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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/1     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	
		Zito Media - Marshall MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE STSTEM.
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Noti	ce: Sectio	n 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.

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Zito West Holding LLC	71
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rule porated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter kno e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, cidentified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Marshall	MO
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Zito West Holding LLC								714
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIE	BERS AND RA	TES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including					•			
Secondary Transmission	last day of the accounting period	• •			•		those exis	sung on the	
Service: Sub-	Number of Subscribers: Bot						able syster	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	<b>Rate:</b> Give the standard rate of							rge and the	
	unit in which it is generally billed	l. (Example: "\$	20/mth")	Summarize a					
	category, but do not include disc				rice of co	oondon, tronomi		vice that apple	
	Block 1: In the left-hand block systems most commonly provid	•		•		•			
	that applies to your system. <b>Not</b>								
	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	•			• • •		e different	from those	
	printed in block 1 (for example,	-							
	with the number of subscribers a					•			
	sufficient.	DCK 1					BLOC	()	
		NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		407						
	Service to first set		487	26.23					
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	5				
F	In General: Space F calls for ra				•	• •			
F	not covered in space E, that is,					•	•		
Services	service for a single fee. There a furnished at cost or (2) services		-		-				
Other Than	amount of the charge and the up								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha			•					
Nates	listed in block 1 and for which a				-	-	•		
	brief (two- or three-word) descrip		-						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
			Installa	tion: Non-resi	dential				
	Continuing Services:		• Mote	el, hotel					
	Continuing Services: • Pay cable	17.95							
	-	17.95		mercial			<b>-</b>		
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>	17.95	• Corr • Pay	cable					
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	17.95	• Corr • Pay • Pay	cable cable-add'l ch	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Corr • Pay • Pay • Fire	cable cable-add'l ch protection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	17.95 	• Corr • Pay • Pay • Fire • Burg	cable cable-add'l ch protection ılar protection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Com • Pay • Pay • Fire • Burg Other s	cable cable-add'l ch protection lar protection <b>ervices:</b>	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul> </li> </ul>		• Com • Pay • Pay • Fire • Burç <b>Other s</b> • Rec	cable cable-add'l ch protection lar protection <b>ervices:</b> onnect	annel	30.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Com • Pay • Pay • Fire • Burg <b>Other s</b> • Rec • Disc	cable cable-add'l ch protection lar protection <b>ervices:</b> onnect onnect	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul> </li> </ul>		• Com • Pay • Pay • Fire • Burg <b>Other s</b> • Rec • Disc • Outl	cable cable-add'l ch protection lar protection <b>ervices:</b> onnect		30.00 30.00 30.00			

A 1	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Zito West Holding LL	.C		7'
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary nsmitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations on's call sign. <i>Do not</i> report origination and with a station according to its over-th	bt (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a su (the Special Statement and Program ed both on a substitute basis and als s, see page (v) of the general instruc- program services such as HBO, ES ne-air designation. For example, rep levision station for broadcasting over a station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat ructions in the paper SA1-2 form. st the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other ctions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КСРТ	19	Е	Kansas City MO
	КСРТ	19.1	E	Kansas City MO
	ксти	5	Ν	Kansas City MO
	KCTV KCWE	5 29	N I	
			N I N	Kansas City MO
	KCWE	29	I	Kansas City MO Kansas City MO
	KCWE KMBC	29 9	I	Kansas City MO Kansas City MO Kansas City MO
	KCWE KMBC KMBC	29 9 9.2	I	Kansas City MO
	KCWE KMBC KMBC KMCI	29 9 9.2 38	I	Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS
ws as Necessary	KCWE KMBC KMBC KMCI KMCI	29 9 9.2 38 38.2	       	Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS	29 9 9.2 38 38.2 6	 N             	Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS	29 9 9.2 38 38.2 6 6 6.2		Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS KSHB	29 9 9.2 38 38.2 6 6 6.2 41		Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO         Kansas City MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS KSHB KSMO	29 9 9.2 38 38.2 6 6 6.2 41 62		Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO         Kansas City MO         Kansas City MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS KSHB KSMO	29 9 9.2 38 38.2 6 6 6.2 41 62		Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO         Kansas City MO         Kansas City MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS KSHB KSMO	29 9 9.2 38 38.2 6 6 6.2 41 62		Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO         Kansas City MO         Kansas City MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS KSHB KSMO	29 9 9.2 38 38.2 6 6 6.2 41 62		Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO         Kansas City MO         Kansas City MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS KSHB KSMO	29 9 9.2 38 38.2 6 6 6.2 41 62		Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO         Kansas City MO         Kansas City MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS KSHB KSMO	29 9 9.2 38 38.2 6 6 6.2 41 62		Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO         Kansas City MO         Kansas City MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS KSHB KSMO	29 9 9.2 38 38.2 6 6 6.2 41 62		Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO         Kansas City MO         Kansas City MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS KSHB KSMO	29 9 9.2 38 38.2 6 6 6.2 41 62		Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO         Kansas City MO         Kansas City MO
vs as Necessary	KCWE KMBC KMBC KMCI KMCI KMOS KMOS KSHB KSMO	29 9 9.2 38 38.2 6 6 6.2 41 62		Kansas City MO         Kansas City MO         Kansas City MO         Kansas City MO         Lawrence KS         Lawrence KS         Sedalia MO         Sedalia MO         Kansas City MO         Kansas City MO

