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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/27/2019	\$ ALLOCATION NUMBER					
	ALEGORITOR NOMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING 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)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a 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 is 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:
	<u> </u>	Zito Media - Chillicothe
		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.

	I	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito West Holding LLC	32
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorporadiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili	t you list will serve as a form of system identification hereafter kno
	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Area	identified city.	obile florile parks silould be reported in parentheses below the
Served	lidentined city.	
	CITY OR TOWN	STATE
First	Chillicothe	MO
Community	Livingston County	MO
	Livingston County	IVIO
d Rows as Necessary		

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Zito West Holding LLC

3258

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

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 with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	953	27.13			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
1	T	T		1	T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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 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.

	BLOCK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	19.06	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	50.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

3258

G

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КСРТ	19	E	Kansas City MO
	KCTV	5	N	Kansas City MO
	KCWE	29	<u> </u>	Kansas City MO
	KMBC	9	N	Kansas City MO
	KMBC	9.1	N	Kansas City MO
	KMCI	38		Lawrence KS
	KPXE	50	l	Kansas City MO
	KSHB	41	N	Kansas City MO
	KSMO	62		Kansas City MO
у	WDAF	4	N	Kansas City MO

U.S. Copyright Office

Add Rows as Necessary

Accounting Period	l: 2019/1			FORM SA1-2E. PAGE 3.					
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#					
Name	Zito West Holding LL	С		3258					
	PRIMARY TRANSMITTERS:	TELEVISION							
G			translator stations and low power tele						
G			ot (1) stations carried only on a part-tin the carriage of certain network progran						
Primary			61(e)(2) and (4))]; and (2) certain static						
Transmitters:	substitute program basis, a	is explained in the next paragraph.	· / / / / / / / / / / / / / / / / / / /						
Television		. ,	carried by your cable system on a subs	titute program					
		ules, regulations, or authorizations:	the Special Statement and Program Lo	na)—if the					
	station was carried only or		and openial oracomonicana i regram to	, a,					
			ed both on a substitute basis and also						
			s, see page (v) of the general instruction						
			program services such as HBO, ESPN e-air designation. For example, report						
	"WETA-2" as the same on	· ·	ic-aii designation. Toi example, report	muiusucam					
		· ·	evision station for broadcasting over th	ne air in its community					
		/RC is channel 4 in Washington, D.C.							
			station, an independent station, or a r (for network multicast), "I" (for indeper						
			or "E-M" (for noncommercial education						
	For the meaning of these to	erms, see page (iv) of the general instr	ructions in the paper SA1-2 form.	,					
			t the community to which the station is						
	FCC. For Mexican or Cana	idian 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					
		100 mm							
		•							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

3258

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
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Accounting Perio		0.4.01.5.01/03	TEA.4				FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF Zito West Holding LLC		I EM:					SYSTEM ID# 3258
Substituta		ify every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	uthorizations.	For a further
Substitute Carriage: Special Statement and Program Log	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."						NO m	
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	and regulation	ons in effect du	ring the accounting perio	d; enter the le er FCC rules a	tter "P" if the	e listed progra ons in	
	1. TITLE OF PROGRAM	UBSTITUT	E PROGRAM 3. STATION'S	1	5. MONTH	IAGE OCC 6. T	URRED TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM		

ccounting Period:	· 				SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC				SYSTEM ID 325
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscribt (as identified in space E) during the accounting period. For a furth page (vii) of the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmission suburing the accounting period. IMPORTANT: You must complete a statement in space P concern	pers for the systemer explanation of rm. ervice(s)	m's secondary tran	smission servals amount, se	ice
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. Use block 2 if the amount of gross receipts in space K is more tha Use block 3 if the amount of gross receipts in space K is more tha See page (vi) of the general instructions located in the paper SA1-2 for	n \$137,100 but le n \$263,800 but le	ess than \$527,600		
	BLOCK 1: GROSS RECEIPT	S OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or les accounting period is \$52.00	s, the royalty fee t	hat you must pay fo	or this six-mont	h
	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 PER	IOD Add lines 1 a	and 2	· · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,8	00 OR LESS (bi	ut more than \$137	7,100)	
	Base amount under statutory formula	<u>\$</u>	263,800.00	<u></u>	
	2. Enter amount of gross receipts from space K	<u>\$</u>	251,634.80	<u> </u>	
	3. Subtract line 2 from line 1	<u>\$</u>	12,165.20	<u></u>	
	4. Enter the amount of gross receipts from space K			251,634.80	-
	5. Enter the amount from line 3			12,165.20	-
	6. Subtract line 5 from line 4			239,469.60	-
	7. Multiply line 6 by .005 (enter figure here)				1,197.35
	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	·	. \$	1,197.35
	BLOCK 3: GROSS RECEIPTS OF MORE T	THAN \$263,800	(but less than \$52	27,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	\$	263,800.00	 	
	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, an	d 6		_
	FILING FEE AND TOTAL REMITT	ANCE DUE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, a	bove)	\$	1,197.35	_
Due	2. Filing Fee (See the instructions for more information on filing fee ca	lculations)		20.00	_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	2 and 3		\$	1,217.35
	Important: Your remittance must be in the form of an elec	tronic payment p	payable to the Reg	ister of Copyr	ights!
	See page i of the general instructions in the				

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE	ER OF CABLE SYSTEM:		SYSTEM ID# 3258
M Channels	to its subscribers, and 1. Enter the total num system carried telev 2. Enter the total num on which the cable s	d (2) the cable system's to nber of channels on which vision broadcast stations. nber of activated channels system carried television b		10
N Individual to Be Contacted		CONTACTED IF FURTHE t this statement of account	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name Te	eri McMullen	Tel	lephone 814-260-0434
	(Nui	O Box 665 umber, street, rural route, apartmoudersport PA 1691		
		ty, town, state, zip)		
	Email	teri.mcmullen@z	itomedia.com Fax (optional)	
O Certification	·		t be certified and signed in accordance with Copyright Office regu	lations)
Gertification			tnership) I am the owner of the cable system as identified in line 1 of	space B; or
	in line 1	1 of space B and that the ow	on or partnership) I am the duly authorized agent of the owner of the ner is not a corporation or partnership; or	
		r partner) I am an officer (if 1 of space B.	corporation) or a partner (if a partnership) of the legal entity identified	d as owner of the cable system
		d correct to the best of my k	reby declare under penalty of law that all statements of fact contained nowledge, information, and belief, and are made in good faith.	l herein
			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	
			President cial position held in corporation or partnership)	
		Date:	08/27/2019	

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counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
to West Holding LLC	3258
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."	Special Statement
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.	Receipts Exclusion
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	
Name Name Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum 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	_
* 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.	
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 First community served Accounting period	

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