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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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

A	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 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:
		Zito Media - Burney
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	e: Sectior	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-26-20

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.

Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Zito West Holding LLC	1516
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 you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	unity" is the same as a "community unit" as defined in FCC rules communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter know
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Burney	CA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	-2E. PAG
Name		ABLE SYSTEM	:					515	151
	Zito West Holding LLC								
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND RA	ATES				
E	In General: The information in s	•		•		•			
Secondary (system, that is, the retransmissi					•			
Secondary Transmission	about other services (including plast day of the accounting period	• •			-		those exis	sung on the	
Service: Sub-	Number of Subscribers: Both						able syster	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n		-			•	-	s charged	
	separately for the particular serventiation of the standard rate of the					•	,	rge 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			•		•			
	subscriber who pays extra for ca						nder "Serv	vice to the	
	first set" and would be counted of Block 2: If your cable system	•			• • •		a difforant	from those	
	printed in block 1 (for example, t	-							
	with the number of subscribers a					•	, .		
	sufficient.		_		1	-			
	BLO	OCK 1 NO. OF	-				BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		69	30.61					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				\$				
-	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,					•			
Services	service for a single fee. There a				•		• •		
Other Than	furnished at cost or (2) services amount of the charge and the u								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions:	Block 1: Give the standard ra			•					
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	•	-						
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			tion: Non-res			0,1120		
	• Pay cable	17.95		el, hotel					
			• Con	nmercial					
	• Pay cable—add'l channel		• Pay	cable					
	 Pay cable—add'l channel Fire protection 						ſ		
			• Pay	cable-add'l ch	annei				
	Fire protection		-	cable-add'l ch protection	lannei				
	 Fire protection Burglar protection 	30.00	• Fire						
	 Fire protection Burglar protection Installation: Residential 	30.00	• Fire • Burg	protection					
	 Fire protection Burglar protection Installation: Residential First set 	30.00	• Fire • Burg Other s	protection glar protection		30.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	30.00	• Fire • Burç Other s • Rec	protection glar protection ervices:		30.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	30.00	• Fire • Burg Other s • Rec • Disc	protection glar protection ervices: onnect					

Accounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
•	Zito West Holding LLC			15161
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 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 t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te	also in space I, if the station was carrie on concerning substitute basis stations of a station according to its over-the he form. I number the FCC assigned to the tel 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 insti-	ot (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub (the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instructi program services such as HBO, ESP ne-air designation. For example, repor- levision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education ructions in the paper SA1-2 form.	me basis under ims [sections ions carried on a postitute program _og)—if the p on some other ions. N, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast).
	Column 4: Give the location	n of each station. For U.S. stations, lis	st the community to which the station	•
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNVN	24.1	N	Chico CA
	KHSL	12.1	Ν	Chico CA
Add Rows as Necessary	KHSL	12.2	I	Chico CA
	KRCR	7.1	Ν	Redding CA
	KCVU	20.1	Ν	Chico CA
	KIXE	9.1	E	Redding CA
	KRVU	22.1		Chico CA
	KRCR	7.2	N	Redding CA
	KNVN	42.1	I	Chico CA

EGAL NAME OF			151EM:				1	SYSTEM I 151
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of the or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recein t the Co sign of e he static ion's sign g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived 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 the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i 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	
		0,0				0,0		
						·		
						·		
						·		
						·		
						·		
						·		
						·		
						·		

Accounting Peric	-					FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Zito West Holding LLC	;					15161
	SUBSTITUTE CARRIAGE				6		
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every no</i> ccounting p	<i>nnetwork televi</i> eriod, under sp	<i>sion program,</i> broadcast b ecific present and former F	y a <i>distant</i> sta CC rules, regi	ulations, or authorizatio	ons. For a further
Carriage:	1. SPECIAL STATEMEN	•			ile general nie		
Special	During the accounting per				asis any nonr	network television prov	aram
Statement and	broadcast by a distant sta			n ourry, on a substitute of			
Program Log	-					YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	must complete the pro	ogram
	log in block 2.						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant sta gulations, o ries like "mo Bulls." m was broa sign of the adcast stati hadian stati- nth and day ve "5/7." es when th Example: er "R" if the and regulat nming that	am on a separ add additional onnetwork telev tion and that ye or authorization ovies" or "bask adcast live, enter station broadc on's location (f ons, if any, the y when your systen a program carri- e listed program ions in effect d	rows to the tables. vision program ("substitut our cable system substitut ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which th community with which th stem carried the substitut ogram was carried by you ried by a system from 6:0 n was substituted for prog uring the accounting perio	e program") ti ted for the pro- meral instruct am titles, for e "No." ram. he station is lid e program. Us in cable system 1:15 p.m. to 6 gramming that od; enter the l	hat, during the accour ogramming of another ions for further inform example, "I Love Lucy censed by the FCC or entified). se numerals, with the m. List the times accu 5:28:30 p.m. should be t your system was <i>req</i> letter "P" if the listed p	nting station ation. " or ", in month mately e guired
			E PROGRAM	1		N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
					1		
						_	
					-===		
						_	

•			SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC		1516
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	mission service	
	during the accounting period	\$	13,019.24
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 \$263,800 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-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13)	7,100)	
	1. Base amount under statutory formula \$ 263,800.0	0	
	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 \$52	27,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.0	0	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal 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 Reg See page i of the general instructions in the paper SA1-2 form for more inform		ghts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito West Hold	ling LLC	15161
M Channels		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.	
		number of channels on which the cable television broadcast stations	9
	on which the ca	number of activated channels able system carried television broadcast stations cast services	159
N Individual to Be Contacted		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) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	CERTIFICATION • I, the undersigne (Owne (Agent in I X (Offic in I • I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, 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; o t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner ine 1 of space B. If the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.	em as identified

	X /s/James Rigas
	nter an electronic signature on the line above to certify this statement. nter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	ame: James Rigas
	President al position held in corporation or partnership)
Date:	08/27/2020

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.

Inting Period: 2020/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
West Holding LLC	1516
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	P Special Statement Concerning Gross Receipts Exclusior
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. \$	
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.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessme

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.