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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito West Holding LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 665
		(Number, street, rural route, apartment, or suite number)  Coudersport, PA 16915
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:  Zito Media - Chillicothe
		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.

	LEGAL MANE OF CHANED OF CARLE OVCTEM	SYSTEM I
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Zito West Holding LLC	32
D	Instructions: List each separate community served by the cable system. A "col" a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing.	ted communities within unincorporated areas and including single grou list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Chillicothe	MO
Community	Livingston County	MO
d Rows as Necessary		
	0.0000	
	·	

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

3258

Ε

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:	COBCONIBLINO	TOTTE	SATEGORY OF SERVICE	COBCONIDENCE	10112		
Service to first set	149	27.13					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
	1			l			

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
<ul> <li>Converter</li> </ul>		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# 3258

Zito West Holding LLC

PRIMARY TRANSMITTERS: TELEVISION

# G

#### 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
КСРТ	19	E	Kansas City MO
KCTV	5	N	Kansas City MO
KCWE	29	<u> </u>	Kansas City MO
КМВС	9	N	Kansas City MO
КМВС	9.1	N	Kansas City MO
KMCI	38	<b>l</b>	Lawrence KS
KPXE	50	<u>l</u>	Kansas City MO
KSHB	41	N	Kansas City MO
KSMO	62	<u> </u>	Kansas City MO
WDAF	4	N	Kansas City MO

Add Rows as Necessary

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

ccounting Perio	d: 2024/1			FORM SA1-2E. PAGE 3.						
	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#						
Name	Zito West Holding LL	Zito West Holding LLC								
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable syste	m during the accounting period, except	g translator stations and low power tele ot (1) stations carried only on a part-tin	ne basis under						
Primary			the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain station							
Transmitters: Television	substitute program basis, a Substitute Basis Stations	s explained in the next paragraph.  With respect to any distant stations of	carried by your cable system on a subs							
	Do not list the station here		the Special Statement and Program Lo	og)—if the						
		station was carried <i>only</i> on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other								
			s, see page (v) of the general instruction program services such as HBO, ESPN							
			program services such as fibo, ESPN ne-air designation. For example, report							
	"WETA-2" as the same on	the form.								
		el number the FCC assigned to the tel /RC is channel 4 in Washington, D.C.	levision station for broadcasting over the	le air in its community						
			station, an independent station, or a r	noncommercial						
			(for network multicast), "I" (for indeper or "E-M" (for noncommercial education							
		, E (lor noncommercial educational), erms, see page (iv) of the general insti		iai mulicast).						
			st the community to which the station is							
	FCC. For Mexican or Cana	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	4 CALL CICAL	2 DICACT CHANNEL NUMBER	2 TYPE OF STATION	4 LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Zito West Holding LLC

