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

STATEME	INT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
Cable System General instruc	ms (Short Form) ctions are located of this workbook	02/19/2019	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		liary of another corporation, give the full corp	orate title
Owner	List any other name or names under which	the owner conducts the business of th	e cable system.	
	If there were different owners during the a single statement of account and royalty fer		ne last day of the accounting period should su ng period.	bmit a
	X Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned 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 nu	umber)		
	Coudersport, PA 16915 (City, town, state, zip)			

 Image: [City, town, state, zip)

 Image: Ima

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito West Holding LLC	0
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Maringouin	LA
Community	Livonia	
	Fordoche	
d Rows as Necessary	Iberville	
	Point Coupee	LA
		LA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1	TEM ID	
Name	Zito West Holding LLC								
E	SECONDARY TRANSMISSION In General: The information in s				dary transmission	service of t	he cable		
	system, that is, the retransmission								
Secondary	about other services (including p	, , ,	,		,	those exist	ing on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				hle system	broken		
scribers and	down by categories of secondar	•							
Rates	each category by counting the n			•	•				
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc					is wiu iir a			
	Block 1: In the left-hand block				secondary transmi	ssion servi	ce that cable		
	systems most commonly provide								
	that applies to your system. Not			-	-				
	categories, that person or entity subscriber who pays extra for ca					•			
	first set" and would be counted of					idel Selvi			
	Block 2: If your cable system					e different f	rom those		
	printed in block 1 (for example, t				•				
	with the number of subscribers a	and rates, in th	e right-han	d block. A two- or t	three-word descript	ion of the s	service is		
	sufficient.	DCK 1				BLOCK	2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE C/	ATEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	CODOCIND	EIKO			WICE	CODOCIADEIRO	TUTT	
	Service to first set		516	26.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC							I	
-	In General: Space F calls for ra				to all your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t								
0	service for a single fee. There are	•		•					
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually bi				ogram basis,		
ransmissions:	Block 1: Give the standard rat	te charged by t							
Rates	Block 2: List any services that	• •				•			
	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.								
	CATEGORY OF SERVICE	BLO RATE		RY OF SERVICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE	
	Continuing Services:			n: Non-residentia		S/TEOC		IVAL	
	• Pay cable	17.95	• Motel,	hotel					
	• Pay cable—add'l channel		• Comm					•••••••	
	Fire protection		• Pay ca					•••••••	
	•Burglar protection			ble-add'l channel					
	Installation: Residential		• Fire pr						
	• First set	50.00	•	r protection					
	Additional set(s)		Other ser	-					
	• FM radio (if separate rate)		• Recon		30.00				
	• Converter		Discor						
						1			
			Outlet	relocation	30.00				
			-	relocation o new address	30.00 30.00				

ccounting Period: 2	2018/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM I
Humo	Zito West Holding LL	C		
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each (for independent multicast) For the meaning of these te <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- carried by your cable system on a sub- che Special Statement and Program Li- ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a la (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAFB	9.1	N	Baton Rouge, LA
	WBRZ	2.1	Ν	Baton Rouge, LA
	WGMB	44.1	N	Baton Rouge, LA
	WVLA	33.1	Ν	Baton Rouge, LA
	WLPB	27	E	Baton Rouge, LA
	WLFD			
Add Rows as Necessary				

ounting Period:	2018/2			FORM SA1-2E. PAG
Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Zito West Holding LL	c		
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	m during the accounting period, excer	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph.	the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs	ons carried on a
Television	basis under specific FCC ru	lles, regulations, or authorizations: e in space G—but do list it in space I (	the Special Statement and Program Lo	
	• List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tel	ed both on a substitute basis and also a, see page (v) of the general instructio program services such as HBO, ESPN re-air designation. For example, report evision station for broadcasting over th	ns. v, etc. Identify each t multistream
	<b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr	s station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education ructions in the paper SA1-2 form. at the community to which the station is	ndent), "I-M" nal multicast).
			the community with which the station is	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Zito West He	OWNER OF C	JABLE S	YSTEM:					SYSTEM
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati	y the sys be recei t the Cc sign of e he static ion's sign	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain st Jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locati	on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	ai 2010/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	2						0
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	DG			
	In General: In space I, ident	tify every no	nnetwork televi	<i>ision program</i> , broadcast b	y a <i>distant</i> sta	tion, that ye	our cable sys	tem carried on a
	substitute basis during the a	accounting p	eriod, under sp	pecific present and former l	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general ins	structions in	n the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute b	asis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o" leave the	e rest of this pa	age blank If your answer	is "Yes " vou i	nust comp	lete the proc	
	log in block 2.			ige blank. It your anower	io 100, you i	nuot oomp		gram
	2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			lotball. Elet op collic progr		skampio, i	Lovo Luoy	01
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which the			the FCC or,	IN
				stem carried the substitut			ls. with the r	nonth
	first. Example: for May 7 gi		······		3			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	n. should be	
	stated as "6:00–6:30 p.m."	ter "R" if the	listed program	n was substituted for pro	ramming that	t vour evet	m was roa	ired
		and regulati	ions in effect d	luring the accounting peri	oo emermer	епегри		
	to delete under FCC rules a was substituted for program							ogram
	to delete under FCC rules	nming that						ogram
	to delete under FCC rules a was substituted for program	nming that			der FCC rules	and regul	ations in	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	mming that y	your system w	as permitted to delete un	der FCC rules	and regul	ations in ITUTE	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w	as permitted to delete un	der FCC rules WHE CARRI	and regul	ations in ITUTE SURRED	7. REASON FOR DELETION
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	mming that y	your system w	as permitted to delete un	der FCC rules	N SUBST AGE OCC	ations in ITUTE	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCC	ITUTE URRED TIMES	7. REASON FOR
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Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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.	ssion service mount, see	0,159.25 Iss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	63,800	
	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 t	his six-mon	
	accounting period is \$52.00 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 \$137,1	00)	
	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		
	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)	
	1. 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 Due	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	1
	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		hts!

Accounting Period:	2018/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito West Hold	DWNER OF CABLE SYSTEM: ling LLC		SYSTEM ID# 0
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's tot number of channels on which t television broadcast stations number of activated channels able system carried television br		5 126
N Individual to Be Contacted		about this statement of account.		
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartme Coudersport PA 1691 (City, town, state, zip)		
	Email	teri.mcmullen@z	tomedia.com Fax (optional)	
O Certification	I, the undersigned     (Owne     (Agenting     (Agenting     (Afficing     (Affic	ed, hereby certify that (Check on er other than corporation or par t of owner other than corporati line 1 of space B and that the ow er or partner) I am an officer (if line 1 of space B. d the statement of account and he e, and correct to the best of my k	t be certified and signed in accordance with Copyright Office regulations) e, <i>but only one</i> , of the boxes.) <b>rtnership</b> ) I am the owner of the cable system as identified in line 1 of space <b>on or partnership</b> ) I am the duly authorized agent of the owner of the cable ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as ow ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	system as identified vner of the cable system
			X /s/James Rigas	
		Typed or printed r	name: James Rigas	
			President ial position held in corporation or partnership)	
		Date:	02/26/2019	
			prizes the Convright Office to collect the personally identifying information (PII) reg	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o West Holding LLC	0
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: <ul> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul> </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	—
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