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

STATEME	INT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT \$	coplicsoa@loc.gov For additional information, contact the U.S. Copyright
	ctions are located of this workbook	2/25/20	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY)	(Y/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		Barcode Data Filing Period (optional - see instructions)
	-	
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito West Holding LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665
		(Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Two Harbors, MN
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Dubus and And Made		

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.

		FORM SA1-2E. PAG
Name		SYSTEM
	Zito West Holding LLC	637
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including singl
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Kugler Township	MN
Community	Fall Lake Township	MN
	Embarrass Township	MN
dd Rows as Necessary	Duluth Township	MN
	Chrystal Bay Township	MN
	Morse Township	MN
	Normanna Township	MN
	Silver Creek Township	MN
	Stony River Township	MN
	Waasa Township	MN
	White Township	MN
	City of Aurora	MN
	City of Babbitt	MN
	Beaver Bay	MN
	Embarrass	MN
	City of Hoyt Lakes	MN
	City of Silver Bay	MN
	City of Two Harbors	MN
	Beaver Bay Township	MN
	Colvin Township	MN

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 637
	Zito West Holding LLC								037
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND RA	TES				
E	In General: The information in s			-		•			
Coordon	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						inose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar	y transmission	service	. In general, you	u can con	npute the number	er of subsc	ribers in	
Rates	each category by counting the n		0	0,0		•		charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· ·		,	ny otanaa				
	Block 1: In the left-hand block	in space E, th	e form l	ists the categor	ies of sec	ondary transmis	ssion servi	ce that cable	
	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 categ	ories foi	r secondary trar	nsmission				
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descript	ion of the s	service is	
	BLC				BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCIUD	LING	INAIL	CAT		(VICL	SUBSCRIBERS	
	Service to first set		677	24.99					
	Service to additional set(s)		•••	24.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATES	5				
F	In General: Space F calls for ra	•	,		•	• •			
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There an 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.	-	-		-		0	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.							e ionn or a	
	////////								
	CATEGORY OF SERVICE	BLO	1	GORY OF SER		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi			UATEO		
	• Pay cable	17.95		tel, hotel					
	• Pay cable—add'l channel			mmercial					
	• Fire protection		_	/ cable					
	•Burglar protection			/ cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	30.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		30.00			••••••
	• Converter			connect					
									<b>.</b>
			• Out	tlet relocation		30.00			
				tlet relocation ve to new addre	ess	30.00 30.00			

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito West Holding LL			63763
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: e in space G—but do list it in space I (th	(1) stations carried only on a part-ti e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub ne Special Statement and Program I	ime basis under ams [sections tions carried on a postitute program Log)—if the
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe 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 locatio	In concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the he form. el number the FCC assigned to the tele 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), c rrms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of the stations of the general to the dian stations of the general to the dian stations of the general to the stations of the general to the stations of the dian stations of the general to the stations of the stations of the general to the stations of the statio	program services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station	PN, 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
	WDIO	10.1	Ν	Duluth, MN
	WDIO	10.3	NM	Duluth, MN
Rows as Necessary	WDIO WDIO	10.3 10.2	NM I	Duluth, MN Duluth, MN
Rows as Necessary			NM I N	
Rows as Necessary	WDIO	10.2	I	Duluth, MN
Rows as Necessary	WDIO KBJR	10.2 6.1	l N	Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR	10.2 6.1 6.2	I N N	Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR	10.2 6.1 6.2 6.3	I N N NM	Duluth, MN Duluth, MN Duluth, MN Duluth, MN
ows as Necessary	WDIO KBJR KBJR KBJR KQDS	10.2 6.1 6.2 6.3 21.1	I N N NM N	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
ows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2	I N N NM N E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1	I N N NM E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2 8.3	I N N NM E E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2 8.3 8.4	I N N NM E E E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2 8.3 8.4	I N N NM E E E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2 8.3 8.4	I N N NM E E E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2 8.3 8.4	I N N NM E E E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2 8.3 8.4	I N N NM E E E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2 8.3 8.4	I N N NM E E E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2 8.3 8.4	I N N NM E E E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2 8.3 8.4	I N N NM E E E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
Rows as Necessary	WDIO KBJR KBJR KBJR KQDS WDSE WDSE WDSE WDSE	10.2 6.1 6.2 6.3 21.1 8.1 8.2 8.3 8.4	I N N NM E E E E E	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN

EGAL NAME OF			IGTEW.					SYSTEM I 637
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For 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. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor k 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 par 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
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-				-				
						·		
							·	
						·		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						63763
	SUBSTITUTE CARRIAG				)G			
	In General: In space I, ident	-	-			tion that va	ur coblo ava	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any noni	network tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?	-	-	-		YES	×NO
r rogram Log	-				<i>(</i> ) <i>(</i> ) <i>(</i> )		_	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer	s "Yes," you i	must comp	lete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Lice abbreviation	e whorovor n	ossible if t	hoir moonin	a is
	clear. If you need more spa				s wherever p			y 13
				vision program ("substitut	e program") t	hat, during	the account	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progr		example, i	Love Lucy	0
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which the			the FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitut			ls with the r	nonth
	first. Example: for May 7 gi		When your by		o program. o		io, mar alo i	
				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	6:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syste	m was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program	nming that						0
	effect on October 19, 1976							
					WHE	N SUBSTI	TUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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					] [			]
					11			

Accounting Period:	2019/2		FORM	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		ę	SYSTEM ID#
Name	Zito West Holding LLC			63763
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transm to compute this a	ission service amount, see \$ 40	
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 th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	an \$527,600 n.	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y		this six mon	
	accounting period is \$52.00	ou musi pay ioi		
	Line 1. Royalty fee for accounting period			
	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	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore 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	401,884.60		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	138,084.60		
	4. Multiply line 3 by .01	. \$	1,380.85	
	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		\$	2,699.85
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,699.85	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,719.85
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O Zito West Hold	WNER OF CABLE SYSTEM: ing LLC	SYSTEM ID# 63763
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	u must give (1) the number of channels on which the cable system carried television broadcast stations , and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	12 233
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom bout this statement of account.)	
for Further Information	Name	Teri McMullen Telephone	814-260-0434
	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersigne     (Owner     (Agent     in li     X     (Office     in li     I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations)         ad, hereby certify that (Check one, but only one, of the boxes.)         r other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space         at of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable         in of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable         in of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable         in of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable         in of space B and that the owner is not a corporation or partnership) of the legal entity identified as or         in of space B.         the statement of account and hereby declare under penalty of law that all statements of fact contained here         a, and correct to the best of my knowledge, information, and belief, and are made in good faith.         on 1001(1986)]         X       /s/James Rigas         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	e B; or system as identified wner of the cable system
		Date: 02/26/2020	

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.

counting Period: 2019/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o West Holding LLC	6376
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
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. 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
dujo	
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	-
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	
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