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

STATEM		OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:								
		ansmissions by	DATE RECEIVED	AMOUNT	-							
Cable Syste					<u>coplicsoa@loc.gov</u>							
				\$	For additional information, contact the U.S. Copyright							
General instru			2/25/2020		Office Licensing Division at:							
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150							
Α		ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))										
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))								
			٦									
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31								
			_									
			Barcode Data Filing Period (optiona	I - see instructions)								
]	· · · · · · · · · · · · · · · · · · ·								
Accounting Period												
		Instructions:										
В		Give the full legal name of the owner of th		idiary of another corporation, give the full co	rporate title							
_		of the subsidiary, not that of the parent co	orporation.									
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.										
					63767							
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.								
		LEGAL NAME OF OWNER/MAILING	G 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 n										
		Coudersport, PA 16915										
	INCT	(City, town, state, zip)	and ar trade names used to ide	ntify the hypinese and exerction of the	a system unless these							
С				ntify the business and operation of the e system, if different from the address								
System	1	IDENTIFICATION OF CABLE SYSTEM:										
	I	Zito Media - Pagosa Spring										
		MAILING ADDRESS OF CABLE SYSTEM	l:									
	2	(Number, street, rural route, apartment, or suite n	umber)									
		(City town state zin sede.)										
		(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:	SYSTEM ID#
	Zito West Holding LLC	63767
D	"a separate and distinct community or municipal entity (including uninco	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Pagosa Springs	CO
Community	Archuleta County	СО
Add Rows as Necessary		

								FORM SA1		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM II 637(
	Zito West Holding LLC									
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Coordon	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									
Secondary Transmission	last day of the accounting period						those exist	ing on the		
Service: Sub-							ble system	, broken		
scribers and	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									
Rates	each category by counting the n			•••		•		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	-	-	•						
	category, but do not include disc	· ·	,							
	Block 1: In the left-hand block	•		-		•				
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity			0		0				
	subscriber who pays extra for ca				• •	•••	•			
	first set" and would be counted of									
	Block 2: If your cable system									
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and diock. A ti	vo- or thre	e-wora descrip	tion of the s	service is		
		OCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:	000001110	2.110		0,111			0020011122110		
	Service to first set		96	17.48						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
									I	
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra		,		•	• •				
•	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									
Services	furnished at cost or (2) services	•	-		•		0.			
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	narged on a var	iable per-p	rogram 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.									
Secondary			ha aabla	avatam far ar	ab of the	-	ana liatad			
ransmissions:	Block 1: Give the standard rate	te charged by t				applicable servi		were not		
•		te charged by t t your cable sy	stem furr	nished or offer	ed during	applicable servi the accounting	period that			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable sys separate charg	stem furi je was m	nished or offer nade or establi	ed during	applicable servi the accounting	period that			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable system separate chargotion and inclue	stem furr je was m de the ra	nished or offer nade or establi	ed during	applicable servi the accounting	period that	e form of a		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable sys separate charg	stem furr ge was m de the ra CK 1	nished or offer nade or establi	ed during shed. List	applicable servi the accounting	period that vices in the		RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	te charged by t t your cable sy- separate charg otion and includ BLOO RATE	stem furr ge was m de the ra CK 1 CATEG	nished or offer nade or establi te for each.	ed during shed. List VICE	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by t t your cable sy- separate charg otion and includ BLOO RATE	stem furr ge was m de the ra CK 1 CATEG Installa	nished or offer nade or establi te for each. ORY OF SER	ed during shed. List VICE	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sy separate charg bition and includ BLO RATE	stem furr ge was m de the ra CK 1 CATEG Installa • Mote	nished or offer nade or establi te for each. ORY OF SER tion: Non-res	ed during shed. List VICE	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable sy separate charg bition and includ BLO RATE	stem furn ge was m de the ra CK 1 CATEG Installa • Mote • Com	nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel	ed during shed. List VICE	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by t t your cable sy separate charg bition and includ BLO RATE	stem furn ge was m de the ra CK 1 CATEG Installa • Mote • Com • Pay	nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial	ed during shed. List VICE idential	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sy separate charg bition and includ BLO RATE	stem furn ge was m de the ra CK 1 CATEG Installa • Moto • Con • Pay • Pay	nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	ed during shed. List VICE idential	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sy separate charg bition and includ BLO RATE	stem furn ge was m de the ra CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire	nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch	ed during shed. List VICE idential	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sy separate charg otion and includ BLO(RATE 17.95	stem furn ge was m de the ra CK 1 CATEG Installa • Moto • Con • Pay • Pay • Fire • Burg	nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	ed during shed. List VICE idential	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	te charged by t t your cable sy separate charg otion and includ BLO(RATE 17.95	stem furn ge was m de the ra CK 1 CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg Other s	nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	ed during shed. List VICE idential	applicable servi the accounting these other ser	period that vices in the	e form of a BLOCK 2	RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sy separate charg otion and includ BLO(RATE 17.95	stem furn ge was m de the ra CK 1 CATEG Installa • Moto • Com • Pay • Pay • Fire • Burç Other s • Rec	nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	ed during shed. List VICE idential	applicable servites accounting these other servites accounting the servites accounting	period that vices in the	e form of a BLOCK 2	RAT	
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sy separate charg otion and includ BLO(RATE 17.95	stem furn ge was m de the ra CK 1 CATEG Installa • Motu • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect	ed during shed. List VICE idential	applicable servites accounting these other servites accounting the servites accounting	period that vices in the	e form of a BLOCK 2	RAT	

