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.

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## SA1-2E Short Form

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for Secondary Transmissions by Cable Systems (Short Form)       DATE RECEIVED       AMOUNT       Collicidabilitot.aox         Cable Systems (Short Form)       02/22/2       \$       S       Collicidabilitot.aox         General instructions are located in the first tab of this workbook       02/22/2       \$       Collicidabilitot.aox         ALLOCATION NUMBER       02/22/2       Collicidabilitot.aox       Collicidabilitot.aox         Accounting       02/22/2       Collicidabilitot.aox       Collicidabilitot.aox         Accounting       02/22/2       Collicidabilitot.aox       Collicidabilitot.aox         Accounting       02/22/2       Period 1 = January 1. Juna 30       Period 2 = July 1 - December 31         Accounting       02/22/2       Period 1 = January 1 - Juna 30       Period 2 = July 1 - December 31         B       Mutuclose:       Execute full gal nam of the conter of the cable system. If the owner is a subadary of another copporation, give the full copporate title of the ubalancy not that of the second coppation.       Execute full gal nam of the conter of the cable system.         If the rule data system in the owner of the cable system.       If the owner on the lat day of the accounting period.         If the rule data system in the owner of the cable system in the owner on the lat day of the accounting period buald abulini a single statement of account in the owner of cable system in the owner on the lat day of the accounting period buald abulini a single <th>STATEME</th> <th>ENT OF ACCOUNT</th> <th>FOR COPYRIG</th> <th>HT OFFICE USE ONLY</th> <th>by email to:</th>	STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:		
Cable Systems (Short Porm)       general instructions are located       0222222       \$       For additional information, content the 3. Coryony of the second			DATE RECEIVED	AMOUNT			
Accounting Period       Instructions:         Accounting Period       Instructions:         Second Data Filing Period (optional - see instructions)         B       Barcode Data Filing Period (optional - see instructions)         B       Instructions:         Second Data Filing Period (optional - see instructions)         B       Instructions:         Second Data Filing Period (optional - see instructions)         B       Instructions:         Second Data Filing Period (optional - see instructions)         Instructions:       Instructions:         Second Data Filing Period (optional - see instructions)         Instructions:       Instructions:         Second Data Filing Period (optional - see instructions)         Ust any other name or names under which the owner conducts the business of the cable system.         If there were different owners during the eacounting period, only the owner on the last day of the accounting period should submit a single statement da account and rought fee payment covering the entil accounting period should submit a single statement da account and rought fee payment covering the entil accounting period.         IteleCAL NAME OF OWNER WINE OF CABLE SYSTEM       IteleCAL NAME OF OWNER OF CABLE SYSTEM         Zito West Holding LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         Diverse Soft Owner For CABLE SYSTEM       IteleCAL NAME OF OWNER OF CABLE SYSTEM	General instru	ictions are located	02/22/22		For additional information, contact the U.S. Copyright Office Licensing Division at:		
B       Give the full legal name of the couble system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.         User       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.         Image: the comparison of the cable system's first filing. If not, enter the system's ID number assigned by the Licensing Division.         Image: the comparison of the cable system of the cable system of the cable system.         Image: the comparison of the cable system of the cable system.         Image: the comparison of the cable system of the cable system.         Image: the comparison of the cable system of the cable system.         Image: the comparison of the s	Accounting		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
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C         System         1         DEXTURCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unders these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           1         DEXTURCTION OF CABLE SYSTEM: Zito Media - Walnut Bottom PA           1         DENTIFICATION OF CABLE SYSTEM: Zito Media - Walnut Bottom PA	В	Give the full legal name of the owner of th		diary of another corporation, give the full corp	orate title of		
Statement of account and royalty fee payment covering the entire accounting period.         x       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 CABLE SYSTEM         PO Box 665         (Number: street, rural route, apartment, or sulte number)         Coudersport, PA 16915         (City, town, state, zip)         Intervention of cable system:         1         DENTIFICATION OF CABLE SYSTEM:         2         Yumber: street, rural route, apartment, or sulte number)         Coudersport, PA 16915         (City, town, state, zip)	Owner	List any other name or names under which	n the owner conducts the business of t	ne 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 sulte number)         Coudersport, PA 16915         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 - Walnut Bottom PA         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)		statement of account and royalty fee payn	nent covering the entire accounting pe	riod.	bmit a single		
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 sulte number)         Coudersport, PA 16915         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 - Walnut Bottom PA         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			ADDRESS OF CABLE SYSTEM				
C         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system in space B.           1         IDENTIFICATION OF CABLE SYSTEM:           2         Number, street, rural route, apartment, or suite number)							
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)       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.       1     IDENTIFICATION OF CABLE SYSTEM:       2     (Number, street, rural route, apartment, or suite number)			CABLE SYSTEM (IE DIFFERENT	)			
MAILING ADDRESS OF OWNER OF CABLE SYSTEM         PO Box 665         (Number, street, rural route, apartment, or sulte number)         Coudersport, PA 16915         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       IDENTIFICATION OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or sulte number)				/			
PO Box 665         (Number, street, rural route, apartment, or suite number)         Coudersport, PA 16915         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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       IDENTIFICATION OF CABLE SYSTEM:         Zito Media - Walnut Bottom PA         MalLING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			CABLE SYSTEM				
Coudersport, PA 16915         (City, town, state, zip)         C         System       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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       IDENTIFICATION OF CABLE SYSTEM:         Zito Media - Walnut Bottom PA         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)		PO Box 665					
icity, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 - Walnut Bottom PA         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)			umber)				
C       names 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 - Walnut Bottom PA         MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)							
System       1       IDENTIFICATION OF CABLE SYSTEM:         Zito Media - Walnut Bottom PA         MAILING ADDRESS OF CABLE SYSTEM:         2         (Number, street, rural route, apartment, or suite number)	C C	, 0		, , , , , , , , , , , , , , , , , , , ,	5		
1     Zito Media - Walnut Bottom PA       MAILING ADDRESS OF CABLE SYSTEM:       2       (Number, street, rural route, apartment, or suite number)			2, give the mailing address of th	e system, if different from the address	s given in space B.		
2 (Number, street, rural route, apartment, or suite number)	System						
(City, town, state, zip code)		<ul> <li>(Number, street, rural route, apartment, or suite n</li> </ul>	umber)				
		(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 sufficiency of the fling, a determination that would be made by a court of law.

