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							
DATE RECEIVED AMOUNT	FOR COPYRIGHT OFFICE USE ONLY						
	DATE RECEIVED	AMOUNT					
\$ ALLOCATION NUMBER	02/19/2019						

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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		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.	63727						
		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 u							
System	inance directly appear in space B. If line 2, give the maining address of the system, if directly from the address given in space B.								
System	1	Zito Media - Lake Cherokee							
		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 suffciency of the fling, a determination that would be made by a court of law.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" a "a separate and distinct community or municipal entity (including unincorporated communities withing that you list will serve as a form of system identified as the "first community." Please use it as the first community that you list will serve as a form of system identified city. CITY OR TOWN STATE Community CITY OR TOWN STATE LAKE CHEROKEE SOUTH TX LAKEPORT TYX LAKEPORT TYX LAKEPORT TYX LAKEPORT TYX LAKEPORT TYX LAKEPORT TYX TATUM TATUM TATUM TYX TATUM TATUM TYX TATUM TATUM TYX LAKE CHEROKEE NORTH TATUM TYX TYX TATUM TYX TYX TATUM TYX TYX TYX TYX TYX TYX TYX TYX	
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" a "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identified as the "first 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 paren identified city. CITY OR TOWN STATE LAKE CHEROKEE SOUTH TX LAKEPORT Add Rows as Necessary Add Rows as N	s defined in FCC rules
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identified as the "first 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 parentidentified city. CITY OR TOWN STATE LAKE CHEROKEE SOUTH TX LAKEPORT TX LAKEPORT TX EASTON TX BECKVILLE TX TATUM TATUM TX TATUM - RUSK COUNTY TX TX TATUM - RUSK COUNTY	
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identifia as the "first 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 parentidentified city. CITY OR TOWN	and including single
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Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenties served CITY OR TOWN First Community Add Rows as Necessary Add Rows as Necessary Add Rows as Necessary EASTON EASTON EASTON TX BECKVILLE TX TATUM TX TATUM - RUSK COUNTY TX TATUM - RUSK COUNTY TX TATUM - RUSK COUNTY TX TATUM - TX TATUM - RUSK COUNTY TX TATUM - TX TX TATUM - TX TX TATUM - TX	cation hereafter know
Area Served identified city. CITY OR TOWN STATE First LAKE CHEROKEE SOUTH TX Community ELDERVILLE TX LAKEPORT TX LAKEPORT TX EASTON TX BECKVILLE TX TATUM TATUM TX TATUM - RUSK COUNTY TX	thosas balaw tha
First LAKE CHEROKEE SOUTH TX Community ELDERVILLE TX LAKEPORT TX LAKEPORT TX EASTON TX BECKVILLE TX TATUM TX TATUM - RUSK COUNTY TX	theses below the
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LAKEPORT TX	
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BECKVILLE TX TATUM TX TATUM - RUSK COUNTY TX	
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TATUM - RUSK COUNTY TX	

Accounting Period: 2018/2 FORM SA1-2E, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name

Zito West Holding LLC

63727

E

Secondary Transmission Service: Subscribers and Rates

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 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				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	313	24.45					
 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	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	18.95	 Motel, hotel 			
 Pay cable—add'l channel 		 Commercial 			
 Fire protection 		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set	50.00	 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: 2018/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Zito West Holding LLC

63727

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KETK	56.1	N	Longview TX
KETK	56.2	N-M	Longview TX
KFXK	51.1	N	Longview TX
KFXK	51.4	N-M	Longview TX
KLTS	24	E	Shreveport, LA
KLTV	7.1	N	Longview TX
KLTV	7.2	N-M	Longview TX
KLTV	7.3	N-M	Longview TX
КҮТХ	19.1	N	Longview TX
КҮТХ	19.2	N-M	Longview TX
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Add Rows as Necessary

ccounting Period	: 2018/2			FORM SA1-2E. PAGE 3						
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:						
Name	Zito West Holding LL	6372								
	PRIMARY TRANSMITTERS: TELEVISION									
G	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									
Primary	<u> </u>	, ,,	the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain stati	•						
Transmitters:		s explained in the next paragraph.		ons carried on a						
Television			carried by your cable system on a subs	stitute program						
	basis under specific FCC ru	ules, regulations, or authorizations:								
			the Special Statement and Program Lo	og)—if the						
	station was carried only on									
			ed both on a substitute basis and also							
			s, see page (v) of the general instruction							
		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	ne air in its community								
	of license. For example, W	/RC is channel 4 in Washington, D.C.	· ·	•						
	Column 3: Indicate in each	n case whether the station is a network	station, an independent station, or a।	noncommercial						
			(for network multicast), "I" (for independent							
		,	or "E-M" (for noncommercial education	nal multicast).						
		erms, see page (iv) of the general instr		linemand by the						
			st the community to which the station is	•						
	FCC. For Mexican or Cana	dian stations, it any, give the name of	the community with which the station i	s identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
				1						

Accounting Period: 2018/2	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

63727

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
3.3.1	21 1 111			5 5. 5. 5. 1		_,_	
							

Accounting Perio	nd: 2018/2						FOR	/I SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:				PORK	SYSTEM ID#
Name	Zito West Holding LLC	;						63727
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs 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 broad Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ision program, broadcast by becific present and former bin this log, see page (v) of the triple of t	y a distant star CC rules, reg he general instant stars, any nonres "Yes," you res wherever per program") the for the program titles, for each station is like the station is like the program. Use the station is like to the station is like the station	ulations, or a structions in hetwork tele must comple cossible, if the hat, during togramming ions for furthexample, "I lentified). Se numerals m. List the table sizes:30 p.m.	authorization the paper S. evision programmer between the programmer meaning the account of another sher informat Love Lucy" the FCC or, s, with the maines accurate should be	tem carried on a ans. For a further A1-2 form. Tam X NO Tram g is station tion. or		
	Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting perio was substituted for programming that your system was permitted to delete und effect on October 19, 1976. SUBSTITUTE PROGRAM					od; enter the letter "P" if the listed proder FCC rules and regulations in WHEN SUBSTITUTE CARRIAGE OCCURRED		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	IMES — TO	
						=		

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID
Name	Zito West Holding LLC		6372
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (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.	nission service amount, see	9,971.34 ss receipts)
_	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 for accounting period is \$52.00	this six-mon	
	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	_	
	4. 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	7,600)	
	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		
	112.10.12.1.10.10.10.10.10.10.10.10.10.10.10.10.1		
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

Accounting Period:	: 2018/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SYSTEM ID# 63727
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.	
Ondiniois	Enter the total number of channels on which the cable system carried television broadcast stations	10
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	51
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Teri McMullen Telephone 814-260	-0434
	Address PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915	
	(City, town, state, zip) Email teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or	dentified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the of in line 1 of space B.	cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/James Rigas	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: James Rigas	
	Title: President (Title of official position held in corporation or partnership)	
	Date: 02/26/2019	

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.

counting Period: 2018/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o West Holding LLC	63727
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?	Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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.	t. Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	ays
	195
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	;e
** 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, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	е
Owner	
Address	
ID average at	
ID number	
First community served Accounting period	100100100100

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