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
8/27/2021
\$
ALLOCATION NUMBER

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)) |
|----------------------|------------|---|
| | | 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: |
| | | MAILING ADDRESS OF CADLE 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 |

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 it 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.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | |
|-----------------------|--|---|
| Name | Zito West Holding LLC | 1516 [,] |
| 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 rules: iorated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know filings. |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, o identified city. | r mobile home parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | Burney | CA |
| Community | | |
| | | |
| Add Rows as Necessary | | |
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|---------------------------|---|------------------|--------------------------|--------------|-------------------------|----------------------------|---------------------------|--------|--|
| Name | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | : | | | | 515 | 151 | |
| | Zito West Holding LLC | | | | | | | | |
| - | SECONDARY TRANSMISSION | SERVICE: SU | JBSCRIBERS AND | RATES | | | | | |
| E | In General: The information in s | - | - | | • | | | | |
| 0 | system, that is, the retransmission about other services (including particulation) | | | | | | | | |
| Secondary Transmission | last day of the accounting period | , , , | , | , | | lnose exis | ung on the | | |
| Service: Sub- | Number of Subscribers: Both | • | | | , | ble systen | n, broken | | |
| scribers and | down by categories of secondar | y transmission | service. In general, | you can con | npute the numbe | er of subso | cribers in | | |
| Rates | each category by counting the n | | | | | | s charged | | |
| | separately for the particular server Rate: Give the standard rate of | | | | | | rae 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 | | | | | | 0, | | |
| | that applies to your system. Not categories, that person or entity | | - | | - | | | | |
| | subscriber who pays extra for ca | | | | | • | | | |
| | first set" and would be counted of | | | | | | | | |
| | Block 2: If your cable system | - | | | | | | | |
| | printed in block 1 (for example, t | | | | , | <i>, , , , , , , , , ,</i> | , 0 | | |
| | with the number of subscribers a sufficient. | and rates, in th | e right-hand block. A | two- or thre | e-word descript | ion of the | service is | | |
| | | DCK 1 | | | | BLOC | <2 | | |
| | | NO. OF | | | | | NO. OF | | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | ERS RATE | CAT | EGORY OF SEF | RVICE | SUBSCRIBERS | RAT | |
| | Service to first set | | 46 28.17 | | | | | | |
| | Service to additional set(s) | | 40 20.17 | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | , , , | | | | | | | | |
| | Motel, hotel Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | ANSMISSIONS: RA | TES | | | | | |
| - | In General: Space F calls for ra | | | | Ill your cable sys | stem's ser | vices that were | | |
| F | not covered in space E, that is, t | | | | , | , | | | |
| Comisso | service for a single fee. There and | • | | • | | • • | , | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the ur | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | addairy billed. If any | | | | iogram basis, | | |
| ransmissions: | Block 1: Give the standard rate | te charged by t | | | | | | | |
| 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 brief (two- or three-word) description and include the rate for each. | | | | | | | | |
| | | | | | | | | | |
| | CATEGORY OF SERVICE | BLO RATE | CK 1 CATEGORY OF SE | | RATE | CATEO | BLOCK 2 ORY OF SERVICE | RAT | |
| | Continuing Services: | NATE | Installation: Non-r | | NATE | CATEG | ORT OF SERVICE | TVA I | |
| | • Pay cable | 17.95 | 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 | 30.00 | Burglar protection | on | | | | | |
| | | | Other services: | | | | | | |
| | Additional set(s) | | | | | | | | |
| | Additional set(s) FM radio (if separate rate) | | Reconnect | | 30.00 | | | | |
| | Additional set(s) FM radio (if separate rate) Converter | | Reconnect Disconnect | | 30.00 | | | | |
| | • FM radio (if separate rate) | | Disconnect | 1 | | | | | |
| | • FM radio (if separate rate) | | | | 30.00 30.00 30.00 | | | | |

