This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED AMOUNT				
	\$			
8-26-20	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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63693
		T	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito West Holding LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system used appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	Zito Media - Snow Shoe	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	LEGAL MANE OF CHANGE OF CARLE OVERTIME	FORM SA1-2E. PAGE
Name I	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	Zito West Holding LLC Instructions: List each separate community served by the cable system. A "community!	636
D	Instructions: List each separate community served by the cable system. A "community' "a separate and distinct community or municipal entity (including unincorporated comr discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list vas the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon	me parks should be reported in parentheses below the
Served i	identified city.	
ļ	CITY OR TOWN	STATE
First	Snow Shoe Borough	PA
Community	Snow Shoe Township	PA
	Cooper Township	PA
Rows as Necessary	Karthaus Township	PA
	Wallaceton/Boggs Township	PA
	Graham Township	PA
	Burnside Township	PA
	Covington Township	PA
	Girard Township	PA
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Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

63693

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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	791	19.00					
 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
• Pay cable	17.95	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	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: 2020/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID#

63693

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

2. B'CAST CHANNEL NUMBER

	1. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM	23	N	Altoona PA
	WATM	23.3		Altoona PA
У	WJAC	6	N	Johnstown PA
	WKBS	47	<u> </u>	Altoona PA
	WPCW	19.1		Pittsburgh PA
	WPSU	3	E	Clearfield PA
	WPSU	3.1	E	Clearfield PA
	WPSU	3.2	E	Clearfield PA
	WTAJ	10	N	Altoona PA
	WWCP	8	N	Johnstown PA

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

63693

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nicon	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC							63693
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	 G			
	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 a						•	
Substitute	explanation of the programm	• .	•	•				
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBS	TITUTE CARRIAGE				
Special	During the accounting per				sis. anv nonr	network te	levision prod	ıram
Statement and	broadcast by a distant sta	•		ca, , c a cascatate sa	,,			V
Program Log	broadcast by a distant sta	uon:					YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you r	must com	olete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs				s wherever p	ossible, if	their meanin	g is
	clear. If you need more spa	•		rows to the tables. vision program ("substitute	a program") tl	hat during	the accoun	ting
	period, was broadcast by a	•			. •		•	•
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, '	'I Love Lucy'	or or
	"NBA Basketball: 76ers vs.		doot live out	or "Vaa " Othamuiaa antar	"NIO"			
				er "Yes." Otherwise enter asting the substitute progr				
		•		the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car		,	-			•	
		-	when your sy	stem carried the substitute	e program. Us	se numera	als, with the	month
	first. Example: for May 7 giv		o cubatituta ar	ogram was carried by you	r ooble eveter	m Liet the	timos sociu	rotoly
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."		a program can		р со о	o.oo p	00 a.a. 20	
				n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for progran effect on October 19, 1976	•	your system w	as permitted to delete und	ier FCC rules	and regu	liations in	
	Circuit off October 13, 1370	•						
					WHE	N SUBS	ΓITUTE	
	S		E PROGRAM	I	1		CURRED	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	6. FROM	TIMES TO	BELLTION
							_	
							_	
							_	
							_	
		L						

Accounting Period:	2020/1			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC			S	43693 63693
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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	ystem's se on of how to	condary transmo compute this a	ission service amount, see	7,780.70 pss receipts)
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 because the block 3 if the amount of gross receipts in space K is more than \$263,800 because page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	nis six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	oo 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula	•	263,800.00	100)	
	2. Enter amount of gross receipts from space K	_	147,780.70	-	
	3. Subtract line 2 from line 1	\$	116,019.30		
	4. Enter the amount of gross receipts from space K		\$	147,780.70	
	5. Enter the amount from line 3		\$	116,019.30	
	6. Subtract line 5 from line 4		\$	31,761.40	
	7. Multiply line 6 by .005 (enter figure here)			\$	158.81
	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		\$	158.81
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	less than \$527	,600)	
	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			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		Ψ	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	, ๖, สกดิ ७ .		·	
	FILING FEE AND TOTAL REMITTANCE DUI	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	158.81	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	178.81
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		_		nts!

Accounting Period:	2020/1	FORM SA1-2E	E. PAGE 7
Name	LEGAL NAME OF C		63693
M Channels	to its subscribers 1. Enter the total system carried	ou must give (1) the number of channels on which the cable system carried television broadcast stations is, and (2) the cable system's total number of activated channels during the accounting period. If number of channels on which the cable it television broadcast stations is all number of activated channels	
		cast services	
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814-260-0434	
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
0	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified line 1 of space B and that the owner is not a corporation or partnership; or	
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system line 1 of space B.	
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 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)	
		Date: 08/27/2020	

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ccounting Period: 2020/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ito West Holding LLC	63693
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	
Name Mailing Address Name 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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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