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 COPYRIG	Return completed workbook by email to:		
	ary Transmissions by	DATE RECEIVED	AMOUNT		
	ems (Short Form)	2/24/21	\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright	
	of this workbook	2/24/21	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150	
	1				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYYY/(Period))		
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		Barcode Data Filing Period (option	al - see instructions)		
Accounting Period					
	Instructions:				
В	Give the full legal name of the owner of title of the subsidiary, not that of the particular title of the particular title of the subsidiary.		bsidiary of another corporation, give the full	corporate	
Owner	List any other name or names under whi	ch the owner conducts the business o	of the cable system.		
	If there were different owners during the single statement of account and royalty		on the last day of the accounting period shoul unting period.	d submit a	
	Check here if this is the system's first fili	ng. If not, enter the system's ID numb	er assigned by the Licensing Division.	11842	
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	M		
	Zito Midwest LLC				
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	NT)		
	Zito Media				
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM			
	PO Box 665 (Number, street, rural route, apartment, or suite r	number)			
	Coudersport, PA 16915 (City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any businames already appear in space B. In line				
System	1				
	Zito Media - Carrier Mills MAILING ADDRESS OF CABLE SYSTEM	۸.			
	2 (Number, street, rural route, apartment, or suite i	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Name	Zito Midwest LLC	118						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	nobile home parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First Community	Carrier Mills Saline County	IL						
,	Came County							
dd Rows as Necessary								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM I			
Name	Zito Midwest LLC											
	SECONDARY TRANSMISSION				ATES							
Е	In General: The information in s					ry transmission	service of	the cable				
	system, that is, the retransmission											
Secondary	about other services (including p						those exis	ting on the				
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble system	n broken				
scribers and	down by categories of secondar	•					-					
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	number o	of persons or ore	ganization					
	separately for the particular server Rate: Give the standard rate of					•	,	ac and the				
	unit in which it is generally billed	-	-	•				-				
	category, but do not include disc	counts allowed	for adva	ince payment.								
	Block 1: In the left-hand block			-								
	systems most commonly provide											
	that applies to your system. Not categories, that person or entity			-		-						
	subscriber who pays extra for ca											
	first set" and would be counted of											
	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											
	sufficient.		c ngnt-n	right-hand block. A two- or three-word description of the service is								
	BLC	OCK 1	_		< 2	2						
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	NO. OF SUBSCRIBERS	RA				
	Residential:											
	Service to first set		131	17.35								
	 Service to additional set(s) 											
	 FM radio (if separate rate)]			
	Motel, hotel								ļ			
	Commercial											
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	s							
F	In General: Space F calls for ra											
Г	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.											
ransmissions: Rates	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											
Rates	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) descrip											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA			
	Continuing Services:		Installa	tion: Non-res	idential							
	• Pay cable	17.95	• Mot	el, hotel					ļ			
	 Pay cable—add'l channel 		2	nmercial								
	Fire protection			cable								
	•Burglar protection			cable-add'l ch	annel				ļ			
	Installation: Residential			protection								
	• First set	30.00	1	glar protection								
	Additional set(s) EM radio (if concrete rate)			ervices:		20.00			ļ			
	 FM radio (if separate rate) 			onnect		30.00			ļ			
	· Convertor											
	• Converter		•	connect		20.00						
	• Converter		• Outl	connect let relocation ve to new addro		30.00 30.00						

	LECAL MANE OF OWNED O			GVGTEM							
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM 11							
	Zito Midwest LLC										
	PRIMARY TRANSMITTERS:	IELEVISION entify every television station (including t	translator stations and low nower te	devision atotions)							
G	carried by your cable syste	em during the accounting period, except	(1) stations carried only on a part-t	ime basis under							
Deimony		in effect on June 24, 1981, permitting the $a_{1}^{(2)}$ and (4) or 76.62 (referring to 76.61									
Primary ansmitters:	substitute program basis, a	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.									
elevision		S: With respect to any distant stations can ules, regulations, or authorizations:	rried by your cable system on a sul	bstitute program							
	• Do not list the station her	e in space G—but do list it in space I (th	e Special Statement and Program	Log)—if the							
	 station was carried only or List the station here, and 	n a substitute basis. also in space I, if the station was carried	both on a substitute basis and also	o on some other							
	basis. For further information	on concerning substitute basis stations, s	see page (v) of the general instruct	ions.							
		n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	-	•							
	"WETA-2" as the same on	the form.									
		el number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	vision station for broadcasting over	the air in its community							
		h case whether the station is a network s	•								
		ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or									
		erms, see page (iv) of the general instruction of each station. For U.S. stations, list t		is licensed by the							
		adian stations, if any, give the name of th	-	-							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KBSI	23.1	Ν	Cape Girardeau MO							
	KFVS	12.1	Ν	Cape Girardeau MO							
	KFVS WDKA	12.1 49.1	N	mm							
				Cape Girardeau MO							
	WDKA	49.1	l	Cape Girardeau MO Paducah KY							
	WDKA WPSD	49.1 6.1 3.1	I N N	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL							
	WDKA WPSD WSIL WSIU	49.1 6.1 3.1 8.1	 	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL							
	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
	WDKA WPSD WSIL WSIU	49.1 6.1 3.1 8.1	I N N	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL							
	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							
ows as Necessary	WDKA WPSD WSIL WSIU WTCT	49.1 6.1 3.1 8.1 27.1	I N N E I	Cape Girardeau MO Paducah KY Paducah KY Harrisburgh IL Carbondale IL Marion IL							

