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	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 a 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 - Susanville MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CADLE STSTEM.
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Noti	ce: 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Zito West Holding LLC	759
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	munity" is the same as a "community unit" as defined in FCC rules ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know s.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Susanville	CA
Community	Susanville/Janesville	СА
	Lassen County	СА
Add Rows as Necessary		

	1							FORM SA1			
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM	:					SYS			
	Zito West Holding LLC								759		
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES						
E	In General: The information in s	•		-		•					
Secondary	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										
Transmission	last day of the accounting period				•			sting on the			
Service: Sub-	Number of Subscribers: Bot										
scribers and Rates	down by categories of secondar	•		•		•					
Rates		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 of	charged for eac	ch categ	ory of service	. Include b	oth the amount	of the cha				
	unit in which it is generally billed	· ·		,	•	rd rate variation	ns within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion serv	rice that cable			
	systems most commonly provid			-		•					
	that applies to your system. Not	t e: Where an ir	ndividua	l or organizati	on is receiv	ving service that	falls unde	er different			
	categories, that person or entity					• •	· ·				
	subscriber who pays extra for ca					a in the count u	nder Serv				
	Block 2: If your cable system	•			• • •	service that are	e different	from those			
	printed in block 1 (for example,					•	,				
	with the number of subscribers a sufficient.	and rates, in th	e right-l	hand block. A	two- or thre	e-word descrip	tion of the	service is			
		OCK 1					BLOCK	٢2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:										
	 Service to first set 		401	30.45							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S						
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 u										
Secondary	enter only the letters "PP" in the			f			in an United				
ransmissions:	Block 1: Give the standard ra Block 2: List any services that			•							
Rates	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										
	listed in block I and for which a	brief (two- or three-word) description and include the rate for each.									
		ption and inclue		ate for each.							
		ption and inclue BLO		ate for each.				BLOCK 2			
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLO RATE	CK 1 CATEG	GORY OF SEF		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO0 RATE	CK 1 CATEG Installa	GORY OF SEF		RATE	CATEG		RAT		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO RATE	CK 1 CATEC Installa • Mo	GORY OF SEF ation: Non-res tel, hotel		RATE	CATEGO		RAT		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO0 RATE	CK 1 CATEG Installa • Mo • Cor	GORY OF SEF ation: Non-res tel, hotel mmercial		RATE	CATEGO		RAT		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	BLO0 RATE	CK 1 CATEO Installa • Mo • Cor • Pay	BORY OF SEF ation: Non-res tel, hotel mmercial / cable	sidential	RATE	CATEGO		RAT		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	BLO0 RATE	CK 1 CATEC Installa • Mo • Cor • Pay	GORY OF SEF ation: Non-res tel, hotel mmercial / cable / cable-add'l c	sidential	RATE	CATEGO		RAT		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	BLO(RATE 17.95	CK 1 CATEG Installa • Mo • Cor • Pay • Pay • Fire	BORY OF SEF ation: Non-res tel, hotel mmercial / cable / cable-add'l c e protection	sidential hannel	RATE	CATEGO		RAT		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	BLO0 RATE	CK 1 CATEO Installa • Mo • Cor • Pay • Pay • Fire • Bur	GORY OF SEF ation: Non-res tel, hotel mmercial / cable / cable-add'l c	sidential hannel	RATE	CATEGO		RAT		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	BLO(RATE 17.95	CK 1 CATEG Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s	BORY OF SEF ation: Non-res tel, hotel mmercial / cable / cable-add'l c e protection rglar protectior	sidential hannel	RATE	CATEGO		RAT		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	BLO(RATE 17.95	CK 1 CATEO Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s	BORY OF SEF ation: Non-res tel, hotel mmercial / cable / cable-add'l c e protection rglar protectior services:	sidential hannel		CATEGO		RAT		
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLO(RATE 17.95	CK 1 CATEG Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s • Red • Dis	BORY OF SEF ation: Non-res tel, hotel mmercial / cable / cable-add'l c protection glar protection services: connect	sidential hannel		CATEGO		RAT		

				FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#				
	Zito West Holding LLO			7592				
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, <i>except</i> (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), 76.61(e)(2) and (4), 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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, WCG 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 by or the station, site paper S1-2 form. Column 4: Give the location of each station. For U.S. stations, its the community of independent, "I-M" (for independent multicast), "E" (for noncommercial e							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KNSN	21.1	I	Reno NV				
	KNPB	5.1	E	Reno NV				
Add Rows as Necessary	KOLO	8.1	N	Reno NV				
	KOLO	8.3	.	Reno NV				
	KOLO	8.4	I	Reno NV				
	KRNV	4	Ν	Reno NV				
		11	NI					
	KRXI	L	N	Reno NV				
	KTVN	2	N	Reno NV Reno NV				
	KTVN	2		Reno NV				
	KTVN	2		Reno NV				
	KTVN	2		Reno NV				
	KTVN	2		Reno NV				
	KTVN	2		Reno NV				
	KTVN	2		Reno NV				
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	KTVN	2		Reno NV				
	KTVN	2		Reno NV				
	KTVN	2		Reno NV				
	KTVN	2		Reno NV				
	KTVN	2		Reno NV				
	KTVN	2		Reno NV				

all-band basis w Special Instruc receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate to Column 4: G	every radio s rhose signals tions Concer it is carried by nonitoring, to mation abou m. entify the call tate whether the radio station this by placing ive the stations	tation ca were ge rning All y the sys be recei t the Co sign of e he static ion's sign g a checl n's locati	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under O stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	ble system during Copyright Office r at the system's he system's FM ante this point, see pa sed by the cable s	the accountin regulations, an eadend, and (2 enna, during c age (v) of the g system as a se	ng period FM sig 2) it can ertain st general i eparate	I. nal is generally be expected, ated intervals. nstructions in the.	H Primary Transmitters Radio
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If signal, indicate the Column 4: G Mexican or Can	it is carried by nonitoring, to mation abou m. entify the call tate whether t the radio stati this by placing ive the station adian stations	y the sys be recein t the Co sign of e he static ion's sign g a chech o's locati	stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	at the system's he system's FM anto this point, see pa sed by the cable s	eadend, and (2 enna, during c age (v) of the g system as a se	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the.	Transmitters
CALL SIGN				e station is identif	•	C or, in	the case of	
	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				0,0		
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	od: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						7592
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every no	nnetwork televi	sion program, broadcast by	/ a <i>distant</i> sta	tion, that you	r cable syst	tem carried on a
	substitute basis during the a	• •		•	-			
Substitute	explanation of the programm	-			ne general ins	tructions in th	e paper SA	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comple ⁻	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	In General: List each subs		•		s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa			rows to the tables. vision program ("substitute	o program") t	bat during th		ing
	period, was broadcast by a	•				•		•
	under certain FCC rules, re	gulations,	or authorization	ns. See page (v) of the ge	neral instruct	ions for furth	er informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
			,	the community to which th		•	e FCC or,	in
	the case of Mexican or Car		•	community with which the substitute		,	with the n	nonth
	first. Example: for May 7 gi	-	when your sy		s program. O	se numerais,		nontin
				ogram was carried by you				ately
	to the nearest five minutes, stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m. :	should be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming that	t your system	n was <i>requ</i>	iired
	to delete under FCC rules a	and regulat	ions in effect d	uring the accounting perio	od; enter the l	etter "P" if th	e listed pro	
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete unc	der FCC rules	and regulat	ions in	
		•						
	s				WHE	N SUBSTIT	UTE	
		\cup BSIIIUI	F PROGRAM	1				7. REASON FOR
			E PROGRAM	1		AGE OCCU 6. TIN	RRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	CARRI	AGE OCCU	RRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED MES	

Accounting Period:	: 2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SYSTEM ID# 7592
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	on service
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 \$263,4 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. 	300
	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 si accounting period is \$52.00	x-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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600))
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	

0.00	
	-
\$ 52.00 \$ 15.00	-
\$	67.00
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	SYSTEM ID#
INAIIIE	Zito West Hold	ling LLC	7592
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 ast 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 8	14-260-0434
	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) ad, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ar other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; at of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst ine 1 of space B and that the owner is not a corporation or partnership; or aer 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. on 1001(1986)]	tem 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.

unting Period: 2020/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
West Holding LLC	759
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.	P Special Statement Concerning Gross 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	
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	Q Interest Assessment
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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.