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.

DATE RECEIVED

02/22/22

\$

ALLOCATION NUMBER

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 FOR COPYRIGHT OFFICE USE ONLY by email to: AMOUNT coplicsoa@loc.gov

> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED B	Y THIS STATEMENT: (YYYY)	/(Period))	
		2021/2		Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optional - se	e instructions)	
В		Instructions: Give the full legal name of the owner of the the subsidiary, not that of the parent corpo		of another corporation, give the full corpor	rate title of
Owner		List any other name or names under which	the owner conducts the business of the cab	ble system.	
		If there were different owners during the a statement of account and royalty fee paym		st day of the accounting period should subr	nit a single
		Check here if this is the system's first filing.	If not, enter the system's ID number assign	ed by the Licensing Division.	63694
		I			
		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 C PO Box 665	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu	imber)		
		Coudersport, PA 16915 (City, town, state, zip)			
С		UCTIONS: In line 1, give any busine already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		Zito Media - Zion MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		(City, town, state, zip code)			

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#
Name	Zito West Holding LLC	63694
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile for	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	city.	ome parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	Walker Township/Zion	PA
Community	Marion Township	PA
-	Spring Township	PA
Rows as Necessary		
rows as necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name		ADLE STOTEM.						010	6369
	Zito West Holding LLC								
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmissi	•		•					
Secondary	about other services (including p								
Transmission	last day of the accounting period	I (June 30 or D	ecember	31, as the cas	e may be	e).		0	
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and Rates	down by categories of secondar each category by counting the n								
	separately for the particular serv	ice at the rate	, indicated-	-not the num	per of set	s receiving serv	, /ice).	0	
	Rate: Give the standard rate of	-	-					-	
	unit in which it is generally billed category, but do not include disc	· · ·	,		y standal	d rate variation	s within a	particular rate	
	Block 1: In the left-hand block	in space E, th	e form lis	ts the categori					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to	additional	sets would be	included				
	first set" and would be counted of	0			· · ·	a am dia a that and	different	fuence the end	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.						BLOCI	V 0	
		NO. OF					BLUCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	RS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		004	40.05					
	Service to first set		261	16.85					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
								•	
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				pect to a	Il your cable sys	stem's ser	vices that were	
F	not covered in space E, that is,				ombinatio	n with any sec			
	I some den stande for Thomas and	o two oveentie	ne: vou d						
Somilana	service for a single fee. There a	•				information con	cerning (1) services	
Services Other Than	furnished at cost or (2) services	or facilities fur	nished to	nonsubscriber	s. Rate ir	information con	cerning (1 Id include) services both the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the	or facilities furn hit in which it is rate column.	nished to usually b	nonsubscriber illed. If any rat	s. Rate ir es are ch	information con nformation shou arged on a vari	cerning (1 ld include able per-p) services both the rogram basis,	
Other Than Secondary Fransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra	or facilities furn hit in which it is rate column. te charged by t	hished to usually b he cable	nonsubscriber illed. If any rat system for eac	s. Rate ir es are ch ch of the a	information con nformation shou arged on a vari applicable servi	cerning (1 ld include able per-p ces listed.) services both the rogram basis,	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the	or facilities furn hit in which it is rate column. te charged by t t your cable syst	hished to usually b he cable stem furn	nonsubscriber illed. If any rat system for eac shed or offere	s. Rate ir es are ch ch of the a d during	information con oformation shou arged on a vari applicable servi the accounting	cerning (1 ld include able per-p ces listed. period tha) services both the program basis, t were not	
Other Than Secondary Transmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha	or facilities furn nit in which it is rate column. te charged by t t your cable sys separate charg	hished to usually b he cable stem furn e was ma	nonsubscriber illed. If any rat system for eac ished or offere ade or establis	s. Rate ir es are ch ch of the a d during	information con oformation shou arged on a vari applicable servi the accounting	cerning (1 ld include able per-p ces listed. period tha) services both the program basis, t were not	
Other Than Secondary Transmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a	or facilities furn nit in which it is rate column. te charged by t t your cable sys separate charg	hished to usually b he cable stem furn e was ma e the rate	nonsubscriber illed. If any rat system for eac ished or offere ade or establis	s. Rate ir es are ch ch of the a d during	information con oformation shou arged on a vari applicable servi the accounting	cerning (1 ld include able per-p ces listed. period tha) services both the program basis, t were not	
Other Than Secondary Transmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a	or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg tion and incluc	hished to usually b he cable stem furn e was ma e the rate CK 1	nonsubscriber illed. If any rat system for eac ished or offere ade or establis	s. Rate ir es are ch ch of the a d during hed. List	information con oformation shou arged on a vari applicable servi the accounting	cerning (1 Id include able per-p ces listed. period tha vices in th) services both the rogram basis, t were not e form of a	RAT
