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: 2/29/2024 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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 a lready 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	
		Zito Media - McClure MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II							
	Zito West Holding LLC	6383							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discret unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "fir community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identificity.								
First Community	CITY OR TOWN McClure Borough, PA	PA							
d Rows as Necessary									

	FORM SA								
Name									6383
	Zito West Holding LLC								
E Secondary	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								
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	(June 30 or D	ecember	31, as the case	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 c unit in which it is generally billed. category, but do not include disc	umber of billing ice at the rate i harged for eac (Example: "\$2	is in that indicated h catego 20/mth").	category (the n —not the numb ry of service. In Summarize any	number of per of sets include bot	persons or orga receiving servi th the amount of	nizations ce). the charg	charged e and the	
	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 I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ble service to a nce again und nas rate catego ers of services	additiona er "Servi ories for s that inc	l sets would be ce to additional secondary trans lude one or mol	included set(s)." smission s	in the count und service that are lary transmission	ler "Servic different fr ns), list the	e to the om those em, together	
	BLO	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCIUD	LING		UA1		(VICL	SUBSCRIBERS	
	Service to first set		14	36.22					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								ļ
	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	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-resid	dential				
	• Pay cable		-	el, hotel					.
	Pay cable—add'l channel		-	nmercial					
	 Fire protection Burglar protection 		· ·	cable cable-add'l cha	annel				+
	Installation: Residential		-	protection					+
	• First set	30.00		glar protection					+
	Additional set(s)	20.00		ervices:					t
	• FM radio (if separate rate)		• Rec	onnect		30.00			
	• Converter		• Disc	connect					

				let relocation ve to new addre		30.00			.

ng Period: 2	-			FORM SA1-2E. PAGE					
ame	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	Zito West Holding LLC 63837								
G Primary ansmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations	entify every television station (including t em during the accounting period, <i>except</i> 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 car ules, regulations, or authorizations:	 (1) stations carried only on a part-t e carriage of certain network progra (e)(2) and (4))]; and (2) certain state 	me basis under ams [sections ions carried on a					
	Do not list the station here station was carried only or List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on	re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form.	both on a substitute basis and als see page (v) of the general instruct ogram services such as HBO, ESF -air designation. For example, rep	o on some other ions. PN, etc. Identify each ort multistream					
	of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these the Column 4: Give the location	 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					
	WBRE	28.1	Ν	Scranton PA					
	WITF	33.1	Е	Harrisburg, PA					
s Necessary	WLYH	49.1	I	Harrisburg, PA					
	WNEP	16.1	N	Scranton PA					
	WOLF	56.1	N	Scranton PA					
	WPSU	3.1	Е	Clearfield, PA					
	WQMY	53.1	I	Williamsport PA					
				•					
		38.1	I	Scranton PA					
	WSWB	38.1	l F						
	WSWB WVIA	44		Scranton PA					
	WSWB		I E N						
	WSWB WVIA	44		Scranton PA					
	WSWB WVIA	44		Scranton PA					
	WSWB WVIA	44		Scranton PA					
	WSWB WVIA	44		Scranton PA					
	WSWB WVIA	44		Scranton PA					
	WSWB WVIA	44		Scranton PA					

EGAL NAME OF	OWNER OF (CABLE S	YSTEM:					SYSTEM II
Zito West Ho	olding LLC							638
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate i	it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a check	-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. nal was electronically processes k mark in the "S/D" column.	the system's heasystem's heasystem's FM ante his point, see page his by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
			on (the community to which the the community with which the			or, in l	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio					FOR	M SA1-2E. PAGE 5.				
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#		
Name	Zito West Holding LLC							63837		
	SUBSTITUTE CARRIAGE									
•	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									
Substitute	explanation of the programmi	01	, i	•	, 0	,				
Carriage:	1. SPECIAL STATEMENT				0		•••			
Special	 During the accounting peri 				is, any nonne	twork televis	ion program	ı		
Statement and Program Log	broadcast by a distant stat	-			•		YES	× NO		
	5		reat of this nam	a blank. If your anawar is	"Vee " veu mu		-			
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ust complete	the program	n		
	log in block 2. 2. LOG OF SUBSTITUTE	PPOCPA	MS							
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is			
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.						
	Column 1: Give the title period, was broadcast by a			sion program ("substitute						
	under certain FCC rules, re									
	Do not use general categori									
	"NBA Basketball: 76ers vs.		I	· "\/" Oth	1 - "					
				"Yes." Otherwise enter "N sting the substitute progra						
	Column 4: Give the broa	dcast statio	on's location (th	e community to which the	station is lice		FCC or, in			
	the case of Mexican or Can									
	first. Example: for May 7 giv	•	when your syst	em carried the substitute	program. Use	numerais, v	with the mor	ITN		
			substitute pro	gram was carried by your	cable system.	List the time	es accurate	У		
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sł	nould be			
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	amming that y	our system v	was require	d		
	to delete under FCC rules a									
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	and regulatio	ns in			
	effect on October 19, 1976.									
				WHE	N SUBSTI	TUTE				
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCL		7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то			
							<u>-</u>			
						-	_			
		+								
		+								
							<u> </u>			
						-	-			
						_	_			
		+								
		+								
							_			
						-	_			
						-	_			

Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63837						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (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.	mission service amount, see	5,173.35 oss 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 \$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 for accounting period is \$52.00	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 \$137,100)								
	1. Base amount under statutory formula \$ 263,800.00)							
	2. Enter amount of gross receipts from space K	_							
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K	<u> </u>							
	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 \$52	27,600)							
	1. Enter the amount of gross receipts from space K	_							
	2. Base amount under statutory formula \$ 263,800.00	<u>)</u>							
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00							
	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!						

leee uning renoui	2023/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: ding LLC			SYSTEM ID 6383
M Channels	to its subscribe	rs, and (2) the cable system al number of channels on wi	of channels on which the cable system carried tele total number of activated channels during the acc ch the cable ns	ounting period.	10
	on which the	al number of activated chan cable system carried televis dcast services			111
N Individual to Be Contacted		O BE CONTACTED IF FUR about this statement of acc	HER INFORMATION IS NEEDED (Identify an indi unt.)	vidual to whom	
for Further Information	Name	Teri McMullen		Telephone 814-260)-0434
information	Address	PO Box 665 (Number, street, rural route, app Coudersport PA 16 (City, town, state, zip)			
	Email	teri.mcmullen	zitomedia.com	Fax (optional	
O Certification	• I, the undersign	ed, hereby certify that (Check	ust be certified and signed in accordance with Cop one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as i		
	X (Office	in line 1 of space B and that cer or partner) I am an office in line 1 of space B. d the statement of account an ate, and correct to the best of	ation or partnership) I am the duly authorized agent ne owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the hereby declare under penalty of law that all statemer ny knowledge, information, and belief, and are made i	legal entity identified as owner of the ca nts of fact contained herein	
		Typed or print	X /s/James Rigas Enter an electronic signature on the line above to cere Enter signature using an "/s/ signature" (e.g., /s/ Joh d name: James Rigas		
		Title:	President itle of official position held in corporation or partnership)		
				02/27/2024	

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unting Period: 2023/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IE
West Holding LLC	6383
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 YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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	
* 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	

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