| ccounting Period: | 2021/1 | | | FORM SA1-2E. PAGE 3. | | | | |
|---|--|---|---|---|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# 15161 | | | | |
| | Zito West Holding LLC | | | | | | | |
| 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, an 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location | entify every television station (including m during the accounting period, except n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.15 s explained in the next paragraph. c: With respect to any distant stations of eles, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carried in concerning substitute basis stations of's call sign. <i>Do not</i> report origination with a station according to its over-the he form. el 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 instr n of each station. For U.S. stations, lis | g translator stations and low power tele t (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a sub- staticture by your cable system on a sub- the Special Statement and Program Li- ad both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPPI e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a mathematical (for network multicast), "I" (for independent to the community to which the station is the community with which the station is the community with which the station is the community with which the station is | me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | |
| | KNVN | 24.1 | Ν | Chico CA | | | | |
| | KHSL | 12.1 | N | Chico CA | | | | |
| Rows as Necessary | KHSL | 12.2 | | Chico CA | | | | |
| | KRCR | 7.1 | N | Redding CA | | | | |
| | KCVU | 20.1 | Ν | Chico CA | | | | |
| | KIXE | 9.1 | E | Redding CA | | | | |
| | KRVU | 22.1 | I | Chico CA | | | | |
| | KRCR | 7.2 | N | Redding CA | | | | |
| | KNVN | 42.1 | | Chico CA | | | | |
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| EGAL NAME OF | | | ISTEM: | | | | | SYSTEM 15 ⁷ |
|--|---|---|--|---|---|---|--|----------------------------------|
| | t every radio s | station ca | arried on a separate and discrent of the second sec | | | | | н |
| eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G | it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station | y the sys be recein at the Co sign of e the static ion's sign g a chech n's location | I-Band FM Carriage: Under C tem whenever it is received a ved 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 his point, see pa ed by the cable s le station is licens | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | ?) 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 | |
| UNEL UIGH | | 5,0 | | UNEL OIGH | | 5,0 | LOOMING OF STATION | |
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| Accounting Perio | | | | | | | FORM | M SA1-2E. PAGE 5. |
|------------------|--|---------------|-------------------|---|----------------|-----------------|-------------------|-------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | | SYSTEM ID# |
| Name | Zito West Holding LLC | ; | | | | | | 15161 |
| | SUBSTITUTE CARRIAG | | | NT AND PROGRAM I O | G | | | |
| I I | In General: In space I, ident | | | | - | tion that you | r cable eve | tem carried on a |
| - | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | RNING SUBS | TITUTE CARRIAGE | | | | |
| Special | During the accounting per | - | | | sis, anv noni | network telev | vision proa | ram |
| Statement and | | - | | | | | | |
| Program Log | broadcast by a distant sta | lion? | | | | | YES | × NO |
| | Note: If your answer is "No | ", leave the | e rest of this pa | age blank. If your answer is | s "Yes," you i | must comple | te the prog | gram |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTI | | | | | | | |
| | In General: List each subs | | | | s wherever p | ossible, if the | eir meaning | g is |
| | clear. If you need more spa | | | | | . | | · |
| | period, was broadcast by a | | | vision program ("substitute our cable system substitut | | | | |
| | under certain FCC rules, re | | | | | | | |
| | Do not use general categor | | | | | | | |
| | "NBA Basketball: 76ers vs. | | | | <i>.</i> | | | |
| | | | | er "Yes." Otherwise enter | | | | |
| | | | | asting the substitute progr the community to which th | | censed by th | e FCC or | in |
| | the case of Mexican or Car | | | | | | 010001, | |
| | Column 5: Give the mor | nth and day | | stem carried the substitute | | | with the n | nonth |
| | first. Example: for May 7 gi | | | | | | | |
| | | | | ogram was carried by you | | | | ately |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example: | a program car | ned by a system from 6.01 | 1:15 p.m. to e | 5.26.30 p.m. | should be | |
| | | er "R" if the | listed prograr | n was substituted for prog | ramming tha | t your system | n was <i>requ</i> | ired |
| | to delete under FCC rules | | | | | | | |
| | was substituted for program | | your system w | as permitted to delete und | ler FCC rules | and regulat | ions in | |
| | effect on October 19, 1976 | | | | | | | |
| | | | | | W/HE | N SUBSTIT | | |
| | s | UBSTITUT | E PROGRAM | 1 | | AGE OCCU | | 7. REASON FOR |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. TIN | | DELETION |
| | 1. TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM - | - то | |
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| Accounting Period: | 2021/1 | FORM S | 6. SA1-2E. PAGE 6. |
|------------------------------------|---|---------------|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC | ę | 8YSTEM ID# 15161 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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. | ssion service | |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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 t | his six-mon | |
| | accounting period is \$52.00 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 \$137,1) | - | 02.00 |
| | 1. Base amount under statutory formula \$ 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Enter the amount of gross receipts from space K | | |
| | 5. Enter the amount from line 3 | | |
| | 6. Subtract line 5 from line 4 | | |
| | 7. Multiply line 6 by .005 (enter figure here) | | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, | 600) | |
| | 1. Enter the amount of gross receipts from space K | | |
| | 2. Base amount under statutory formula | | |
| | 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 Total 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 Regis See page i of the general instructions in the paper SA1-2 form for more informati | | ghts! |