Other Than Secondary Transmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services :	or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg btion and incluc	hished to usually b he cable stem furn e was ma e the rate CK 1 CATEGC Installati	nonsubscriber illed. If any rat system for eac ished or offere ade or establis of or each. DRY OF SERV on: Non-resid	s. Rate ir es are ch ch of the a d during hed. List	information con nformation shou arged on a vari applicable servi the accounting these other ser	cerning (1 Id include able per-p ces listed. period tha vices in th) services both the rogram basis, t were not e form of a BLOCK 2	RAT
Other Than Secondary Transmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg btion and incluc	hished to usually b he cable stem furn e was ma e the rate CK 1 CATEGC Installati • Mote	nonsubscriber illed. If any rat system for each ished or offere ade or establis of for each. DRY OF SERV fon: Non-resid	s. Rate ir es are ch ch of the a d during hed. List	information con nformation shou arged on a vari applicable servi the accounting these other ser	cerning (1 Id include able per-p ces listed. period tha vices in th) services both the rogram basis, t were not e form of a BLOCK 2	RAT
Other Than Secondary Fransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha 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	or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg tion and incluc BLOO RATE	hished to usually b he cable stem furn e was ma e the rate CK 1 CATEGC Installati • Mote • Com	nonsubscriber illed. If any rat system for each shed or offere ade or establis of or each. <u>ORY OF SERV</u> fon: Non-resid I, hotel mercial	s. Rate ir es are ch ch of the a d during hed. List	information con nformation shou arged on a vari applicable servi the accounting these other ser	cerning (1 Id include able per-p ces listed. period tha vices in th) services both the rogram basis, t were not e form of a BLOCK 2	RAT
Other Than Secondary Transmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha 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	or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg tion and incluc BLOO RATE	hished to usually b he cable stem furn e was ma e the rate CK 1 CATEGC Installati • Mote • Comi • Pay o	nonsubscriber illed. If any rat system for each shed or offere ade or establis of reach.	s. Rate ir es are ch d during hed. List ICE	information con nformation shou arged on a vari applicable servi the accounting these other ser	cerning (1 Id include able per-p ces listed. period tha vices in th) services both the rogram basis, t were not e form of a BLOCK 2	RAT
Other Than Secondary Transmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha 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	or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg tion and incluc BLOO RATE	hished to usually b he cable stem furn e was ma e the rate CK 1 CATEGC Installati • Mote • Com • Pay o	nonsubscriber illed. If any rat system for eac ished or offere ade or establis of for each. <u>ORY OF SERV</u> ion: Non-resid I, hotel mercial cable cable-add'l cha	s. Rate ir es are ch d during hed. List ICE	information con nformation shou arged on a vari applicable servi the accounting these other ser	cerning (1 Id include able per-p ces listed. period tha vices in th) services both the rogram basis, t were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha 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	or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg otion and incluc BLO(RATE 17.95	hished to usually b he cable stem furn e was ma e the rate CK 1 CATEGC Installati • Mote • Com • Pay o • Fire p	nonsubscriber illed. If any rat system for eac ished or offere ade or establis of reach. <u>ORY OF SERV</u> ion: Non-resid I, hotel mercial cable cable-add'l cha protection	s. Rate ir es are ch d during hed. List ICE	information con nformation shou arged on a vari applicable servi the accounting these other ser	cerning (1 Id include able per-p ces listed. period tha vices in th) services both the rogram basis, t were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg tion and incluc BLOO RATE	hished to usually b he cable stem furn e was ma e the rate CK 1 CATEGC Installati • Mote • Com • Pay o • Fire p	nonsubscriber illed. If any rat system for eac ished or offere ade or establis of reach. DRY OF SERV on: Non-resid I, hotel mercial cable cable-add'I cha protection ar protection	s. Rate ir es are ch d during hed. List ICE	information con nformation shou arged on a vari applicable servi the accounting these other ser	cerning (1 Id include able per-p ces listed. period tha vices in th) services both the rogram basis, t were not e form of a BLOCK 2	RAT
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Other Than Secondary Transmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg tion and incluc BLOC RATE 17.95 30.00	hished to usually b he cable stem furn e was ma e the rate CK 1 CATEGC Installati • Mote • Com • Pay o • Fire p • Burgl Other se	nonsubscriber illed. If any rat system for each ade or establist of reach. DRY OF SERV on: Non-resid I, hotel mercial cable-add'l cha protection ar protection rvices: nnect	s. Rate ir es are ch d during hed. List ICE	information con formation shou harged on a vari- applicable servi- the accounting these other ser RATE	cerning (1 Id include able per-p ces listed. period tha vices in th) services both the rogram basis, t were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg tion and incluc BLOC RATE 17.95 30.00	hished to usually b he cable stem furn e was ma e the rate CK 1 CATEGC Installati • Mote • Com • Pay o • Fire p • Burg Other se • Reco • Disco	nonsubscriber illed. If any rat system for each ade or establist of reach. DRY OF SERV on: Non-resid I, hotel mercial cable-add'l cha protection ar protection rvices: nnect	s. Rate ir es are ch d during hed. List ICE	information con formation shou harged on a vari- applicable servi- the accounting these other ser RATE	cerning (1 Id include able per-p ces listed. period tha vices in th) services both the rogram basis, t were not e form of a BLOCK 2	RAT

