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

Return completed workbook

STATEMENT OF ACCOUNT for Secondary Transmissions by Cable Systems (Short Form)       FOR COPYRIGHT OFFICE USE ONLY       by email to:         OATE RECEIVED       AMOUNT       coplicsoa@loc.gov         General instructions are located in the first tab of this workbook       02/19/2019       ALLOCATION NUMBER       For additional information contact the U.S. Copyring Office Licensing Division         A       ACCOUNTING 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)       Barcode Data Filing Period (optional - see instructions)       Period 2 = July 1 - December 31	ht
Cable Systems (Short Form) General instructions are located             in the first tab of this workbook	ht
in the first tab of this workbook       02/19/2019       ALLOCATION NUMBER       Tel: (202) 707-8150         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       2018/2       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31	at:
A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Barcode Data Filing Period (optional - see instructions)	
Accounting Period	
B 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.	
<b>Owner</b> List any other name or names under which the owner conducts the business of the cable system.	
If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
Zito NCTNWVPAOH LLC	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
Zito Media	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
PO Box 665 (Number, street, rural route, apartment, or suite number)	
Coudersport, PA 16915 (City, town, state, zip)	
<b>C INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 - Thompson       MAILING ADDRESS OF CABLE SYSTEM:	
2 (Number, street, rural route, apartment, or suite number)	
(City, town, state, zip code)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		
	Zito NCTNWVPAOH LLC	335
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including singlou bulist will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	
Served	identified city.	
	CITY OR TOWN	STATE
First	Thompson Township	ОН
Community	Hambden Township	ОН
	Huntsburg Township	ОН
	Claridon Township	ОН
d Rows as Necessary		
	Hartsgrove Township	ОН
	Leroy Township	ОН
	Montville Township	ОН
	Windsor Township	ОН
	Trumbull Township	ОН
	Rustic Pines	ОН

								FORM SA1	2E. PAGE
Name								515	3357
	Zito NCTNWVPAOH LL	6							
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	-		-		•			
Coordon	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	, , ,	,		,		unose exist		
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular server			0,0		•		charged	
	Rate: Give the standard rate of							ge and the	
	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. Not								
	categories, that person or entity	should be cour	nted as	a subscriber in	each app	licable category	. Example	: a residential	
	subscriber who pays extra for ca					in the count u	nder "Servi	ce to the	
	first set" and would be counted of 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.				1				
	BLO	OCK 1 NO. OF	<u> </u>				BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		198	21.71					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s				
-	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•			•			,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		5 ,	
	<b>Disply 4.</b> Chus the stendard ve	te charged by t			ab aftha		and listed		
ransmissions:			- <b>f f</b>	•					
ransmissions: Rates	Block 2: List any services that	t your cable sys		nished or offer	ed during	the accounting	period that		
		t your cable sys separate charg	je was n	nished or offer nade or establ	ed during	the accounting	period that		
	<b>Block 2:</b> List any services that listed in block 1 and for which a	t your cable system separate charged ption and include	je was n de the ra	nished or offer nade or establ	ed during	the accounting	period that	e form of a	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	t your cable system separate chargotion and include BLOC	je was n de the ra CK 1	nished or offer nade or establ ite for each.	ed during shed. List	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT
	<b>Block 2:</b> List any services that listed in block 1 and for which a	t your cable sys separate charg ption and includ BLO( RATE	je was n de the ra CK 1 CATEG	nished or offer nade or establ	ed during shed. List VICE	the accounting	period that vices in the	e form of a	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable sys separate charg ption and includ BLO( RATE	e was n de the ra CK 1 CATEG Installa	nished or offer nade or establ te for each. ORY OF SER	ed during shed. List VICE	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAI
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sys separate charg otion and includ BLO( RATE	je was n de the ra CK 1 CATEG Installa • Mot	nished or offer nade or establ te for each. ORY OF SER tion: Non-res	ed during shed. List VICE	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sys separate charg otion and includ BLO( RATE	ge was n de the ra CK 1 CATEG Installa • Mot • Con	nished or offer nade or establ te for each. ORY OF SER tion: Non-res el, hotel	ed during shed. List VICE	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sys separate charg otion and includ BLO( RATE	de the ra CK 1 CATEG Installa • Mot • Con • Pay	nished or offer nade or establ te for each. ORY OF SER <b>tion: Non-res</b> el, hotel nmercial	ed during shed. List VICE idential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	t your cable sys separate charg otion and includ BLO( RATE	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay	nished or offer nade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	ed during shed. List VICE idential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	t your cable sys separate charg otion and includ BLO( RATE	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	nished or offer nade or establ te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable	ed during shed. List VICE idential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	t your cable sys separate charge otion and inclue BLOO RATE 17.50	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection	ed during shed. List VICE idential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RA1
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sys separate charge otion and inclue BLOO RATE 17.50	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	ed during shed. List VICE idential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sys separate charge otion and inclue BLOO RATE 17.50	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bury Other s • Rec	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	ed during shed. List VICE idential	the accounting these other ser RATE	period that vices in the	e form of a BLOCK 2	RA1
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sys separate charge otion and inclue BLOO RATE 17.50	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection eervices: onnect	ed during shed. List VICE idential	the accounting these other ser RATE	period that vices in the	e form of a BLOCK 2	RAI

