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**

coplicsoa@loc.gov

For additional information,

by email to:

Return completed workbook

### STATEMENT OF ACCOUNT

(City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

Α

Accounting Period

В

Owner

C

System

2

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/29/2024	\$ ALLOCATION NUMBER				

tions are located f this workbook	2/29/2024	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	/YY/(Period))	
2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional	I - see instructions)	
Laboration			
Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent of	•	diary of another corporation, give the full corp	orate title of
List any other name or names under w	rhich the owner conducts the business of th	ne cable system.	
	the accounting period, only the owner on the bayment covering the entire accounting per	he last day of the accounting period should sub riod.	omit a single
Check here if this is the system's first f	iling. If not, enter the system's ID number a	assigned by the Licensing Division.	25373
LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM		
Zito West Holding LLC			
	OF CABLE SYSTEM (IF DIFFERENT)	)	
Zito Media			
MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
PO Box 665			
(Number, street, rural route, apartment, or su	ite number)		
Coudersport, PA 16915 (City, town, state, zip)			
INSTRUCTIONS: In line 1, give any bu	usiness or trade names used to ider	ntify the husiness and operation of the	system unless these
names already appear in space B. In li			
1 IDENTIFICATION OF CABLE SYSTEM	A:		
Zito Media - Liberal			
MAILING ADDRESS OF CABLE SYST	<b>'ЕМ</b> :		

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 suffciency of the fling, a determination that would be made by a court of law

		FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Zito West Holding LLC 25						
	Instructions: List each separate community served by the cable system. A "com						
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first					
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the identified					
Served	city.						
	CITY OR TOWN	STATE					
First	Liberal	KS					
Community							
Add Rows as Necessary							

## 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.

BLO	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	75	21.18	
Service to additional set(s)			
• FM radio (if separate rate)			
Motel, hotel			
Commercial			
Converter			
Residential			
Non-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.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		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)		Other services:		
• FM radio (if separate rate)		Reconnect	30.00	
Converter		Disconnect		
		Outlet relocation	30.00	
		Move to new address	30.00	

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25373

#### **Zito West Holding LLC**

G

Primary Transmitters: Television

Add Rows as Necessar

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 (y) 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
KBSD	6.1	N	Ensign KS
KSAS	24	N	Wichita KS
KSCW	33.1	I	Wichita KS
KSNG	11	N	Garden City KS
KSWK	3	E	Wichita KS
KUPK	13	N	Garden City KS
KSWK	8	Е	Lakin KS
KSWK	8.1	Е	Lakin KS
KBSD	6.1	N	Ensign KS

ounting Period:	2023/2			FORM SA1-2E. PAGE 3			
	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID			
Name	Zito West Holding LLC						
	PRIMARY TRANSMITTERS	: TELEVISION					
G Primary Transmitters: Television	In General: In space G, ic carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do not list the station he station was carried only ce List the station here, and basis. For further informat Column 1: List each stati multicast stream associat "WETA-2" as the same or Column 2: Give the chan of license. For example, Column 3: Indicate in each educational station, by en (for independent multicass For the meaning of these	dentify every television station (including treem during the accounting period, except (is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph.  s: With respect to any distant stations carrules, regulations, or authorizations: ere in space G—but do list it in space I (the in a substitute basis. If also in space I, if the station was carried in concerning substitute basis stations, son's call sign. Do not report origination proced with a station according to its over-the-action to the station according to its over-the-action concerning the station according to its over-the-action concerning substitute to its over-the-action concerning substitute to its over-the-action concerning to its over-the-action concerning the station according to its over-the-action concerning the station according to its over-the-action concerning to its over-the-action concerning the station according to its over-the-action	1) stations carried only on a part-time carriage of certain network programs e)(2) and (4))]; and (2) certain station ried by your cable system on a substitute basis and also on the page (v) of the general instruction or a substitute basis and also on the page (v) of the general instruction or a magnetic part of the general instruction. For example, report it is sion station for broadcasting over the atton, an independent station, or a not retwork multicast), "I" (for independ "E-M" (for noncommercial educationations in the paper SA1-2 form.	basis under s [sections s carried on a tute program  g)—if the n some other s. etc. Identify each multistream e air in its community encommercial ent), "I-M" al multicast).			
	FCC. For Mexican or Can	adian 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			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Zito West Holding LLC