counting Period:	2020/2			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID 1184						
inallie	Zito Midwest LLC	Zito Midwest LLC								
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable system	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tim	ne basis under						
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location)(2) and (4), or 76.63 (referring to 76.13 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Ilso in space I, if the station was carrien n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form. I number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	t the community to which the station is	ons carried on a stitute program og)—if the on some other ns. J, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).						
	FCC. For Mexican or Canac	lian stations, if any, give the name of	the community with which the station is	s identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

EGAL NAME OI								SYSTEM I 118
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether t the radio stat this by placing sive the station	y the sys be recei It the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process (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 this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se wed by the FC) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions 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	

Accounting Perio	d: 2020/2						FORM	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							11842
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	nnetwork televi	<i>ision program,</i> broadcast by	/ a <i>distant</i> sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programn				he general ins	structions i	n the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting pe	-	ur cable syster	n carry, on a substitute ba	isis, any noni	network te		
Program Log	broadcast by a distant sta						YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you ı	nust comp	plete the prog	gram
	log in block 2.		MO					
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if	their meaning	a is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.			۵/ ۳ OII	«NI "			
				er "Yes." Otherwise enter asting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi	,	when your sy	stem carried the substitute	e program. U	se numera	ais, with the h	nonth
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accura	ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	vour svst	em was requ	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete unc	ler FCC rules	and regu	lations in	
	effect on October 19, 1976	•						
					WHE	N SUBST	TTUTE	
						AGE OCO	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	<u>— то</u>	
							_	
							_	
							_	
							_	
					·			
							_	
							_	
							_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 11842
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	3,129.80 ss receipts)
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 \$137,100 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-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,	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	<u> </u>	
	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:	2020/2											FO	RM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW Zito Midwest LLC	NER OF CABLE SYSTEM:											SYSTEM ID# 11842
M Channels	to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cabl	must give (1) the number of and (2) the cable system's umber of channels on whic evision broadcast stations umber of activated channel e system carried television t services	total numb ch the cabl s els n broadcas	nber of a ble 	activated ch	hannels du	ring the a	eccounting pe		ations		8 99	
N Individual to Be Contacted		E CONTACTED IF FURTH		ORMAT	TION IS NE	EDED (Ide	entify an ir	ndividual to v	whom				
for Further Information	Name 1	Feri McMullen							Tele	phone 81	14-260-04	434	
	(1	PO Box 665 Number, street, rural route, apart Coudersport PA 169 City, town, state, zip)		suite numb	iber)								
	Email	teri.mcmullen@	@zitomed	edia.con	m			Fax (opti	ional)				
O Certification	I, the undersigned, (Owner c (Agent o in line X (Officer in line I have examined th	his statement of account m hereby certify that (Check other than corporation or p f owner other than corpor a 1 of space B and that the of or partner) I am an officer a 1 of space B. he statement of account and and correct to the best of m 1001(1986)]	a one, <i>but or</i> partnersh pration or p owner is n r (if a corpo	only one ship) I an partner not a co poration) declare edge, info	e, of the box m the owner ership) I am t orporation or) or a partner e under penal formation, an	kes.) r of the cab the duly au r partnershi er (if a partn alty of law th nd belief, ar	le system thorized a p; or ership) of nat all stat	as identified igent of the o the legal ent ements of fa	in line 1 of wher of the tity identified	space B; e cable sys d as owne	tem as iden		
		Typed or printe	Enter an Enter sig	an electro signature	James Ri ronic signatur e using an "/s mes Riga	re on the lin s/ signature			itatement.				
		Title: (Title of c	Presic official positi		in corporation	n or partnersh	iip)						
		Date:						02/26	6/2021				

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 fing, a determination that would be made by a court of law.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Midwest LLC	1184
 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 Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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	Interest Assessmen
x1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u>
xdays	3
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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.	
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