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

_	1							
A	ACCC	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								
		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.						
	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						
		E 82 - 5 - 5 - 12						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:							
	1	Zito Media - Marshall						
		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.

Accounting Period:	2019/2							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#						
Name	Zito West Holding LLC	7145						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area Served	identified city.	To the particular series of the control of the cont						
	CITY OR TOWN	STATE						
First	Marshall	MO						
Community								
Add Rows as Necessary								

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID#

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	523	26.23				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	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 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 7145

Zito West Holding LLC

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

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

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

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION	4. LOCATION OF STATION
KCPT 19 E	Kansas City MO
KCPT 19.1 E	Kansas City MO
KCTV 5 N	Kansas City MO
KCWE 29 I	Kansas City MO
KMBC 9 N	Kansas City MO
KMBC 9.2 I	Kansas City MO
KMCI 38 I	Lawrence KS
KMCI 38.2 I	Lawrence KS
KMOS 6 E	Sedalia MO
KMOS 6.2 E	Sedalia MO
KSHB 41 N	Kansas City MO
KSMO 62 I	Kansas City MO
WDAF 4 N	Kansas City MO

Add Rows as Necessary

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
	Zito West Holding LL	С		7145						
	PRIMARY TRANSMITTERS: TELEVISION									
<b>G</b> Primary	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									
Transmitters: Television	substitute program basis, as Substitute Basis Stations	s explained in the next paragraph.  : With respect to any distant stations of	carried by your cable system on a subs							
	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> on a substitute basis.									
	• List the station here, and a basis. For further information	also in space I, if the station was carrie on concerning substitute basis stations	ed both on a substitute basis and also on, see page (v) of the general instruction	ns.						
		d with a station according to its over-th	program services such as HBO, ESPN e-air designation. For example, report							
		g .	evision station for broadcasting over th	e air in its community						
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a r	noncommercial						
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education actions in the paper SA1-2 form. It the community to which the station is the community with which the station is	nal multicast).						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

FORM SA1-2E. PAGE 3.

Accounting Period: 2019/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Zito West Holding LLC

714

### 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
	<b></b>						
	<b></b>						
	<del> </del>						
	<b></b>						
	<del> </del>						
	<b></b>						
	<b></b>						
	<b></b>						
	T						
	T						
	T						
	T	1		T	T		

accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	Zito West Holding LLC	:						7145	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGIN General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting per broadcast by a distant state of the programm of the programm of the programm of the product of the produc	E: SPECIA ify every no accounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant sta egulations, or ies like "mo Bulls." m was broa sign of the adcast stati hadday ve "5/7." es when th	AL STATEME  nnetwork televieriod, under sp st be included  RNING SUBS  ur cable system  e rest of this pa  AMS  am on a separadd additional contentwork televion and that y or authorization byies" or "bask  dcast live, entity station broadd on's location (toons, if any, the or when your sy e substitute pr	ision program, broadcast be becific present and former in this log, see page (v) of TITUTE CARRIAGE on carry, on a substitute base age blank. If your answer in the line. Use abbreviation I rows to the tables. Vision program ("substitut our cable system substitut our cable system substitut our cable system substitut ons. See page (v) of the geter asting the substitute program of the community to which the community with which the stem carried the substitute or carried by your gram was carried by your program was carried by your p	y a distant stare CC rules, regarded for the program") for the program titles, for "No."  "No."  "No."  "Iram.  The station is lifted for the program.  The station is lifted for the program.  The station is lifted for the program.  The station is lifted for the program.	SYS  a distant station, that your cable system car C rules, regulations, or authorizations. For a general instructions in the paper SA1-2 for s, any nonnetwork television program  YES  Yes," you must complete the program  wherever possible, if their meaning is program") that, during the accounting d for the programming of another station and instructions for further information. In titles, for example, "I Love Lucy" or lo." m. station is licensed by the FCC or, in			
	stated as "6:00-6:30 p.m."	er "R" if the and regulat nming that	listed prograr ions in effect d	m was substituted for prog during the accounting perio	ramming tha od; enter the	t your sys letter "P" i	tem was <i>requ</i> f the listed pr		
					1 1	EN SUBS			
	S		E PROGRAM  3. STATION'S	1 	1		CURRED TIMES	7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то		
								'	
								,	
								,	
					-				
					-				

	2019/2  LEGAL NAME OF OWNER OF CABLE SYSTEM:		1-2E. PAGE 'STEM II
Name	Zito West Holding LLC	J1	714
<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. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this at 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	,156.71
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 \$20 to \$100	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 the accounting period is \$52.00	nis 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 \$137,10	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	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		
		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	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 Regist	er of Copyrigh	its!

Accounting Period:	i: 2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC	SYSTEM ID# 7145
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	stations
Oldinois	Enter the total number of channels on which the cable     system carried television broadcast stations	13
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	169
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		elephone <b>814-260-0434</b>
	Address PO Box 665 (Number, street, rural route, apartment, or suite number)  Coudersport PA 16915	
	(City, town, state, zip)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office required.)	nulations)
O Certification	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	guations)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line	1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or	the cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity iden in line 1 of space B.	tified as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact conta are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	ined herein
	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)	nt.
	Typed or printed name: James Rigas	
	Title: President  (Title of official position held in corporation or partnership)	
	Date: 02/26/2020	

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ounting Period: 2019/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
West Holding LLC	7145
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	P Special Statement Concerning Gross Receipts Exclusion
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.	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 <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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