a single fee. There ar			•			U (,	
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		doddiny bill					rogram baolo,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				a. List t	nese otner ser	vices in th	e form of a	
	CATEGORY OF SERVICE	BLO RATE		RY OF SERVIC	·⊏	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			n: Non-reside			JAILO		
	Pay cable	17.50	• Motel,						
	Pay cable—add'l channel		• Comm						
	Fire protection		• Pay ca						
	•Burglar protection		,	ible-add'l chanr	nel				
	Installation: Residential		• Fire pr		-				
	• First set	50.00	•	r protection					
			Other ser	•					
	 Additional set(s) 								
	 Additional set(s) FM radio (if separate rate) 		 Recon 			30.00			
	Additional set(s) FM radio (if separate rate) Converter		• Recon • Discor	nect		30.00			
	• FM radio (if separate rate)		Discor	nect		30.00			

	LEGAL NAME OF OWNER OF	Ε ΛΔΡΙ Ε ΑΥΑΤΕΜ·		SYSTEM
me	DuCom Treasure Lak			40
	PRIMARY TRANSMITTERS:			
ary hitters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location	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 d with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form. t the community to which the station in	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	wciu	26.1	<u> </u>	Chicago IL
				loundago in
	WSEE	35.1	Ν	Erie PA
essary	WSEE WJET	35.1 24.1	N N	
essary				Erie PA
essary	WJET	24.1	N	Erie PA Erie PA
ecessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
ecessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
ecessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
ecessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
lecessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
Vecessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
Necessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
Vecessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
Necessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
Necessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
Necessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
Necessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
Necessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
s Necessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
Necessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
s Necessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA
s Necessary	WJET WQLN	24.1 54	N E	Erie PA Erie PA Erie PA

EGAL NAME OF DuCom Trea			YSTEM:					SYSTEM 405
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		OF ALL OTON		5,0		
		·····						

Accounting Perio	d: 2018/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	DuCom Treasure Lake	LP						40575
	SUBSTITUTE CARRIAGE				G			
I	In General: In space I, identi		-		-	on that your (able eveto	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT				0	•		
Special	During the accounting period				s any nonnet	work televisio	n nroaram	
Statement and		-	cable system	carry, on a substitute bas				
Program Log	broadcast by a distant stat	.1011 ?					YES	X NO
	Note: If your answer is "No"	, leave the r	est of this pag	e blank. If your answer is	"Yes," you mu	st complete t	he progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRAI	MS					
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa							
	column 1: Give the title period, was broadcast by a			sion program ("substitute				ion
	under certain FCC rules, re							
	Do not use general categori							•
	"NBA Basketball: 76ers vs.					• •	,	
				"Yes." Otherwise enter "N				
				sting the substitute progra			00 an in	
	the case of Mexican or Can			e community to which the			CC or, in	
	Column 5: Give the mon	th and dav w	vhen vour svst	tem carried the substitute	orogram. Use	numerals. wi	th the mon	th
	first. Example: for May 7 giv		,			,		
				gram was carried by your				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	or "D" if the li	isted program	was substituted for progra	mming that w	our oveters w	na roquiro	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.	• •	-			-		
						N SUBSTITU		
	5		E PROGRAM 3. STATION'S			AGE OCCUI 6. TIN		 REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	то	
						_		
						_	_	
						_		
						_		
						_		
						_		
		-						
						_		
	1				1.1			

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DuCom Treasure Lake LP	S	YSTEM ID# 40575
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic	e 398.27
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 for accounting period is \$52.00	this six-month	
	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,	100)	
	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	<u> </u>	
	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	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
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!

Namo	Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
M Instructions: You mail yoe (1) the cable system is total number of advated channels ownich the cable system carried television broadcast stations is to advance on the cable system carried television broadcast stations	Name			SYSTEM ID# 40575
and nonbroadcast services		Instructions: to its subscrib 1. Enter the to system carri 2. Enter the to	bers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ied television broadcast stations	5
Individual to BC Contacted Information we an outlact about this statement of account.) Information Teri McMullen Info		and nonbroa	adcast services	
Information Address PO Box 665 Coundersport PA 16915 Colv, town, see, stpl Colv, town,	Individual to		ct about this statement of account.)	
[Number: stream: for subten number] Codersport PA 18915 (City, town: state: up) Email lent.monullen@zitomedia.com Fax (optional)		Name	Teri McMullen Telepho	ne 814-260-0434
Coudersport PA 16915 (CR) town: state. 390 Email en:monullen@zitomedia.com Fax (optional) O Coudersport PA 16915 Coudersport PA 16915 Fax (optional) O Coudersport PA 16915 O Coudersport PA 16915 Fax (optional) O Coudersport PA 16915 Fax (optional) Fax (optional) O Coudersport PA 16915 Fax (aptional) Fax (aptional) Fax (aptional) O Coudersport PA 16915 Fax (aptional) Fax (aptional) Fax (aptional) O Coudersport PA 16915 Fax (aptional) Fax (aptional) Fax (aptional) O Could Papers Papers Fax (aptional) Fax (aptional) Fax (aptional) <td></td> <td>Address</td> <td></td> <td></td>		Address		
Email remonule@_zitomedia.com Fax (optional) O Certification Certification Certification Certification I - the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Image: Construction or partnership) I am the owner of the cable system as identified in line 1 of space B; or I - Qend of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Construction or partnership) I am the owner of the cable system as identified in line 1 of space B; or I - Qend of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Construction or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or I - Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or I - Agent of owner other than corporation or partnership) I am the duly authorized agent of the contained herein are true, complexe, and correct to the best of my knowledge, information, and bellef, and are made in good faith. If US C, Section 1001(1986) I - A new examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complexe, and correct to the best of my knowledge, information, and bellef, and are made in good faith. If U or or partner harms: True or printer name: True or pr			Coudersport PA 16915	
Certification Certification Certification I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or (Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are two, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (B U.S.C., Section 1001(1986)) Typed or printed name: james Rigas Typed or printed name: james Rigas Title: President (Tite or official position hield in corporation or partnership). 		E		
O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Gwner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the cover of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the cover of the cable system as identified in line 1 of space B; • (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B; • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fath. [18 U.S.C., Section 1001(1986)] If U.S.C., Section 1001(1986) If an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Immes Rigas Title President (Thet of of		Email		
Certification • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Constraints • (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or • Officer or partner] I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and corporation to my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	0	CERTIFICATIO	DN (This statement of account must be certified and signed in accordance with Copyright Office regulation	5)
(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] EXERCISE EXERCISE Exercise	-	• I, the undersi	igned, hereby certify that (Check one, but only one, of the boxes.)	
 In line 1 of space B and that the owner is not a corporation or partnership; or Image: Corporation (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] If U.S.C., Section 1001(1986) If a U.S.C. Section 1001(1986) If a U.S.C. Section 1001(1986) If a U.S.C. The statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] If a U.S.C. Section 1001(1986) If a U.S.C. Section 10		(Ov	wner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
In line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X X X X X X X X X X X X X		(Ag	tent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	system as identified
in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]			in line 1 of space B and that the owner is not a corporation or partnership; or	
are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]		<u> </u>		wner of the cable system
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)		are true, comp	plete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	n
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)				
Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)			X /s/James Rigas	_
Title: President (Title of official position held in corporation or partnership)				
(Title of official position held in corporation or partnership)			Typed or printed name: James Rigas	
Date: 08/27/2018				
			Date: 08/27/2018	

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 telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account, and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
om Treasure Lake LP	405
 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? NO 	P Special Statemen Concerning Gros Receipts Exclusio
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.	
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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