Return completed workbook by email to:

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	JUL
	Zito West Holding LLC	
_	Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated communi	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	
	community." Please use it as the first community on all future filings.	35 d IOIIII OI SYSTEIII IUEIITIILATIOII HELEATTEI KIOWII as the
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	o parks should be reported in parentheses below the ident
Area	city.	2 pdfKS Should be reported in parentneses below the identi-
Served	city.	
	CITY OR TOWN	STATE
First	Walnut Bottom PA	PA
Community	Newburg PA	PA
	Orrstown PA	PA
d Rows as Necessary	Perry County PA	PA
	Blos & BN 1 PA	РА
	Blos & BN 2 PA	PA
	Bios d Bir 2 PA Burkholders PA	PA
	South Newton Twp PA	PA
	SH/Cumberland PA	PA
	SH/Franklin PA	PA
	Shippensburg Twp PA	PA
	Green Ridge Village PA	PA
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								FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						515	
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n			•		•			
	separately for the particular serv							na and the	
	<b>Rate:</b> Give the standard rate c unit in which it is generally billed.	-	-	•				-	
	category, but do not include disc	ounts allowed	for advar	ice payment.				-	
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count ur	der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	ind rates, in the	e right-ha	nd block. A two	- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1		П			BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		2,025	19.45					
	Service to additional set(s)		_,020	13.45					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS						
F	In General: Space F calls for rat				ect to a	ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t					•			
Services	service for a single fee. There ar furnished at cost or (2) services	•		•			0 (	,	
Other Than	amount of the charge and the ur								
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		ha cabla	system for each	n of the r	annlicable servi	cae listad		
Rates	Block 2: List any services that	• •				••		t were not	
	listed in block 1 and for which a	1 0			ed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	tion and includ	e the rat	e for each.					
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		DRY OF SERVI		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:     Pay cable	13.00		ion: Non-reside I, hotel	ential				
	Pay cable—add'l channel	10.00		mercial			•••••		
	• Fire protection		• Pay						
	•Burglar protection			cable-add'l char	nnel				
	Installation: Residential			protection					
	• First set	30.00	• Burg	lar protection					
	<ul> <li>Additional set(s)</li> </ul>	20.00	Other se	ervices:					
	• FM radio (if separate rate)			onnect		30.00			
	• Converter		• Disc	onnect					
				et relocation e to new addres	_	30.00 30.00			

