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	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.	4907
		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 ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Mountain Home Mailing Address of CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	. Castier		
Privacy Act Notice	: 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	Zito West Holding LLC	4907
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Mountain Home	ID
Community	Mountain Home Air Force Base	ID
	Elmore County	ID
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM I
Name		ABLE SYSTEM						313	49
	Zito West Holding LLC								10
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBE	RS AND RAT	ES				
E	In General: The information in s	-		•		•			
Secondary	system, that is, the retransmission about other services (including particular services)			•					
Secondary Transmission	last day of the accounting period						liiose exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble systen	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n			0,0		•		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	ounts allowed	for advanc	e payment.					
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	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 the	e right-hand	DIOCK. A TWO-	• or thre	e-wora descrip	ion of the	Service IS	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТЕ	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRID			UAIL		(VICL	SUBSCRIBERS	
	Service to first set		203	22.42					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services		,	0			0 (	,	
Other Than	amount of the charge and the ur	hit in which it is	usually bill	ed. If any rates		harged on a var			
Other Than Secondary	enter only the letters "PP" in the	rate column.		-		-			
Other Than Secondary Transmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate	rate column. te charged by t	he cable sy	vstem for each	of the a	applicable servi			
Other Than Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by t t your cable sys	he cable sy stem furnis	vstem for each ned or offered	of the a during	applicable servi the accounting	period tha	t were not	
Other Than Secondary Transmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate	rate column. te charged by t t your cable sys separate charg	he cable sy stem furnis ge was mac	rstem for each ned or offered le or establishe	of the a during	applicable servi the accounting	period tha	t were not	
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sy separate charg ption and includ	the cable sy stem furnis ge was mac de the rate	rstem for each ned or offered le or establishe	of the a during	applicable servi the accounting	period tha	t were not e form of a	
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	the cable sy stem furnis ge was mac de the rate CK 1	rstem for each ned or offered le or establishe	of the a during ed. List	applicable servi the accounting	period tha vices in th	t were not	RAT
Other Than Secondary Transmissions:	enter only the letters "PP" in the 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	rate column. te charged by t t your cable sy separate charg btion and inclue BLO	the cable sy stem furnis ge was mac de the rate CK 1 CATEGOF	rstem for each ned or offered le or establishe for each.	of the a during ed. List	applicable servi the accounting these other ser	period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary Transmissions:	enter only the letters "PP" in the 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	rate column. te charged by t t your cable sy separate charg btion and inclue BLO	the cable sy stem furnis ge was mac de the rate CK 1 CATEGOF	estem for each ned or offered le or establishe for each. RY OF SERVIC n: Non-reside	of the a during ed. List	applicable servi the accounting these other ser	period tha vices in th	t were not e form of a BLOCK 2	RAT
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Other Than Secondary Transmissions:	enter only the letters "PP" in the 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	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel,	estem for each ned or offered le or establishe for each. RY OF SERVIC <b>n: Non-reside</b> hotel ercial	of the a during ed. List	applicable servi the accounting these other ser	period tha vices in th	t were not e form of a BLOCK 2	RAT
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Other Than Secondary Transmissions:	enter only the letters "PP" in the 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	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE	the cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca	estem for each ned or offered le or establishe for each. <u>RY OF SERVIC</u> <b>n: Non-reside</b> hotel ercial ble ble ble-add'l chan	of the a during ed. List CE	applicable servi the accounting these other ser	period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary Transmissions:	enter only the letters "PP" in the 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 • Fire protection • Burglar protection	rate column. te charged by t t your cable sy separate charg btion and includ BLO0 RATE	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr	estem for each ned or offered le or establishe for each. <u>RY OF SERVIC</u> <b>n: Non-reside</b> hotel ercial ble ble ble-add'l chan	of the a during ed. List CE	applicable servi the accounting these other ser	period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary Transmissions:	enter only the letters "PP" in the 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	rate column. te charged by t t your cable sy separate charg btion and includ BLO( RATE 17.95	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr	estem for each ned or offered le or establishe for each. RY OF SERVIC <b>n: Non-reside</b> hotel ercial ble ble-add'I chan otection	of the a during ed. List CE	applicable servi the accounting these other ser	period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary Transmissions:	enter only the letters "PP" in the 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	rate column. te charged by t t your cable sy separate charg btion and includ BLO( RATE 17.95	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	estem for each ned or offered le or establishe for each. RY OF SERVIC <b>n: Non-reside</b> hotel ercial ble ble-add'I chan otection <b>r</b> protection <b>rices:</b>	of the a during ed. List CE	applicable servi the accounting these other ser	period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary Transmissions:	enter only the letters "PP" in the 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)	rate column. te charged by t t your cable sy separate charg btion and includ BLO( RATE 17.95	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pri • Burgla Other ser	estem for each ned or offered le or establishe for each. RY OF SERVIC <b>n: Non-reside</b> hotel ercial ble ble-add'I chan otection <b>r</b> protection <b>rices:</b> nect	of the a during ed. List CE	applicable servites accounting these other servites accounting these other servites accounting these other servites account ac	period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary Transmissions:	enter only the letters "PP" in the 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)	rate column. te charged by t t your cable sy separate charg btion and includ BLO( RATE 17.95	he cable sy stem furnis ge was made de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discon	estem for each ned or offered le or establishe for each. RY OF SERVIC <b>n: Non-reside</b> hotel ercial ble ble-add'I chan otection <b>r</b> protection <b>rices:</b> nect	of the a during ed. List CE	applicable servites accounting these other servites accounting these other servites accounting these other servites account ac	period tha vices in th	t were not e form of a BLOCK 2	RAT

