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 Ś	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	02/19/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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 Graham 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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a lineady appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Graham
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
		۰

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

Γ

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Graham LLC	24541
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo 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 fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Graham	TX
Community		
ld Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						515	TEM II 2454
	Zito Graham LLC								243
E Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	pace E should on of television ay cable) in sp (June 30 or D blocks in space	cover a and rac ace F, r ecembe ce E cal	Il categories of tio broadcasts not here. All the er 31, as the ca I for the numbe	secondary by your sy facts you se may be r of subsc	stem to subscrib state must be tl). ribers to the cab	oers. Give hose existi ole system	information ing on the , broken	
Rates	each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc	gs in tha indicate h catego 20/mth") for adva e form li ribers. 0	It category (the d—not the num ory of service. I b. Summarize a ance payment. ists the categor Give the numbe	number of aber of sets nclude boo ny standar ies of seco or of subsc	persons or org. s receiving servi th the amount o d rate variations ondary transmise ribers and rate f	anizations ice). f the charg s within a p sion servic for each lis	charged ge and the particular rate that cable sted category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system f printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a nce again und nas rate catego ers of services nd rates, in the	nted as addition er "Serv ories for s that ind	a subscriber in al sets would b vice to additiona secondary tran clude one or mo	each appl e included al set(s)." nsmission ore second	icable category. in the count un service that are lary transmissio	Example: der "Servio different fr ns), list the on of the s	a residential ce to the rom those em, together service is	
	BLC	DCK 1 NO. OF	-				BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		462	19.82					
	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 SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services l e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) info that are ns: you hished to usually he cable stem fur je was n	rmation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea nished or offeren nade or establi	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco nformation cond formation should arged on a varia applicable service he accounting p	ndary tran cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	-
	CATEGORY OF SERVICE	RATE	1	GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable Pay cable—add'l channel	19.06	• Mo	tel, hotel mmercial	identiai				
	Fire protection Burglar protection		• Pay	y cable y cable-add'l ch	annel				
	Installation: Residential • First set	50.00	• Fire	e protection rglar protection					
	 Additional set(s) FM radio (if separate rate) Converter 		• Re • Dis	services: connect connect		30.00			
				tlet relocation ve to new addr	ess	30.00 30.00			

