This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/27/24	\$
	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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito West Holding LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 - Lake Almanor
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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.

Accounting Period:	2024/1	
	<i>-</i>	FORM SA1-2E. PAGE 1b.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito West Holding LLC	23380
	Instructions: List each separate community served by the cable system. A "comm	nunity" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings	ou list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	ille home parks should be reported in parentheses below the
	OUTLAND TOWN	07175
Fire	CITY OR TOWN Lake Almanor Country Club	STATE CA
First Community	Westwood	CA
	Chester/Plumas County	CA
Add Davis as Nassassas	Hamilton Branch	CA
Add Rows as Necessary	Clear Creek	CA
	Olea Olea	

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

23380

Ε

Name

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Zito West Holding LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:	COBCONIBENC	TOTTE	CATEGORY OF CERVICE	CODCONIDENC	TOTTE		
Service to first set	28	24.72					
Service to additional set(s)							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
 Residential 							
Non-residential							
• FM radio (if separate rate) Motel, hotel Commercial Converter • Residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
 First set 	30.00	Burglar protection			
Additional set(s)	20.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
 Converter 		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23380

Zito West Holding LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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, *except* (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.

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:

- 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 *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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.

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" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KCRA** N Sacramento, CA **KMAX** 31 Sacramento, CA **KOVR** 13 N Sacramento, CA KRXI 11 Ν Reno NV **KXTV** 10 Sacramento, CA

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

23380

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

			<u>, </u>	•			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
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od: 2024/1						FO	RM SA1-2E. PAGE 5.			
		ГЕМ:					SYSTEM ID# 23380			
In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant state	fy every nor ecounting peng that muse CONCER od, did you ion?	nnetwork televis eriod, under spe et be included in RNING SUBST r cable system	cion program, broadcast be ecific present and former F this log, see page (v) of the FITUTE CARRIAGE carry, on a substitute ba	oy a distant sta FCC rules, regu the general ins	ulations, or a tructions in the etwork telev	uthorizations he paper SA ision progra YES	m X NO			
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete unde										
SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA DEL 5. MONTH 6. TIMES										
	LEGAL NAME OF OWNER OF Zito West Holding LLC SUBSTITUTE CARRIAGE In General: In space I, identifubstitute basis during the acceplanation of the programmi 1. SPECIAL STATEMENT • During the accounting periproadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, recommended to the call substicuted and the case of Mexican or Column 3: Give the call substicuted as "6:00—6:30 p.m." Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	Zito West Holding LLC SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast static the case of Mexican or Canadian statio Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulatic was substituted for programming that y effect on October 19, 1976.	Zito West Holding LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paging in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separatear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televit period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carriestated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L. In General: In space I, identify every nonnetwork television program, broadcast is substitute basis during the accounting period, under specific present and former fexplanation of the programming that must be included in this log, see page (v) of the substitute basis and income programming that must be included in this log, see page (v) of the substitute program of the programming that must be included in this log, see page (v) of the substitute program that the substitute program carried by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0" stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program was substituted for programming that your system was permitted to delete undeffect on October 19, 1976. S	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reguexplanation of the programming that must be included in this log, see page (v) of the general inst 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonne broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you make in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever poor clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substitute for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the separation of the substitute program it les, for example: To be a substitute in the second of the substitute program. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the broadcast station's location (the community to which the station is lice the case of Mexican or Canadian stations, if any, the community with which the station is ide column 5: Give the month and day when your system carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the letter "R" if	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televibroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast station's location (the community with which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the tire to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules	EGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syst substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA' 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another staunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." 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## CEIPTS ## CEIPTS ## CEIPTS ## CEIPTS ## CITE THE figure you give in this space determines the form you file and the amount you (gross receipts) paid to your cable system by subscribers for the system's secondary in space E) during the accounting period. For a further explanation of how to compute general instructions located in the paper SA1-2 form. ## COINT COI	transmission service the this amount, see \$	B,103.26								
s: The figure you give in this space determines the form you file and the amount you (gross receipts) paid to your cable system by subscribers for the system's secondary in space E) during the accounting period. For a further explanation of how to compute the general instructions located in the paper SA1-2 form. ecceipts from subscribers for secondary transmission service(s) he accounting period. T: You must complete a statement in space P concerning gross receipts. ROYALTY FEE To compute the royalty fee you owe: ock 1, block 2, or block 3. if the amount of gross receipts in space K is \$137,100 or less if the amount of gross receipts in space K is more than \$137,100 but less than or eq if the amount of gross receipts in space K is more than \$137,100 but less than \$527, if the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must period is \$52.00 Ity fee for accounting period Let charge. Enter the amount from line 4, space Q, page 8 AL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$ untunder statutory formula \$ 263,800 Let under statutory formula	transmission service the this amount, see \$	52.00 0.00								
To compute the royalty fee you owe: ock 1, block 2, or block 3. if the amount of gross receipts in space K is \$137,100 or less if the amount of gross receipts in space K is more than \$137,100 but less than or eq if the amount of gross receipts in space K is more than \$263,800 but less than \$527, if the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must period is \$52.00 Ity fee for accounting period Set charge. Enter the amount from line 4, space Q, page 8 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than sunt under statutory formula \$263,800 Let under statutory formula \$263,800 Let under statutory formula \$263,800 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than sunt under statutory formula	ay for this six-month \$ \$ \$137,100)	0.00								
As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must period is \$52.00 Ity fee for accounting period	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00								
eriod is \$52.00 Ity fee for accounting period	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00								
Ity fee for accounting period	\$137,100)	0.00								
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than sunt under statutory formula	\$137,100)	0.00								
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than sunt under statutory formula	\$137,100) 0.00	52.00								
unt under statutory formula	0.00									
unt of gross receipts from space K										
ne 2 from line 1										
amount of gross receipts from space K										
amount from line 3										
ne 5 from line 4										
e 6 by .005 (enter figure here)	• • •									
arge. Enter the amount from line 4, space Q, page 8	·····	0.00								
DYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	·····									
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)										
amount of gross receipts from space K										
unt under statutory formula	0.00									
ne 2 from line 1										
e 3 by .01										
e on the first \$263,800 of gross receipts (under statutory formula)	1,319.00									
arge. Enter the amount from line 4, space Q, page 8	0.00									
DYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	· · · · · · <u> </u>									
FILING FEE AND TOTAL REMITTANCE DUE										
ee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00									
	15.00									
(See the instructions for more information on filing fee calculations)	\$	67.00								
,	(See the instructions for more information on filing fee calculations)	(See the instructions for more information on filing fee calculations)								

