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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 2/29/2024 in the first tab of this workbook ALLOCATION NUMBER Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))

| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
|----------------------|------|--|------|
| Accounting Period | | Barcode Data Filing Period (optional - see instructions) | |
| i chou | | | |
| 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. | 2640 |
| | | - | |
| | | 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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s | |
| System | nume | IDENTIFICATION OF CABLE SYSTEM: | |
| Gystein | 1 | Zito Media - Frazier Park | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | (Number, street, rural route, apartment, or sulte 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: | 2023/2 | FORM SA1-2E. PAGE 1b. |
|------------------------|---|--|
| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| Name | Zito West Holding LLC | 2640 |
| D Area Served | Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city. | unities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first |
| | | |
| First | CITY OR TOWN Frazier Park | STATE CA |
| Community | Pine Mountain Club | CA |
| Add Rows as Necessary | | |
| , ad nows as necessary | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | | | | | | FORM SA1 | | | |
|--|---|---|--|--|---|---|--|--|-----|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC | | | | | | | | | | |
| | | | | | | | | | | | |
| E | SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES 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 | | | | | | | | | | |
| Secondary Transmission Service: Sub- | last day of the accounting period Number of Subscribers: Both | (June 30 or D | ecember | 31, as the cas | e may be |). | | - | | | |
| scribers and Rates | down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate count unit in which it is generally billed. | umber of billing ice at the rate i harged for eac (Example: "\$2 | is in that indicated h catego 20/mth"). | category (the r —not the numl ry of service. Ir Summarize an | number of per of sets include bot | persons or orga receiving servi h the amount of | anizations ce). the charg | charged le and the | | | |
| | category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note | in space E, the to their subsc | e form lis ribers. G | its the categorie | of subsc | ribers and rate f | or each lis | ted category | | | |
| | categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system f printed in block 1 (for example, ti with the number of subscribers a | should be cour ble service to a nce again und nas rate catego ers of services | nted as a additiona er "Servi ories for s s that inc | subscriber in e I sets would be ce to additional secondary trans ude one or mo | each appli included set(s)." smission s re second | cable category. in the count und service that are lary transmissio | Example: ler "Servic different fr ns), list the | a residential e to the rom those em, together | | | |
| | sufficient. | DCK 1 | | | | | BLOC | K 2 | | | |
| | | NO. OF | | 5475 | | | | NO. OF | | | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | ERS | RATE | CAT | EGORY OF SEI | RVICE | SUBSCRIBERS | RA | | |
| | Service to first set | | 21 | 24.01 | | | | | | | |
| | Service to additional set(s) FM radio (if separate rate) Motel, hotel | | | | | | | | | | |
| | Commercial | | | | | | | | | | |
| | Converter | | | | | | | | | | |
| | Residential | | | | | | | | | | |
| | Non-residential | | | | | | | | | | |
| F Services Other Than Secondary ransmissions: 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 | | | | | | BLOCK 2 | | | |
| | CATEGORY OF SERVICE Continuing Services: | RATE | | ORY OF SERV tion: Non-resi | | RATE | CATEG | ORY OF SERVICE | RAT | | |
| | Pay cable | | | el, hotel | aonnai | | | | | | |
| | • Pay cable—add'l channel | | • Con | nmercial | | | | | [| | |
| | Fire protection | | · · | cable | | | | | | | |
| | •Burglar protection | | - | cable-add'l cha | annel | | | | | | |
| | Installation: Residential First set | 30.00 | | protection glar protection | | | | | | | |
| | Additional set(s) | 20.00 | | ervices: | | | | | | | |
| | • FM radio (if separate rate) | | - | onnect | | 30.00 | | | 1 | | |
| | / | | 1 . | | | | | | t | | |
| | Converter | | • Disc | connect | | | | | | | |

| | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTEM ID | | | | | | | | |
|--|--|-----------------|---|-----------------|--|--|--|--|--|--|--|--|
| ne | Zito West Holding LL | .C | | 264 | | | | | | | | |
| | PRIMARY TRANSMITTERS: | | | | | | | | | | | |
| G Primary ansmitters: elevision | 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, <i>except</i> (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 <i>not</i> 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 <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 basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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 noncommercial educational), "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. | | | | | | | | | | | |
| | 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 | | | | | | | | | | | |
| | KBAK | 29 | | | | | | | | | | |
| | | | | Bakarafiald CA | | | | | | | | |
| | | | N | Bakersfield, CA | | | | | | | | |
| | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| sary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| sary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| cessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| essary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| essary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| essary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| cessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| cessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| ecessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| ecessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| ecessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| ecessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| ecessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| lecessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| lecessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| lecessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| Vecessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| Necessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| Necessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |
| ecessary | KBFX | 58 | N | Bakersfield, CA | | | | | | | | |
| | KERO | 23 | N | Bakersfield, CA | | | | | | | | |
| | KNBC | 4 | N | Los Angeles, CA | | | | | | | | |

| EGAL NAME OF | OWNER OF | CABLE S | YSTEM: | | | | | SYSTEM II | | | |
|--|---|---|--|--|--|------------------------------------|--|----------------------------------|--|--|--|
| Zito West Holding LLC | | | | | | | | | | | |
| | | | | | | | | 26 | | | |
| 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. | | | | | | | | | | | |
| eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If | it is carried by monitoring, to ormation abou m. entify the call tate whether t the radio stati | y the sys be recei t the Co sign of e he statio ion's sign | -Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. n is AM or FM. hal was electronically processor (mark in the "S/D" column. | the system's heasystem's heasystem's FM ante his point, see pag | adend, and (2) nna, during ce ge (v) of the ge | it can b rtain sta eneral in | be expected, ated intervals. Istructions in the. | Primary Transmitters Radio | | | |
| Column 4: G | ive the station | n's location | on (the community to which th the community with which the | | | Cor, in t | he case of | | | | |
| 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 | | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------|--|-----------------------|---------------------------------------|-------------------------------|---------------------------------------|-----------------|---------------|---------------------------|
| Name | LEGAL NAME OF OWNER OF | | EM: | | | | | SYSTEM ID# |
| Name | Zito West Holding LLC | • | | | | | | 2640 |
| | SUBSTITUTE CARRIAGE | | | | | | | |
| 1 | | | | | | | | |
| • | In General: In space I, identi substitute basis during the ad | | | | | | | |
| Substitute | explanation of the programm | 01 | , i | • | , 0 | , | | |
| Carriage: | 1. SPECIAL STATEMENT | | | | 0 | | | |
| Special | During the accounting per | | | | s. anv nonne | twork televis | sion program | ı |
| Statement and | broadcast by a distant stat | - | · · · · · · · · · · · · · · · · · · · | , , | -, , | Γ | | × NO |
| Program Log | 2 | | | | | L | YES | |
| | Note: If your answer is "No" | , leave the | rest of this pag | e blank. If your answer is ' | 'Yes," you mι | ust complete | e the program | n |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTE | | | | | | | |
| | In General: List each subst clear. If you need more spa | | | | wherever pos | sible, if their | r meaning is | |
| | | | | ision program ("substitute | orogram") tha | at during the | e accounting | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re | gulations, o | r authorizations | s. See page (v) of the gene | eral instruction | ns for furthe | r informatior | |
| | Do not use general categor | | vies" or "baske | tball." List specific program | n titles, for ex | ample, "I Lo | ve Lucy" or | |
| | "NBA Basketball: 76ers vs. | | least live enter | r "Yes." Otherwise enter "N | lo " | | | |
| | | | | isting the substitute progra | | | | |
| | Column 4: Give the broa | dcast statio | n's location (th | e community to which the | station is lice | | FCC or, in | |
| | the case of Mexican or Can | | | | | | | |
| | | • | when your syst | tem carried the substitute | program. Use | e numerals, v | with the mor | ith |
| | first. Example: for May 7 giv Column 6: State the time | | substitute pro | gram was carried by your o | cable system | I ist the tim | es accurate | v |
| | to the nearest five minutes. | | | | | | | 5 |
| | stated as "6:00–6:30 p.m." | | | | • | | | |
| | | | | was substituted for progra | | | | |
| | to delete under FCC rules a was substituted for program | | | | | | | am |
| | effect on October 19, 1976. | | our system wa | | I FOO TUIES a | anu regulatio | /15 III | |
| | | | | | 11 | | | [|
| | | | | | | EN SUBSTI | | 7. REASON FOR |
| | 3 | | | | | | IMES | 7. REASON FOR DELETION |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | | — то | |
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| Accounting Period: | 2023/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|-----------------------------------|----------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC | S | ¥STEM ID# 2640 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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. | smission service s amount, see | 0,745.91 Diss 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 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 fo accounting period is \$52.00 | r this 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 \$13 | 7,100) | |
| | 1. Base amount under statutory formula \$ 263,800.0 | | |
| | 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 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 | · · · <u> </u> | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5 | 27,600) | |
| | 1. Enter the amount of gross receipts from space K | | |
| | 2. Base amount under statutory formula | 0 | |
| | 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) | | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more inform | | nts! |