ccounting Period: 2	2021/1			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	Zito West Holding LLC	C		4907					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	<ul> <li>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), 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.</li> <li>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:         <ul> <li>Do not 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.</li> <li>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.</li> <li>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</li> <li>"WETA-2" as the same on the form.</li> <li>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, WRC is channel 4 in Washington, D.C.</li> <li>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"</li> <li>(for independent multicast), "E" (for</li></ul></li></ul>								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KAID	4.1	E	Boise ID					
	KAID	4.2	E	Boise ID					
Add Rows as Necessary	KAID	4.4	E	Boise ID					
	КВОІ	2	N	Boise ID					
	KIVI	6.1	N	Nampa ID					
	KNIN	9.1	N	Boise ID					
	KTRV	12.1	I	Nampa ID					
	KTRV	12.3	Ι	Nampa ID					
	ктув	7.1	Ν	Boise ID					
	ктув	7.2	N	Boise ID					
	КТVВ	7.3	N	Boise ID					
	ΚΥυυ	35.1		Boise ID					
	KNIN	9.3		Boise ID					
		0.0							

EGAL NAME OF			YSTEM:					SYSTEM   49
	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 sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante 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	
		5,0		UNEL OIGH		5,0	LOOMING OF STATION	
						·	·	
							·	

Accounting Perio							FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						4907
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	INT AND PROGRAM LO	G			
I	In General: In space I, ident							
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions in t	he paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCEP	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	×NO
Program Log	broaddast by a distant sta						TES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviations	s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa	ace, please	add additiona	rows to the tables.				
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	im titles, for e	example, IL	ove Lucy	or
			dcast live ent	er "Yes." Otherwise enter	'No "			
				asting the substitute progr				
				the community to which th		censed by th	e FCC or,	in
	the case of Mexican or Car						,	
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far prog	romming the	t vour ovotor		urad
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ografii
	effect on October 19, 1976		your oyotonn n			, and regulat		
	,				1			1
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	/IES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						_		
								·
						_		
						_		
						_		
						_		

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SI	/STEM ID# 4907
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 mount, see	<b>,205.94</b> 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.	163,800	
	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)		52.00
	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		
Filian Factor (			
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		its!

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito West Hol	OWNER OF CABLE SYSTEM: ding LLC			SYSTEM ID# 4907
M Channels	<ol> <li>to its subscriber</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the ota</li> </ol>	rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channe cable system carried televisior	total numb ch the cabl s els n broadcas		13 
N Individual to Be Contacted		O BE CONTACTED IF FURTI about this statement of accou		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen		Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apar	tment, or sui	te number)	
		Coudersport PA 169 (City, town, state, zip)	915		
	Email	teri.mcmullen@	@zitomed	ia.com Fax (optional)	
O Certification	<ul> <li>I, the undersign</li> <li>(Own</li> <li>(Agentication (Agentication))</li> <li>X</li> <li>(Offinition)</li> <li>I have examine are true, completion</li> </ul>	ned, hereby certify that (Check ner other than corporation or nt of owner other than corpor n line 1 of space B and that the icer or partner) I am an officer n line 1 of space B. ed the statement of account and	one, <i>but on</i> partnershi ration or p owner is n (if a corpor	rtified and signed in accordance with Copyright Office regulations) <i>hly one</i> , of the boxes.) <b>ip</b> ) I am the owner of the cable system as identified in line 1 of space <b>partnership</b> ) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as or eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith. /s/James Rigas	e B; or system as identified wner of the cable system
		Typed or printe Title: (Title of d	Enter sig ed name: Presic	electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas dent on held in corporation or partnership)	
		Date:		08/29/2021	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o West Holding LLC	4907
<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> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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 Assessment
x 1%	
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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