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.

8/27/2021

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 \$ 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	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)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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 - Winnemucca MaiLing Address of CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notic	e: Section	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Zito West Holding LLC	27934
"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
	obile home parks should be reported in parentheses below the
identified city.	
CITY OR TOWN	STATE
Winnemucca	NV
у _{полновилистические полновилистические полновили}	
	Zito West Holding LLC Instructions: List each separate community served by the cable system. A "cor" "a separate and distinct community or municipal entity (including unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film Note: Entities and properties such as hotels, apartments, condominiums, or midentified city. CITY OR TOWN Winnemucca

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 279
	Zito West Holding LLC								219
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
- ·	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						those exist	ting on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondar			•		•			
Rates	each category by counting the n			•••		•		s charged	
	separately for the particular serv Rate: Give the standard rate of							ge 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	able service to	additiona	al sets would b	e includeo	•••	•		
	first set" and would be counted o							41	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,		
	sufficient.		0			•			
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		97	22.23					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS		5				
-	In General: Space F calls for ra					ll your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are	not offered in o	combinatio	on with any sec	ondary trar	nsmission	
Comisso	service for a single fee. There are	•	-		•		0.	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
	•			····· · ··· · · · · · · · · · · · · ·			F F	- 3,	
Secondary	enter only the letters "PP" in the	rate column.							
ransmissions:	Block 1: Give the standard rat	te charged by t							
•	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable sys	stem furr	nished or offer	ed during	the accounting	period that		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable sys separate charg	stem furr je was m	hished or offer ade or establi	ed during	the accounting	period that		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable system separate chargotion and inclue	stem furr je was m de the ra	hished or offer ade or establi	ed during	the accounting	period that	e form of a	
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te charged by t t your cable sy separate charg otion and includ BLO	stem furr ge was m de the ra CK 1	hished or offer ade or establi te for each.	ed during shed. List	the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable sy- separate charg btion and includ BLO0 RATE	stem furr ge was m de the ra CK 1 CATEG	hished or offer ade or establi	ed during shed. List /ICE	the accounting	period that vices in the	e form of a	RAT
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by t t your cable sy- separate charg btion and includ BLO0 RATE	stem furr ge was m de the ra CK 1 CATEG Installa	hished or offer hade or establi te for each. ORY OF SER	ed during shed. List /ICE	the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sy separate charg btion and includ BLO RATE	stem furr ge was m de the ra CK 1 CATEG Installa • Mote	hished or offer hade or establi te for each. ORY OF SER' tion: Non-res	ed during shed. List /ICE	the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable sy separate charg btion and includ BLO RATE	stem furr ge was m de the ra CK 1 CATEG Installa • Mote	hished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel imercial	ed during shed. List /ICE	the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by t t your cable sy separate charg btion and includ BLO RATE	stem furr ge was m de the ra CK 1 CATEG Installa • Mote • Com • Pay	hished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel imercial	ed during shed. List /ICE /dential	the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sy separate charg btion and includ BLO RATE	stem furr ge was m de the ra CK 1 CATEG Installa • Mote • Corr • Pay • Pay	hished or offer ade or establi te for each. ORY OF SER' tion: Non-res el, hotel imercial cable	ed during shed. List /ICE /dential	the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sy separate charg btion and includ BLO RATE	stem furr ge was m de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mote • Corr • Pay • Pay • Fire	hished or offer ade or establi te for each. ORY OF SER' tion: Non-res el, hotel umercial cable cable	ed during shed. List /ICE /dential	the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sy separate charg btion and includ BLO(RATE 17.95	stem furr ge was m de the ra CK 1 CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burg	hished or offer ade or establi te for each. ORY OF SER tion: Non-res el, hotel imercial cable cable-add'l ch protection	ed during shed. List /ICE /dential	the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a 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	te charged by t t your cable sy separate charg btion and includ BLO(RATE 17.95	stem furr ge was m de the ra CK 1 CATEG Installar • Mote • Corr • Pay • Pay • Fire • Burg Other s	hished or offer ade or establi te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	ed during shed. List /ICE /dential	the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a 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)	te charged by t t your cable sy separate charg btion and includ BLO(RATE 17.95	stem furr ge was m de the ra CK 1 CATEG Installa • Mote • Com • Pay • Pay • Fire • Burg Other s • Rec	hished or offer hade or establic te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection glar protection ervices:	ed during shed. List /ICE /dential	RATE	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a 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)	te charged by t t your cable sy separate charg btion and includ BLO(RATE 17.95	stem furr ge was m de the ra CK 1 CATEG Installar • Mote • Com • Pay • Fire • Burg Other s • Recisor	hished or offer ade or establi te for each. ORY OF SER' tion: Non-res el, hotel mercial cable cable-add'l ch protection plar protection ervices: ponnect	ed during shed. List /ICE /dential	RATE	period that vices in the	e form of a BLOCK 2	RA1