3258

#### 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio		0.4.01.5.03/03	TEN.				FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		IEM:					SYSTEM ID#
	Zito West Holding LLC	;						3258
	SUBSTITUTE CARRIAG	E. SDECIA	N STATEME	NT AND DDOGDAM I C	ng.			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every nor</i> ccounting pe	<i>nnetwork televis</i> eriod, under spe	nion program, broadcast be	y a <i>distant</i> stat CC rules, regu	lations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			-
Special	During the accounting per				sis anv nonne	twork televi	sion nrogran	n
Statement and	broadcast by a distant sta	•	r duble bystem	odity, off a substitute bat	olo, diry riorino	TWOIN TOTOW		
Program Log	_					L	YES	LINO NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complet	e the prograr	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ce, please a of every no distant statisgulations, o ies like "mo Bulls." In was broad sign of the sadcast static adian statio at the and day we "5/7." es when the Example: a er "R" if the and regulation ing that y	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broaded on's location (the one, if any, the owhen your system on program carried listed program ons in effect du	rows to the tables. Ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter string the substitute program to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program the accounting perio	e program") that ed for the program titles, for ex No."  am.  e station is lice to station is idented to program. Use the cable system to 6:2 tramming that y d; enter the left	at, during the gramming of the	e accounting f another stater information ove Lucy" or e FCC or, in with the mornes accurate should be	tion n. nth
	effect on October 19, 1976.		•					
					11 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N CUDOT	ITLITE	1
		LIBSTITLIT	E PROGRAM	ì		EN SUBST		7. REASON FOR
		2. LIVE?	3. STATION'S		CARRIAGE OCCURRED  5. MONTH 6. TIMES			DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM	— то	
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OSS RECEIPTS  Tructions: The figure you give in this space determines the form you file and the amount you pay. E amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transidentified in space E) during the accounting period. For a further explanation of how to compute this e (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.  PORTANT: You must complete a statement in space P concerning gross receipts.  FIGHT ROYALTY FEE extions: To compute the royalty fee you owe: milete block 1, block 2, or block 3. block 1 if the amount of gross receipts in space K is \$137,100 or less block 1 if the amount of gross receipts in space K is more than \$263,800 but less than or equal to block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 are (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS ructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for pounting period is \$52.00  1. Royalty fee for accounting period  2. Interest charge. Enter the amount from line 4, space Q, page 8  3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, as as a amount under statutory formula  \$ 263,800.00  Inter amount of gross receipts from space K  BUDGED STATES FROM STATES F	mission services amount, see  \$ 57 (Amount of growth is six-month)  \$ 100)	e 7,648.83					
tructions: The figure you give in this space determines the form you file and the amount you pay. Earnounts (gross receipts) paid to your cable system by subscribers for the system's secondary transificentified in space E) during the accounting period. For a further explanation of how to compute this is (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.  CORTANT: You must complete a statement in space P concerning gross receipts.  YRIGHT ROYALTY FEE  Intions: To compute the royalty fee you owe:  Implete block 1, block 2, or block 3.  In block 1 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to be block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 age (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  ructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for counting period is \$52.00  2. Interest charge. Enter the amount from line 4, space Q, page 8  3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, as a cable statutory formula	mission services amount, see  \$ 57 (Amount of growth is six-month)  \$ 100)	7,648.83 sss receipts)  52.00 0.00					
Interest charge. Enter the amount from line 4, space Q, page 8.  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, for amount of gross receipts from space K.)  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, for amount of gross receipts or space K.)  BLOCK 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, for amount of gross receipts from space K.)  BLOCK 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 4: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, for a mount of gross receipts from space K.)  BLOCK 5: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, for a mount of gross receipts from space K.)  BLOCK 5: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, for a mount of gross receipts from space K.)  BLOCK 6: Total ROYALTY FEE PAYABLE FOR Space K.	this six-month  \$\$ 100)	0.00					
ructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for ounting period is \$52.00  a. 1. Royalty fee for accounting period	\$ 100)	0.00					
e 1. Royalty fee for accounting period  e 2. Interest charge. Enter the amount from line 4, space Q, page 8  e 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, asse amount under statutory formula	\$ 100)	0.00					
e 1. Royalty fee for accounting period	100)	0.00					
2. Interest charge. Enter the amount from line 4, space Q, page 8.  2. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2.  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, asse amount under statutory formula	100)						
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, sase amount under statutory formula	100)	52.00					
sase amount under statutory formula							
inter amount of gross receipts from space K							
inter the amount of gross receipts from space K							
inter the amount of gross receipts from space K							
inter the amount from line 3							
Subtract line 5 from line 4							
fultiply line 6 by .005 (enter figure here)							
nterest charge. Enter the amount from line 4, space Q, page 8		0.00					
OTAL 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)							
inter the amount of gross receipts from space K							
sase amount under statutory formula							
subtract line 2 from line 1							
Multiply line 3 by .01							
coyalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00						
nterest charge. Enter the amount from line 4, space Q, page 8	0.00						
OTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
FILING FEE AND TOTAL REMITTANCE DUE							
coyalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
iling Fee (See the instructions for more information on filing fee calculations)	15.00						
	\$	67.00					
1 20	oyalty due on the first \$263,800 of gross receipts (under statutory formula)	oyalty due on the first \$263,800 of gross receipts (under statutory formula)					

Accounting Period:	2024/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:					SYSTEM ID# 3258
M Channels	to its subscribers,  1. Enter the total system carried the system that the total on which the ca	, and (2) the cable system's to number of channels on which television broadcast stations number of activated channels ble system carried television	otal numb	nber ble 	on which the cable system carried television broadcast st of activated channels during the accounting period.	ſ	10
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		ORM	MATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Teri McMullen			Telo	ephone	814-260-0434
		PO Box 665 (Number, street, rural route, aparts Coudersport PA 169 (City, town, state, zip)	15				
	Email	teri.mcmullen@	zitomed	dia.c	Com Fax (optional)		
O Certification	I, the undersigned  (Owner)  (Agent in li  X (Office in li  I have examined	of owner other than corporation or partner) I am an officer (ine 1 of space B.  the statement of account and I, and correct to the best of my	tion or pa wner is no	nip) I partn not a pratio	am the owner of the cable system as identified in line 1 of	space B; cable sy	stem as identified
		Typed or printed	Enter sig	an ele iignat	s/James Rigas  actronic signature on the line above to certify this statement.  are using an "/s/ signature" (e.g., /s/ John Smith)  James Rigas		
		Title:	Presid	ideı			

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

ounting Period: 2024/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
West Holding LLC	3258
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 Name Mailing Address	
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 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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	
ID number First community served Accounting period	

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