25373

#### 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.

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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	<b> </b>	l				L	
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Primary Transmitters: Radio

	1.000./0									
Accounting Perio	d: 2023/2  LEGAL NAME OF OWNER OF	CARLE SYST	EM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	Zito West Holding LLC		LIVI.					25373		
,	SUBSTITUTE CARRIAGE	:: SPECIA	L STATEMEN	T AND PROGRAM LOG	i					
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the page SA1.2 form									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log										
	log in block 2.									
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sible if the	eir meaning is			
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.	·	•	· ·			
				sion program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor	ies like "mo								
	"NBA Basketball: 76ers vs.  Column 2: If the program		lcast live enter	"Yes." Otherwise enter "I	No "					
				sting the substitute progra						
				e community to which the			ne FCC or, in			
	the case of Mexican or Can  Column 5: Give the mon			em carried the substitute			, with the mor	nth		
	first. Example: for May 7 giv	re "5/7."								
	to the nearest five minutes.			gram was carried by your				ly		
	stated as "6:00–6:30 p.m."	схаттріс. а	program cam	od by a system nom o.o r.	10 p.111. to 0.2	.о.оо р.пі.	Siloulu be			
				was substituted for progra						
	to delete under FCC rules a was substituted for program							am		
	effect on October 19, 1976.	,	<b>,</b>	- F						
					II WHE	N SUBST				
	S	SUBSTITUTE PROGRAM			CARRI	AGE OC	CURRED	7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES  — TO			
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Accounting Period:	2023/2	FORM SA	A1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC	s	YSTEM ID 2537				
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	2,515.03 pss receipts)				
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$200.  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800					
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00	is six-month					
	Line 1. Royalty fee for accounting period	\$	52.00				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)					
	1. Base amount under statutory formula	_					
	2. Enter amount of gross receipts from space K	=					
	3. Subtract line 2 from line 1	_					
	Enter the amount of gross receipts from space K						
	5. Enter the amount from line 3						
	6. Subtract line 5 from line 4						
	7. Multiply line 6 by .005 (enter figure here)						
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	·					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)					
	Enter the amount of gross receipts from space K	-					
	2. Base amount under statutory formula	=					
	3. Subtract line 2 from line 1	-					
	4. Multiply line 3 by .01						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6						
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00					
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00				
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!				

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF O Zito West Hold	WNER OF CABLE SYSTEM: ing LLC				SYSTEM ID# 25373			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable								
	Enter the tota     on which the	Il number of activated channe cable system carried televisio	ls n broadc	cast stations		94			
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou		ORMATION IS NEEDED (Identify an ind	lividual to whom				
for Further Information	Name	Teri McMullen			Telephone	814-260-0434			
	Address	PO Box 665 (Number, street, rural route, apartr Coudersport PA 169' (City, town, state, zip)		uite number)					
	Email	teri.mcmullen@	zitomedi	lia.com	Fax (optional				
•	CERTIFICATION (	This statement of account mu	ust be cer	ertified and signed in accordance with Co	ppyright Office regulations)				
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, <i>but on</i>	nly one, of the boxes.)					
				nip) I am the owner of the cable system as					
		in line 1 of space B and that the	e owner is	partnership) I am the duly authorized ager is not a corporation or partnership; or pration) or a partner (if a partnership) of the					
	I have examined	in line 1 of space B. the statement of account and h	nereby de	eclare under penalty of law that all stateme	ents of fact contained herein				
	are true, complet [18 U.S.C., Secti		y knowled	dge, information, and belief, and are made	in good faith.				
			X	/s/James Rigas					
				n electronic signature on the line above to ce gnature using an "/s/ signature" (e.g., /s/ Jo	•				
		Typed or printed	name:	James Rigas					
		Title:	Presic	dent al position held in corporation or partnership)					
		Date:			02/27/2024				

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FORM SA1-2E. PAGE 8 Accounting Period: 2023/2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 25373 **Zito West Holding LLC** 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 fol-"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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name Name 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. **Interest Assessment** 1% davs x 0.00274 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 ID number First community served Accounting period

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