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

Return completed workbook by email to:

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
	\$ ALLOCATION NUMBER

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting	Barcode Data Filing Period (optional - see instructions)	
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)	
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	_
С	names 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 - Ewing 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Zito West Holding LLC	2802
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knov ys.
Area Served	identified city.	blie nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Ewing	VA
Community	Lee County	VA
	Rose Hill	VA
Add Rows as Necessary		

									A1-2E. PAG
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SY	STEM II
	Zito West Holding LLC								2802
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND R	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including p								
Transmission	last day of the accounting period						linose exis	sung on the	
Service: Sub-	Number of Subscribers: Both						ble systen	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n	-		•••			-	s charged	
	separately for the particular serv Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed								
	category, but do not include disc	counts allowed f	for advar	ice payment					
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					•••	•		
	first set" and would be counted of	•			• • •				
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t with the number of subscribers a					•	,		
	sufficient.		ingin-na					361110613	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	GORY OF SER	VICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		26	21.95					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	ONS: RATE	s				
F	In General: Space F calls for ra					Ill your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t					•			
	service for a single fee. There a	re two exceptioi	ns: you c	o not need t	o dive rate	1. C			
Services	furnished at cost or (2) services	or facilities furn	hished to	nonsubscrib	-			,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur				ers. Rate i	nformation shou	Id include	both the	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the	nit in which it is rate column.	usually b	illed. If any r	ers. Rate i ates are c	nformation shou narged on a vari	ild include able per-p	both the brogram basis,	
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra	nit in which it is rate column. te charged by th	usually b ne cable	illed. If any r system for e	ers. Rate i ates are c ach of the	nformation shou narged on a vari applicable servi	ild include able per-p ces listed.	both the program basis,	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that	hit in which it is rate column. te charged by th t your cable sys	usually b ne cable stem furn	illed. If any r system for e ished or offe	ers. Rate i ates are c ach of the red during	nformation shou narged on a vari applicable servi the accounting	Id include able per-p ces listed. period tha	both the program basis, t were not	
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra	hit in which it is rate column. te charged by th t your cable sys separate charg	usually b ne cable stem furn e was ma	illed. If any r system for e ished or offe ade or estab	ers. Rate i ates are c ach of the red during	nformation shou narged on a vari applicable servi the accounting	Id include able per-p ces listed. period tha	both the program basis, t were not	
Other Than Secondary Transmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	nit in which it is rate column. te charged by th t your cable sys separate charg ption and includ	usually b ne cable stem furn e was ma e the rat	illed. If any r system for e ished or offe ade or estab	ers. Rate i ates are c ach of the red during	nformation shou narged on a vari applicable servi the accounting	Id include able per-p ces listed. period tha	both the program basis, t were not le form of a	
Other Than Secondary Transmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	hit in which it is rate column. te charged by th t your cable sys separate charg otion and includ BLOC	usually to the cable stem furn e was ma e the rat	illed. If any r system for e ished or offe ade or estab	ers. Rate i ates are c ach of the red during ished. List	nformation shou narged on a vari applicable servi the accounting	Id include able per-p ces listed. period tha vices in th	both the program basis, t were not	E RATI
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the 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	hit in which it is rate column. te charged by th t your cable sys separate charg ption and includ BLOC RATE	usually to the cable tem furn e was ma e the rate CATEGC	illed. If any r system for e ished or offe ade or estab e for each.	ers. Rate i ates are c ach of the red during ished. List VICE	nformation shou narged on a vari applicable servi the accounting these other ser	Id include able per-p ces listed. period tha vices in th	both the program basis, t were not the form of a BLOCK 2	E RATI
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unting Period: 2	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito West Holding LL	C		28025
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	ot (1) stations carried only on a part-ti- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sul (the Special Statement and Program ed both on a substitute basis and also s, see page (v) of the general instruct program services such as HBO, ESF ne-air designation. For example, repor- tevision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for independent ructions in the paper SA1-2 form. as the community to which the station	me basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
		, , , , , , , , , , , , , , , , , , ,		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATE	6.1	N	Knoxville TN
	WBXX	20.1	<u> </u>	Crossville TN
ows as Necessary	WCYB	5.1	Ν	Bristol VA
	WEMT	39.1	Ν	Greenville TN
	WETP	41	E	Knoxville TN
	WJHL	11.1	N	Johnson City TN
	WJHL	11.2		Johnson City TN
	WLFG	68.1		Grundy VA
	WSBN	15.1	E	Norton VA
	WVLT	8.1	N	Knoxville TN
	WVLT	8.2		Knoxville TN
		V: Z		

Zito West Ho	olding LLC							SYSTEM 280
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recein t the Co sign of e he static ion's sign g a check o's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the 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 this point, see pa ed by the cable s ne station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, tated 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	od: 2020/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC							28025
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
l	In General: In space I, ident	• •					•	
	substitute basis during the a	• •		•				
Substitute	explanation of the programm	•			ne general ins	tructions in t	ine paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork tele	vision progr	am
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o". leave the	e rest of this pa	ge blank. If vour answer is	s "Yes." vou r	nust comple	ete the proa	ram
	log in block 2.	, louvo ulo			, jour		oto the prog	
	2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible. if th	eir meaning	ı is
	clear. If you need more spa					,,		,
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute	e program") tl	hat, during f	the account	ing
	period, was broadcast by a		•	-		• •		
	under certain FCC rules, re	•						
	Do not use general catego "NBA Basketball: 76ers vs.		DVIES OF DASK	etball." List specific progra	am titles, for e	example, "I	Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute progr				
			,	he community to which th			he FCC or,	in
	the case of Mexican or Car						10 A .	
	first. Example: for May 7 gi		when your sys	stem carried the substitute	e program. Us	se numerals	s, with the m	nonth
			e substitute pr	ogram was carried by you	r cable syster	m List the t	imes accura	ately
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."	•				·		
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for prograr effect on October 19, 1976	0	your system w	as permitted to delete und	er FCC rules	and regula	ations in	
		•						
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCI	URRED	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	6. T - FROM	IMES — TO	DELETION
		res or no	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM -	_ 10	
						-	_	
						-	_	
						-		
							_	
			--					
							_	
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						-	_	
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1						-	_	

Accounting Period:	FC FC	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SYSTEM ID# 28025
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission set (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	ervice
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 \$263,800 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. 	
	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 this six-mo accounting period is \$52.00	vnth
	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 \$ 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	

	0.00	
	52.00 15.00	
	\$	67.00
-		nts!
	\$. \$ 	\$ 15.00

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito West Hold	ling LLC	28025
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		I number of channels on which the cable television broadcast stations	11
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	49
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Telephone 814-	260-0434
	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, <i>z</i> ip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	 I, the undersigned (Owned) (Agenting) X (Officing) I have examined 	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system line 1 of space B and that the owner is not a corporation or partnership; or ter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

	X /s/James Rigas
	ter an electronic signature on the line above to certify this statement. ter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	me: James Rigas
	resident I position held in corporation or partnership)
Date:	08/27/2020

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.

unting Period: 2020/1	FORM SA1-2E. PAGI
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
West Holding LLC	280
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 sub scribers 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.	- Special Statemen Concerning Gros Receipts Exclusio
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 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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 Assessme
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