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					
8/27/2019	\$					
	ALLOCATION NUMBER					

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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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 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 already 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	IDENTIFICATION OF CABLE SYSTEM:
	'	Zito Media - Snow Shoe
		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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM					
Name							
	Zito West Holding LLC	636					
_	Instructions: List each separate community served by the cable system. A "community						
D	"a separate and distinct community or municipal entity (including unincorporated com						
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafte						
	as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holidaytified site.	me parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
Finat	Snow Shoe Borough	PA					
First Community	Snow Shoe Township						
Community		PA					
	Cooper Township	PA					
d Rows as Necessary	Karthaus Township	PA					
	Wallaceton/Boggs Township	PA					
	Graham Township	PA					
	Burnside Township	PA					
	Covington Township	PA					
	Girard Township	PA					

Accounting Period: 2019/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63693

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Zito West Holding LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
 Service to first set 	1,133	19.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T			

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.

	BLO	CK 1		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: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63693

4. LOCATION OF STATION

Zito West Holding LLC

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WATM 23 N Altoona PA

3. TYPE OF STATION

Add Rows as Necessary

WAIM	23	N	Altoona PA
WATM	23.3	l	Altoona PA
WJAC	6	N	Johnstown PA
WKBS	47	I	Altoona PA
WPCW	19.1	1	Pittsburgh PA
WPSU	3	Е	Clearfield PA
WPSU	3.1	E	Clearfield PA
WPSU	3.2	E	Clearfield PA
WTAJ	10	N	Altoona PA
WWCP	8	N	Johnstown PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

63693

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
	 	 					
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Accounting Perio	a: 2019/1 LEGAL NAME OF OWNER OF	ARI E SVST	ΓΕM·				FOR	SYSTEM ID#
Name	Zito West Holding LLC		i Livi.					63693
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceplanation of the programmi 1. SPECIAL STATEMENT During the accounting periphroadcast by a distant state of the st	fy every nor coounting per grant must CONCER od, did you ion? I leave the EPROGRA tute prograce, please a of every nor distant static gulations, o ess like "mor Bulls." In was broad sign of the sed cast static adian statio th and day e "5/7."	nnetwork televiseriod, under spett be included in the included	sion program, broadcast be ecific present and former be this log, see page (v) of the triple of this log, see page (v) of the triple of this log, see page (v) of the triple of this log, see page (v) of the triple of the triple of this log. See page (v) of the gestball." List specific program of the triple of triple of the triple of the triple of	y a distant static CC rules, regulate general instructions wherever pose program") that ed for the program titles, for exemple, and its control of the program. Use e station is lice program. Use	lations, or au ructions in the ructions of the ructions for further ructions for further ructions, we numerals, we numerals, we ructions in the ructions of th	e paper SA1 sion program YES the program r meaning is a accounting another star information ve Lucy" or FCC or, in with the mor	em carried on a For a further -2 form. NO m
	to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED							7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION

Accounting Period:	2019/1			FORM S	A1-2E. PAGE 6			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC			S	YSTEM ID: 6369:			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 of	system's ion of hov	secondary trai w to compute t	nsmission servic his amount, see	7,942.40			
L Copyright Royalty Fee								
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that	you must pay fo	or this six-month				
	Line 1. Royalty fee for accounting period							
	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 lin	nes 1 and	2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	nore than \$13	7,100)				
	Base amount under statutory formula	\$	263,800.00	<u>)</u>				
	Enter amount of gross receipts from space K	\$	217,942.40	<u>) </u>				
	3. Subtract line 2 from line 1	\$	45,857.60	<u>) </u>				
	Enter the amount of gross receipts from space K		\$	217,942.40				
	5. Enter the amount from line 3		\$	45,857.60				
	6. Subtract line 5 from line 4		\$	172,084.80				
	7. Multiply line 6 by .005 (enter figure here)			\$	860.42			
	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		\$	860.42			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (bu	t less than \$5	27,600)				
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula			_)				
	3. Subtract line 2 from line 1		•	<u>-</u>				
	4. Multiply line 3 by .01			_				
	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 DU	E						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	860.42				
Due	Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	880.42			
1	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-		-		jhts!			

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW Zito West Holding	NER OF CABLE SYSTEM: g LLC		SYSTEM ID# 63693
M Channels	to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cabl	and (2) the cable system's to umber of channels on which levision broadcast stations. umber of activated channels e system carried television b		10
N Individual to Be Contacted		E CONTACTED IF FURTHE	R INFORMATION IS NEEDED (Identify an individual to whom .)	
for Further Information	Name	Teri McMullen	Telephone 81	14-260-0434
	(1)	PO Box 665 Number, street, rural route, apartm		
	(0	City, town, state, zip)		
	Email	teri.mcmullen@z	itomedia.com Fax (optional)	
O Certification	·	hereby certify that (Check one	e, but only one, of the boxes.)	
	(Owner o	other than corporation or pa	rtnership) I am the owner of the cable system as identified in line 1 of space B; or	
			on or partnership) I am the duly authorized agent of the owner of the cable systemer is not a corporation or partnership; or	em as identified
		or partner) I am an officer (if a 1 of space B.	a corporation) or a partner (if a partnership) of the legal entity identified as owner of	of the cable system
		and correct to the best of my k	ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
			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	
			President licial position held in corporation or partnership)	
		Date:	08/27/2019	

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ounting Period: 2019/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
o West Holding LLC	63693
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
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 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.	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	_
	_
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	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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