Accounting Period:	2024/1										FC	ORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW Zito West Holdin	VNER OF CABLE SYSTEM: ng LLC										SYSTEM ID# 23380
M Channels	to its subscribers, a 1. Enter the total n system carried te 2. Enter the total n on which the cab	n must give (1) the number of and (2) the cable system's to number of channels on which elevision broadcast stations number of activated channels ble system carried television st services	otal numb	ber of activ	vated channe	ls during the	e accour	nting period	d.		5 59	
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accoun		DRMATIO	N IS NEEDED	(Identify an	individ	ual to whor	n			
for Further Information	Name	Teri McMullen							Telephone	814-260-	0434	
	(PO Box 665 [Number, street, rural route, apartr Coudersport PA 1692 [City, town, state, zip)		uite number)								
	Email	teri.mcmullen@	zitomed	lia.com			Fa	ax (optiona	l)			
O Certification	I, the undersigned, (Owner of the line) X (Officer in line) I have examined the line of the line o	This statement of account must, hereby certify that (Check or other than corporation or parties 1 of space B and that the or or partner) I am an officer (if the 1 of space B. The statement of account and P and correct to the best of my 1001(1986)]	artnershiption or paymer is not	ip) I am the artnership ot a corpor ration) or a	e owner of the i) I am the duly ation or partner (if a partner)	cable system v authorized a vrship; or artnership) of w that all stat	n as ider agent of f the leg	the owner all entity ide	e 1 of space E of the cable s ntified as own	3; or ystem as ider		
				n electronic	nes Rigas signature on t			•	ment.	-		
		Typed or printed Title: (Title of o	Presid	dent	S Rigas	rtnership)		08/27/20:	24			

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 the 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 telephon 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 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

unting Period: 2024/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
West Holding LLC	23380
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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
× 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address Address	
ID number First community served	

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