				SYSTEM				
Name	LEGAL NAME OF OWNER OF			5151EN				
	Zito West Holding LL			·				
	PRIMARY TRANSMITTERS:			· · · · · ·				
G	-	entify every television station (including m during the accounting period, <i>excep</i>						
_	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
Primary ransmitters:	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.							
Television	Substitute Basis Stations	: With respect to any distant stations c	carried by your cable system on a sub	stitute program				
		ules, regulations, or authorizations: e in space G—but do list it in space I (i	the Special Statement and Program L	oa)—if the				
	station was carried only on	a substitute basis.						
	-	also in space I, if the station was carrie on concerning substitute basis stations						
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ESPN	N, etc. Identify each				
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-th the form.	e-air designation. For example, repor	t multistream				
	Column 2: Give the channed	el number the FCC assigned to the tele	evision station for broadcasting over th	he air in its community				
		/RC is channel 4 in Washington, D.C. n case whether the station is a network	station an independent station, or a l	noncommercial				
	educational station, by ente	ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepen	ndent), "I-M"				
		, "E" (for noncommercial educational), erms, see page (iv) of the general instr		nal multicast).				
		erms, see page (iv) of the general instr on of each station. For U.S. stations, lis		s licensed by the				
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the station i	s identified.				
	I							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION					
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION					
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION					
		2. B'CAST CHANNEL NUMBER						
		2. B'CAST CHANNEL NUMBER						

Zito West Ho	OWNER OF C		TSTEM:					SYSTEM I 71
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> 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 o he static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the opyright Office regulations on the 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 sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALL SIGN		3,0				3,0		
						·		
						·		
						·		
						·		
						·		
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						· <b></b> ·································		
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Accounting Perio						FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Zito West Holding LLC						7145
	SUBSTITUTE CARRIAGE	- SPECIA		NT AND PROGRAM I O	G		
	In General: In space I, ident					tion. that your cable sys	stem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorizatio	ns. For a further
Substitute	explanation of the programm	•			he general ins	tructions in the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	<ul> <li>During the accounting per</li> </ul>		ur cable syster	n carry, on a substitute ba	asis, any nonr	network television prog	
Program Log	broadcast by a distant sta	ition?				YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust complete the pro	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever n	ossible, if their meanir	og is
	clear. If you need more spa		•		s wherever p		ig is
				vision program ("substitut			-
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	•					
	"NBA Basketball: 76ers vs.		denet live and		"NI- "		
				er "Yes." Otherwise enter asting the substitute prog			
	Column 4: Give the broa	adcast stati	on's location (1	the community to which th	ne station is lie		, in
	the case of Mexican or Car			community with which the stem carried the substitute			month
	first. Example: for May 7 give				e program. O	se numerais, with the	month
				ogram was carried by you			
	to the nearest five minutes. stated as "6:00-6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m. should be	
	Column 7: Enter the lett			n was substituted for prog			
	to delete under FCC rules a was substituted for program						rogram
	effect on October 19, 1976	•	your system w	as permitted to delete unit		s and regulations in	
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
					]		
						—	
					]	_	1
						—	

Accounting Period:	<b>2020/1</b> FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Zito West Holding LLC7145
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 \$137,100)
	1. Base amount under statutory formula <b>\$ 263,800.00</b>
	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
	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 <b>\$ 263,800.00</b>
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01

	0.00	
	52.00 15.00	
	\$	67.00
-		nts!
	\$ . \$ 	\$ 15.00

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Nome	LEGAL NAME OF C	DWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito West Hold	ling LLC	7145
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	13
	on which the ca	number of activated channels able system carried television broadcast stations cast services	157
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)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersigned     (Owned)     (Agenting)     (Agenting)     X     (Officing)     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 line 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 line 1 of space B. d 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. on 1001(1986)]	em as identified

	X /s/James Rigas
	ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	me: James Rigas
	resident I 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.

unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
West Holding LLC	71
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below \$	
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
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