| Accounting Period: | 2023/2 | | | | | | | | | | | | | | | | | | FORM S | A1-2E. | PAGE 7 |
|--|--|--|---|--|---|--|---------------------------------------|---------------------------------------|--------------------------------|---------------------------------|------------------|----------|----------------------|---------|---------------------|-------|-------|----|--------|--------|----------------|
| Name | LEGAL NAME OF OWNER OF Zito West Holding LLC | | | | | | | | | | | | | | | | | | | SYSTI | EM ID# 2640 |
| M Channels | 2. Enter the total number on which the cable sys |) the cable system's tota of channels on which the on broadcast stations . | tal numb the cabl | mber o able | er of a | ons | ed ch | annels | durin(| g the | accol | unting į | period. | | | | | 5 | | | |
| N Individual to | INDIVIDUAL TO BE CON we can contact about this | | | ORM | MATI | ION IS | 6 NEE | DED (| Identif | fy an i | indivic | dual to | whom | | | | | | | | |
| Be Contacted for Further Information | Name Teri M | IcMullen | | | | | | | | | | | | Teleph | one 8 | 14-26 | 60-04 | 34 | | | |
| | Coude | DX 665 street, rural route, apartmen ersport PA 16915 n, state, zip) | | uite nur | numbe | er) | | | | | | | | | | | | | | | |
| | Email | teri.mcmullen@zito | tomedia | dia.co | com | | | | | | F | Fax (op | otional | | | | | | | | |
| O Certification | (Agent of owner in line 1 o | | , <i>but onl</i> y tnership on or pa owner is | nly on hip) I a partne is not | one, o I am T t nerst ot a co | of the l the ow h ip) I a orpora | boxes vner of am the ation o | .) f the ca e duly a r partn | able sy authoriz ership; | vstem zed a <u>c</u> ; or | as ide gent o | entified | in line 1 wner of | of spa | ce B; c ble syst | em as | | | | | |
| | I have examined the stater are true, complete, and co [18 U.S.C., Section 1001(1 | rrect to the best of my ki | - | | | | - | | | | | | | ned her | ein | | | | | | |
| | | | X Enter an e Enter sign | n elect | ectron | | ature | on the | | | | | tatemer | nt. | _ | | | | | | |
| | | Typed or printed na | name: | Ja | Jam | es R | ligas | 5 | | | | | | | | | | | | | |
| | | | Presid of official | | | held in | corpor | ation or | partner | rship) | | | | | | | | | | | |
| | | Date: | | | | | | | | | | 02/2 | 7/2024 | | | | | | | | |

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.

| unting Period: 2023/2 | FORM SA1-2E. PAGE 8 |
|---|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| West Holding LLC | 264 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Name Mailing Address | P Special Statement Concerning Gross Receipts Exclusion |
| | |
| 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 | Q Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here 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 | |
| * 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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