	2021/2			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER C			SYSTEM
	Zito West Holding LL			
	PRIMARY TRANSMITTERS:			
G	carried by your cable syste	entify every television station (including tr m during the accounting period, <i>except</i> ( in effect on June 24, 1981, permitting the	1) stations carried only on a part-tir	me basis under
Primary	76.59(d)(2) and (4), 76.61(	e)(2) and (4), or 76.63 (referring to 76.61		
nsmitters: elevision		as explained in the next paragraph. s: With respect to any distant stations car	ried by your cable system on a sub	ostitute program
		ules, regulations, or authorizations:	- Creatiel Statement and Draman I	
	station was carried only or	re in space G—but do list it in space I (the n a substitute basis.	e Special Statement and Program L	
		also in space I, if the station was carried		
		on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr		
		d with a station according to its over-the-	air designation. For example, repo	rt multistream
	"WETA-2" as the same on Column 2: Give the chann	el number the FCC assigned to the telev	ision station for broadcasting over t	the air in its community
		/RC is channel 4 in Washington, D.C. h case whether the station is a network si	tation an independent station or a	noncommercial
		ering the letter "N" (for network), "N-M" (for	•	
		, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc		onal multicast).
		on of each station. For U.S. stations, list t		is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	e community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WGAL	8.1	Ν	Harrisburg, PA
	WGAL	8.2	NM	Harrisburg, PA
ows as Necessary	WHP	21.1	Ν	Harrisburg, PA
	WHP	21.3	NM	Harrisburg, PA
	WHP	21.2	NM	Harrisburg, PA
	WHP WHTM	21.2 27.1	NM N	Harrisburg, PA Harrisburg, PA
	WHTM	27.1	N	Harrisburg, PA
	WHTM WHTM	27.1 27.4	N NM	Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF	27.1 27.4 33.1	N NM E	Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF	27.1 27.4 33.1 33.2	N NM E	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH	27.1 27.4 33.1 33.2 49.1	N NM E E I	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
	WHTM WHTM WITF WITF WLYH WPMT	27.1 27.4 33.1 33.2 49.1 43.1	N NM E E I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA

Zito West Ho	OWNER OF C	CABLE S	YSTEM:					SYSTEM
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for	it is carried by monitoring, to prmation about m.	y the sys be recei t the Co	<b>Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t	t the system's he system's FM ante	adend, and (2) nna, during ce	) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If ignal, indicate	tate whether th the radio stati this by placing	he statio on's sig g a chec	each station carried. In is AM or FM. Inal was electronically process k mark in the "S/D" column. on (the community to which th					
			the community with which the			,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito West Holding LLC							0
	SUBSTITUTE CARRIAGE							
■ Substitute	In General: In space I, identi substitute basis during the ad explanation of the programmi	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special	During the accounting period				sis. anv nonne	twork telev	/ision program	n
Statement and	broadcast by a distant stat	•	· · · · · · · · · · · · · · · · · · ·		,,			X
Program Log		.011:					YES	NO
	<b>Note:</b> If your answer is "No' log in block 2.	', leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst clear. If you need more spa Column 1: Give the title	itute progra ce, please a of every noi	m on a separa add additional r nnetwork televi	ows to the tables. sion program ("substitute	program") tha	at, during th	he accounting	)
	period, was broadcast by a under certain FCC rules, re Do not use general categori	gulations, o	r authorizations	s. See page (v) of the ger	eral instructio	ns for furth	ner informatio	n.
	"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s	Bulls." 1 was broad	lcast live, ente	"Yes." Otherwise enter "	No."	ampio, i i		
	<b>Column 4:</b> Give the broat the case of Mexican or Can	idcast static adian statio	on's location (th ons, if any, the o	e community to which the community with which the	e station is lice station is ider	ntified).	,	- th
	Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time	re "5/7."						
	to the nearest five minutes. stated as "6:00–6:30 p.m."							, y
	Column 7: Enter the lette							
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			and regulat		
			E PROGRAM		11	EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	1	TIMES — TO	DELETION
		103 01 110	UNEL DIGIN	4. UTATION O LOOATION			10	
					-	+		
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Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC				SYSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati 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 re	system's se on of how to	condary transmi compute this a	ssion service mount, see \$ 4	<b>38,609.97</b> pross 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	u must pay for thi	s six-month	
	Line 1. Royalty fee for accounting period				
	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 I	ines 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore 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 \$26	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	. \$	438,609.97		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	174,809.97		
	4. Multiply line 3 by .01		\$	1,748.10	
	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 .		\$	3,067.10
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	3,067.10	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,087.10
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				jhts!

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# 0
M Channels	to its subscriber 1. Enter the tota	ou must give (1) the number of rs, and (2) the cable system's al number of channels on whic	total number of activated	d channels during the a	accounting period.	12
	2. Enter the tota on which the	ed television broadcast stations al number of activated channel cable system carried televisio dcast services	s n broadcast stations			240
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	Teri McMullen			Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartr Coudersport PA 1694 (City, town, state, zip)				
	Email	teri.mcmullen@	zitomedia.com		Fax (optional	
ο	CERTIFICATION	(This statement of account mu	ist be certified and signe	ed in accordance with C	Copyright Office regulations)	
Certification		ed, hereby certify that (Check or r other than corporation or pa			s identified in line 1 of space F	t or
		t of owner other than corpora		-		
	X (Offic	in line 1 of space B and that the er or partner) I am an officer (i			he legal entity identified as owr	er of the cable system
		in line 1 of space B. the statement of account and h te, and correct to the best of my ion 1001(1986)]				
			X /s/James   Enter an electronic signat Enter signature using an "	ure on the line above to		
		Typed or printed	name: James Ri	gas		
		Title: (Tit	President le of official position held in c	orporation 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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o West Holding LLC	
<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>Y ES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	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.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
	Interest Assessment
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	La Interest Assessment
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