Accounting Period:	2021/1			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	Zito West Holding LLC	;		27934				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain state	ne basis under ns [sections				
Television	Substitute Basis Stations: basis under specific FCC ru	With respect to any distant stations of es, regulations, or authorizations:	carried by your cable system on a subs					
	• 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. 							
	of license. For example, Wi	RC is channel 4 in Washington, D.C.	evision station for broadcasting over th					
	educational station, by enter (for independent multicast),	ing the letter "N" (for network), "N-M" "E" (for noncommercial educational),	station, an independent station, or a r (for network multicast), "I" (for indepen or "E-M" (for noncommercial education	ndent), "I-M"				
	Column 4: Give the location		ructions in the paper SA1-2 form. It the community to which the station is the community with which the station i					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KNPB	5	E	Reno NV				
	KNSN	21		Reno NV				
Add Rows as Necessary	KOLO	8	N	Reno NV				
	KOLO	8.3	I	Reno NV				
	KOLO	8.4	I	Reno NV				
	KRNV	4	N	Reno NV				
	KRXI	11	Ν	Reno NV				
	KTVN	2	N	Reno NV				

LEGAL NAME OF			I STEWI.					SYSTEM
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					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 l 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	
UALL DIGIN		0,0		UALL DIGN		0/0	LOOATION OF STATION	

Accounting Perio	od: 2021/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	2						27934
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm	01	<i>'</i>		, 0	, ,		
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must compl	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if th	neir meanin	a is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor	ries like "mo						
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live. ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
	Column 4: Give the broat the case of Mexican or Car			the community to which the community with which the			the FCC or,	in
	Column 5: Give the mor	nth and day		stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi		o cubetituto pr	ogram was carried by you	r cabla sveta	m lict the	timos occur	atoly
	to the nearest five minutes.							alery
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	romming the	t vour ovoto	m waa ragi	virad
	to delete under FCC rules			n was substituted for prog luring the accounting peric				
	was substituted for program	nming that						0
	effect on October 19, 1976	•						
			E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
								"
							_	
							_	
							_]
								1

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 27934
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 transmit (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 mount, see	7,854.26 ss receipts)
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.	63,800	
	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	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
246	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 informat		nts!

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF	DWNER OF CABLE SYSTEM: ling LLC	SYSTEM ID# 27934
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	ou must give (1) the number of channels on which the cable system carried television broadces, and (2) the cable system's total number of activated channels during the accounting period I number of channels on which the cable television broadcast stations	
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to who about this statement of account.)	n
for Further Information	Name	Teri McMullen	Telephone 814-260-0434
	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	I, the undersign (Own (Ager in X (Offic in · I have examine	(This statement of account must be certified and signed in accordance with Copyright Office 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 Ii t of owner other than corporation or partnership) I am the duly authorized agent of the owner line 1 of space B and that the owner is not a corporation or partnership; or ter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ic line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact co e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)] X /s/James Rigas	ne 1 of space B; or r of the cable system as identified dentified as owner of the cable system
		Image: A /s/James Rigas Enter an electronic signature on the line above to certify this state: Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership) Date: 08/29/200	

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.

Dunting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o West Holding LLC	2793
 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 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1%	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here x	Interest Assessme
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 Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessme
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 - 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 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	Interest Assessme
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 - 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 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	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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 th 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.