counting Period:	2019/2			FORM SA1-2E. PAGE 3.							
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#							
	Zito West Holding LL	.C		63767							
G		TELEVISION entify every television station (including m during the accounting period, <i>excep</i>	•	,							
Primary Fransmitters:	76.59(d)(2) and (4), 76.61(substitute program basis, a	CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 5.59(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 lubstitute program basis, as explained in the next paragraph.									
Television	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 <i>not</i> 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 <i>only</i> or • List the station here, and	n a substitute basis. also in space I, if the station was carried	d both on a substitute basis and als	so on some other							
	Column 1: List each statio	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	program services such as HBO, ES	PN, etc. Identify each							
	"WETA-2" as the same on Column 2: Give the chann	the form. el number the FCC assigned to the tele	C 1 1 1								
	Column 3: Indicate in each	/RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" (, , ,								
	(for independent multicast) For the meaning of these to Column 4: Give the location	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							
	KCNC	4.1	N	Denver, CO							
	KDVR	31.1	N	Denver, CO							
ws as Necessary	KMGH	7.1	Ν	Denver, CO							
	KRMA	6.1	E	Denver, CO							
	KTVD	20.1	I	Denver, CO							
	KUSA	9.1	Ν	Denver, CO							
	KWGN	2.1	<u> </u>	Denver, CO							

EGAL NAME OF							1	SYSTEM 637
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved 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. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
							·	
							·	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#	
Name	Zito West Holding LLC	;						63767	
	SUBSTITUTE CARRIAG								
	In General: In space I, ident				-	tion that we	un aabla ava	•	
•	substitute basis during the a								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and Program Log									
i rogram zog									
	-	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if t	heir meanin	n is	
	clear. If you need more spa				o wherever p	0001010, 11 1		910	
				vision program ("substitut					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.					, -	,		
				er "Yes." Otherwise enter					
				casting the substitute prog the community to which th		consod by	the ECC or	in	
	the case of Mexican or Car								
	Column 5: Give the more	nth and day		stem carried the substitut			ls, with the r	nonth	
	first. Example: for May 7 gi					1.1.1.1			
	to the nearest five minutes.			ogram was carried by you				ately	
	stated as "6:00–6:30 p.m."		a program car		1. 10 p.m. to t				
				m was substituted for prog					
	to delete under FCC rules							ogram	
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und		s and regul	auons in		
					r 1			1	
						N SUBST			
	S		E PROGRAM			AGE OCC		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	-	
							_		
							_		
							<u> </u>	· 	
								,	
							_		
								"	
							_		
							_		
							_		
							_		
1			 						

Accounting Period:	2019/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63767
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 transmit (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.	ission service amount, see	0,696.53 ess receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 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.	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 t	this 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 \$ 263,800.00		
	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		
	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	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
	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:	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV Zito West Holdin	WNER OF CABLE SYSTEM: ng LLC	SYSTEM ID# 63767
M Channels	 to its subscribers, Enter the total r system carried to Enter the total r on which the cat 	a must give (1) the number of channels on which the cable system carried television broadcast stations and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable elevision broadcast stations	7
N Individual to Be Contacted	we can contact ab	BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom bout this statement of account.)	
for Further Information			₂ 814-260-0434
		PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersigned (Owner (Agent in lir X (Office in lir I have examined	This statement of account must be certified and signed in accordance with Copyright Office regulations) d, hereby certify that (Check one, <i>but only one</i> , of the boxes.) other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable he 1 of space B and that the owner is not a corporation or partnership; or r or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on he 1 of space B. the statement of account and hereby declare under penalty of law that all statements of fact contained here , and correct to the best of my knowledge, information, and belief, and are made in good faith. n 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)	e B; or e system as identified wner of the cable system
		Date: 02/26/2020	

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.

GAL NAME OF OWNER OF CABLE SYSTEM: to West Holding LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS	SYSTEM ID 63767
	63767
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS	
 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	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	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	om om
ID number	nn
First community served	

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 th 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.