		S AND S OVATEM.		FORM SA1-2E. PAGE
ame	LEGAL NAME OF OWNER OI Zito Graham LLC	F CABLE SYSTEM:		SYSTEM II 2454
	PRIMARY TRANSMITTERS:	TEI EVISION		
G mary mitters: evision	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> or List the station here, and basis. For further information Column 1: List each station multicast stream associate "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 to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	<i>bt</i> (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute the Special Statement and Program Le ed both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPN re-air designation. For example, report evision station for broadcasting over the station, an independent station, or a mid (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFDX	3	N	Wichita Falls TX
	KFDX			
		.31	N	Wichita Falls TX
lecessary		3.1 35	N	Wichita Falls TX Wichita Falls TX
ecessary	КЈВО	3.1 35 5.1		Wichita Falls TX Wichita Falls TX Fort Worth TX
ecessary	KJBO KXAS	35		Wichita Falls TX Fort Worth TX
ecessary	КЈВО	35 5.1	I N	Wichita Falls TX
ecessary	KJBO KXAS KAUZ KAUZ	35 5.1 6 6.1	I N N	Wichita Falls TX Fort Worth TX Wichita Falls TX
lecessary	KJBO KXAS KAUZ KAUZ KAUZ	35 5.1 6 6.1 6.2	I N N I	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX
lecessary	KJBO KXAS KAUZ KAUZ KAUZ KSWO	35 5.1 6 6.1 6.2 7.1	I N N	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK
Necessary	KJBO KXAS KAUZ KAUZ KAUZ KSWO KSWO	35 5.1 6 6.1 6.2 7.1 7.2	I N N I N I	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK
s Necessary	KJBO KXAS KAUZ KAUZ KAUZ KSWO KSWO KJTL	35 5.1 6 6.1 6.2 7.1 7.2 18.1	I N N N I N I N	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX
s Necessary	KJBO KXAS KAUZ KAUZ KSWO KSWO KJTL KERA	35 5.1 6 6.1 6.2 7.1 7.2 18.1 13.1	I N N I N I	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX Dallas TX
s Necessary	KJBO KXAS KAUZ KAUZ KAUZ KSWO KSWO KJTL	35 5.1 6 6.1 6.2 7.1 7.2 18.1	I N N I N I N E	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX
IS Necessary	KJBO KXAS KAUZ KAUZ KSWO KSWO KJTL KERA	35 5.1 6 6.1 6.2 7.1 7.2 18.1 13.1	I N N I N I N E	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX Dallas TX
as Necessary	KJBO KXAS KAUZ KAUZ KSWO KSWO KJTL KERA	35 5.1 6 6.1 6.2 7.1 7.2 18.1 13.1	I N N I N I N E	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX Dallas TX
as Necessary	KJBO KXAS KAUZ KAUZ KSWO KSWO KJTL KERA	35 5.1 6 6.1 6.2 7.1 7.2 18.1 13.1	I N N I N I N E	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX Dallas TX
as Necessary	KJBO KXAS KAUZ KAUZ KSWO KSWO KJTL KERA	35 5.1 6 6.1 6.2 7.1 7.2 18.1 13.1	I N N I N I N E	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX Dallas TX
s Necessary	KJBO KXAS KAUZ KAUZ KSWO KSWO KJTL KERA	35 5.1 6 6.1 6.2 7.1 7.2 18.1 13.1	I N N I N I N E	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX Dallas TX
as Necessary	KJBO KXAS KAUZ KAUZ KSWO KSWO KJTL KERA	35 5.1 6 6.1 6.2 7.1 7.2 18.1 13.1	I N N I N I N E	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX Dallas TX
as Necessary	KJBO KXAS KAUZ KAUZ KSWO KSWO KJTL KERA	35 5.1 6 6.1 6.2 7.1 7.2 18.1 13.1	I N N I N I N E	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX Dallas TX
as Necessary	KJBO KXAS KAUZ KAUZ KSWO KSWO KJTL KERA	35 5.1 6 6.1 6.2 7.1 7.2 18.1 13.1	I N N I N I N E	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX Dallas TX
as Necessary	KJBO KXAS KAUZ KAUZ KSWO KSWO KJTL KERA	35 5.1 6 6.1 6.2 7.1 7.2 18.1 13.1	I N N I N I N E	Wichita Falls TX Fort Worth TX Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Lawton OK Wichita Falls TX Dallas TX

Accounting P	eriod: 2018	/2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF Zito Graham		CABLE SY	/STEM:					SYSTEM ID
								2454
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate f Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein t the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process a 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 his point, see pa ed by the cable s e station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, tated 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				5,0	LOOKHON OF STATION	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Graham LLC							24541
	SUBSTITUTE CARRIAGI	E: SPECIA			3			
I I	In General: In space I, identi					ion that your	· cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their	meaning is	
				ision program ("substitute p	program") that	t, during the	accounting	I
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substituted	d for the prog	ramming of a	another stat	tion
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.		vies of baske	tuali. List specific program		ample, TLOV	Ve Lucy OI	
				r "Yes." Otherwise enter "N				
				isting the substitute programe community to which the		need by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mon	th and day		tem carried the substitute p			vith the mor	nth
	first. Example: for May 7 giv		substituto pro	gram was carried by your o	able system	List the time	os accurato	by .
	to the nearest five minutes.							iy
	stated as "6:00–6:30 p.m."							
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.		·			-		
					WHE			
	S	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	IMES — TO	DELETION
		165 01 140	CALL SIGN	4. STATION S LOCATION	AND DAT		_ 10	
							 =	·
								'

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Graham LLC	S	/STEM ID# 24541
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 service s amount, see	, 714.99
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 \$A1-2 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,	· · ·	
	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		
	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		nts!

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Graham	DF OWNER OF CABLE SYSTEM: n LLC	SYSTEM ID# 24541
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 	: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ried television broadcast stations	. 12
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ict about this statement of account.)	
for Further Information	Name	Teri McMullen Telephon	e 814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com	
O Certification	I, the undersi (Ov (Ag X (O I have exami are true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations igned, hereby certify that (Check one, but only one, of the boxes.) where other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained hereid blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. section 1001(1986)] Extern 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)	B; or system as identified vner of the cable system
		Date: 02/26/2019	

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 telephon 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: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Graham LLC	245
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?	P Special Statemen Concerning Gross Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
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 Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
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	_
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter 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 	_
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 \$ - (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.	_
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	
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	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	
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