| | | | FORM SA1-2E. PAGE 7. |
|---|--|---|--|
| | | | SYSTEM ID# 15161 |
| to its subscribe 1. Enter the tot: system carrie 2. Enter the tot: on which the tot | s, and (2) the cable system's total n I number of channels on which the o I television broadcast stations I number of activated channels able system carried television broad | umber of activated channels during the accounting period. cable | 15 9 |
| | | NFORMATION IS NEEDED (Identify an individual to whom | |
| Name | Teri McMullen | Telepho | one 814-260-0434 |
| Address | Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@ziton | nedia.com Fax (optional) | |
| I, the undersig (Owr (Age ir X (Offi ir · I have examinare true, completee | ned, hereby certify that (Check one, but er other than corporation or partnen int of owner other than corporation of line 1 of space B and that the owner cer or partner) I am an officer (if a co- line 1 of space B. d the statement of account and hereb te, and correct to the best of my know | <i>ut only one</i> , of the boxes.) prship) I am the owner of the cable system as identified in line 1 of spinor or partnership) I am the duly authorized agent of the owner of the call is not a corporation or partnership; or proporation) or a partner (if a partnership) of the legal entity identified as by declare under penalty of law that all statements of fact contained here | ace B; or ble system as identified s owner of the cable system |
| | Typed or printed nam | r an electronic signature on the line above to certify this statement. r signature using an "/s/ signature" (e.g., /s/ John Smith) ne: James Rigas | |
| | Zito West Hold CHANNELS Instructions: Y to its subscriber 1. Enter the total system carried 2. Enter the total on which the c and nonbroadd INDIVIDUAL TO we can contact Name Address Email CERTIFICATION • I, the undersign (Own (Ager in X (Officient on thave examine are true, comple | Instructions: You must give (1) the number of chait to its subscribers, and (2) the cable system's total in 1. Enter the total number of channels on which the system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broad and nonbroadcast services | Zito West Holding LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Teri McMullen Clubers PO Box 665 (Clubers, town, state, r/p) Email teri.mcmullen@zitomedia.com Clubers PO Box 665 (Cluber, town, state, r/p) Email teri.mcmullen@zitomedia.com CRTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation (Cluber or partner) but on the owner of the cable system as identified in line 1 of spot in line 1 of space B and that the owner is not a coprocation or partnership) 1 am the oduy authorized agent of the owner of the cable and in line 1 of space B and that the owner is not a coprocation or partnership) of the legal entily identified at in line 1 of space B. • The account and hereby declare under paratership) of the legal entily identified at in line 1 of space B. • Thave exemanie tof account and hereby declare unde |

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.

| ounting Period: 2021/1 | FORM SA1-2E. PAGE |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| 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 located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessmer |
| | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | - - |
| x 1% | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | - - - |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | - - - |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here - Line 2 Multiply line 1 by the interest rate* and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - 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 \$ (interest charge) * * 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. | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here - x | - - - |
| x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on www.copyright.gov/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 | |
| x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here | |

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