counting Period:	2018/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Zito NCTNWVPAOH L	LC		33572
G	carried by your cable syster FCC rules and regulations i	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program (10)(2) and (2)) cartain stati	ne basis under ns [sections
Primary ansmitters: Television	substitute program basis, as Substitute Basis Stations basis under specific FCC ru	s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	61(e)(2) and (4))]; and (2) certain stations are substantially and (2) certain stations are substantially and the system on a substantial statement of the system of the s	stitute program
	station was carried <i>only</i> on • List the station here, and a	a substitute basis. Ilso in space I, if the station was carrie	the Special Statement and Program Le	on some other
	<b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t	I's call sign. Do not report origination with a station according to its over-th he form.	<ul> <li>see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report</li> </ul>	N, etc. Identify each t multistream
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast),	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	evision station for broadcasting over th station, an independent station, or a in (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	noncommercial ndent), "I-M"
	Column 4: Give the location	n of each station. For U.S. stations, lis	t the community to which the station is the community with which the station i	,
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKYC	3.1	N	Cleveland OH
	wviz	25.1	Е	Cleveland OH
ows as Necessary	WEWS	5.1	N	Cleveland OH
	WUAB	43.1	I	Lorain OH
	WVPX	23.1	l	Akron OH
	WJW	8.1	N	Cleveland OH
	WBNX	55.1	E	Akron OH
	woio	19	N	Shaker Heights OH

EGAL NAME OF								SYSTEM 33
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of l or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Aexican or Can	Adian stations		the community with which the	CALL SIGN		<u>د/۵</u>	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
						·		
						·		
							·	
							·	

Accounting Perio	od: 2018/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito NCTNWVPAOH L	LC						33572
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident	-	-			tion that you	ir cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ū			
Special	During the accounting per	-			isis anv noni	network telev	ision nroa	ram
Statement and		-		in ourry, on a substitute be	loio, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog		aanaad by th		in
	the case of Mexican or Car			the community to which the community with which the				in
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	5:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syster	n was <i>rea</i> u	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
								Γ
	e		E PROGRAM	A		N SUBSTIT		7. REASON FOR
			3. STATION'S					DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
						_	-	
							-	
						_	-	
							-	
							-	
						_	-	
							-	
							-	
						_	_	
							-	
							-	
							-	
1	I		r	1	,	r		

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name		S	YSTEM ID#
	Zito NCTNWVPAOH LLC		33572
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	3,242.92 ss receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 For and			
Filing Fee and Total Remittance Due	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 OF	OWNER OF CABLE SYSTEM: PAOH LLC	SYSTEM ID# 33572
M Channels	to its subscriber 1. Enter the tota system carried	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	8
		able system carried television broadcast stations	67
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 81	4-260-0434
	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) terri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersign     (Own     (Ager     in	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
	I have examine	cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	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)	
		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 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.

Dunting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
NCTNWVPAOH LLC	3357
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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.	Q
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Lander La
Line 1       Enter the amount of late payment or underpayment	Interest Assessme
Line 1       Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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