Name	LEGAL NAME OF OWNER C			
	Zito West Holding Ll			SYSTEM IE 6369
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part-til e carriage of certain network progra I(e)(2) and (4))]; and (2) certain sta rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepu- r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a postitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM	23	N	Altoona PA
	WHVL	29.1	I	State College PA
ows as Necessary	WJAC	6	N	Johnstown PA
	WKBS	47	Ι	Altoona PA
	WPSU	3	Е	Clearfield PA
	WPSU WTAJ	3 10	E N	
				Clearfield PA

EGAL NAME OF			· • · Em.					SYSTEM I 636
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recein the Consign of e he station ion's sign g a chech n's location	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	AN/	0/5			A.A	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito West Holding LLC	;						63694
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programmi	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			<u> </u>			
Special	During the accounting period				is any nonne	twork telev	vision program	n
Statement and	broadcast by a distant stat			ourly, on a substitute bas	is, any nonne			X
Program Log							YES	
	Note: If your answer is "No'	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ist comple	te the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if the	eir meaning is	5
	clear. If you need more spa				interer pee		an meaning n	-
				ision program ("substitute				
	period, was broadcast by a					•		
	under certain FCC rules, re Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."		r "Yes." Otherwise enter "N				
				sting the substitute progra				
	the case of Mexican or Can		(e community to which the		,	e FCC or, in	
				tem carried the substitute			, with the mo	nth
	first. Example: for May 7 giv		, <u>,</u>		1 5 -		,	
				gram was carried by your				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be	
		er "R" if the	listed program	was substituted for progra	amming that y	our systen	n was <i>require</i>	ed
	to delete under FCC rules a							
	was substituted for program			5 51				
			our system wa		er FCC rules a	ind regulat	ions in	
	effect on October 19, 1976.		our system wa		er FCC rules a	ind regulat	ions in	
	effect on October 19, 1976.		our system wa	s permitted to delete unde	WHE	IN SUBST	ITUTE	7. REASON FOR
	effect on October 19, 1976.			s permitted to delete unde	WHE	IN SUBST	ITUTE	7. REASON FOR DELETION
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	effect on October 19, 1976.	UBSTITUT 2. LIVE?	E PROGRAM	s permitted to delete unde	5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63694
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter 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	5,128.19 oss receipts)
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 \$2 • Use block 3 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 thi accounting period is \$52.00	s six-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	\$	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	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito West Hold	WNER OF CABLE SYSTEM: ing LLC				SYSTEM ID# 63694
M Channels	to its subscriber 1. Enter the tota	ou must give (1) the number o 's, and (2) the cable system's t al number of channels on which ed television broadcast stations	total number of ac h the cable	tivated channels during the	accounting period.	7
	on which the	al number of activated channel cable system carried televisior dcast services	n broadcast statio			80
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		DN 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, apartm Coudersport PA 1691 (City, town, state, zip)				
	Email	teri.mcmullen@z	zitomedia.com		Fax (optional	
ο	CERTIFICATION	(This statement of account mu	ist be certified and	signed in accordance with	Copyright Office regulations)	
Certification		ed, hereby certify that (Check on			as identified in line 1 of space E	l'or
					igent of the owner of the cable s	
		in line 1 of space B and that the er or partner) I am an officer (if	e owner is not a co	rporation or partnership; or	the legal entity identified as owr	
		in line 1 of space B. the statement of account and h te, and correct to the best of my ion 1001(1986)]				
			Enter an electronic	nes Rigas signature on the line above t ng an "/s/ signature" (e.g., /s		
		Typed or printed	name: Jame	s Rigas		
		Title: (Titl	President	eld in corporation or partnership)		
		Date:			02/23/2022	

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.

GAL NAME OF OWNER OF CABLE SYSTEM:	
	SYSTEM ID
o West Holding LLC	63694
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	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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