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				
2/25/2020	\$ 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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
		Darcode Data 1 ming 1 eriod (optional - see man actions)					
Accounting Period							
		Instructions:					
В		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.					
	X 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					
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С		s 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	IDENTIFICATION OF CABLE SYSTEM:						
	Zito Media - Winnemucca						
		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.

	2040/2						
Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Zito West Holding LLC	0					
	Instructions: List each separate community served by the cable system. A "communit						
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter known					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.						
	CITY OR TOWN	STATE					
First Community	Winnemucca	NV					
Add Rows as Necessary							
rad nons as necessar,							
		000000000000000000000000000000000000000					

Accounting Period: 2019/2 FORM SA1-2E, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

Zito West Holding LLC

SYSTEM ID#

# 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.

BLOCK 1			BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	194	22.23			
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 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		<ul> <li>Fire protection</li> </ul>			
• First set	30.00	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: 2019/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

# Zito West Holding LLC PRIMARY TRANSMITTERS: TELEVISION

G

### 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 **KNPB** Reno NV 5 Ε **KNSN** 21 Reno NV **KOLO** 8 Ν Reno NV **KRNV** 4 Ν Reno NV KRXI 11 Ν Reno NV KTVN 2 N Reno NV **KOLO** 8.3 Reno NV **KOLO** 8.4 Reno NV

Add Rows as Necessary

	1 2242/2							
Accounting Perio	d: 2019/2 LEGAL NAME OF OWNER OF	CABLESVS	TEM:			F	ORM SA1-2E. PAGE 5.	
Name	Zito West Holding LLC		T LIVI.				SYSTEM ID#	
Substitute Carriage: Special	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?							
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	must complete the p		
log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their m clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the ac period, was broadcast by a distant station and that your cable system substituted for the programming of an under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further in Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FC the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shot 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 to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was counting period; enter the letter "P" if the listed program was substituted for programming that your system was 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 to delete under FCC rules and regulations in effect during the						hat, during the according the according for further informations for further informations for further informations for further informations and the following section of the following section of the further including sections and the further including section of the further including section of the further including sections and the further including section of the further including sections and the further including sections are sections and the further including sections and the further including sections and the further including sections are sections and the further including sections and the sections and the further including sections are sections and the sections and the sections are sections and the sections and the sections are sections and the sections are sections and the sections and the sections are sections as a section and the sections are sections as a	unting er station mation. cy" or  or, in e month curately be equired	
	effect on October 19, 1976	-	· · · · · · · · · · · · · · · · · · ·		\\\\	N CHIDOTITI ITE		
	s	UBSTITUT	E PROGRAM	1		N SUBSTITUTE AGE OCCURRED	7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	

accounting Period:			A1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC	3	YSTEM II						
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Et all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (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	<b>2,964.06</b> oss receipts)						
	COPYRIGHT ROYALTY FEE								
L Copyright Royalty Fee	<ul> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$100 but less than or equal to \$100 but less than \$100</li></ul>	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	<u>-</u> .							
	3. Subtract line 2 from line 1	<u>-</u>							
	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)								
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00							
otal Remittance Due	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						
		L							
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		nts!						

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC		SYSTEM ID# 0
M Channels	= ''	els on which the cable system carried television broadcast stations nber of activated channels during the accounting period.	
	Enter the total number of channels on which the ca system carried television broadcast stations		8
	Enter the total number of activated channels on which the cable system carried television broadcand nonbroadcast services		93
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INF we can contact about this statement of account.)	ORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Teri McMullen	Telephone 81	4-260-0434
	Address PO Box 665 (Number, street, rural route, apartment, or s	suite number)	
	Coudersport PA 16915 (City, town, state, zip)		
	Email teri.mcmullen@zitome	rdia.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be c  • I, the undersigned, hereby certify that (Check one, but	ertified and signed in accordance with Copyright Office regulations)	
		<b>ship)</b> I am the owner of the cable system as identified in line 1 of space B; or	г
	(Agent of owner other than corporation or in line 1 of space B and that the owner is	partnership) I am the duly authorized agent of the owner of the cable systenot a corporation or partnership; or	em as identified
	(Officer or partner) I am an officer (if a corp in line 1 of space B.	oration) or a partner (if a partnership) of the legal entity identified as owner	of the cable system
	•	declare under penalty of law that all statements of fact contained herein edge, information, and belief, and are made in good faith.	
	X X	/s/James Rigas	
		on electronic signature on the line above to certify this statement.  ignature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name	James Rigas	
		ident ition held in corporation or partnership)	
	Date:	02/26/2020	

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counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ito West Holding LLC	0
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x 1%  Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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