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				
0 20 20					

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

Accounting Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  Barcode Data Filing Period (optional - see instructions)  Barcode Data Filing Period (optional - see instructions)  Mistructions: 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, nor that of the parent corporation.  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 royally fee payment covering the entire accounting period by the Licensing Division.  Check here if this is the system's first filing. If not, enter the system's 10 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 sized, value notes apparent, or sales numbers (Countersport, PA 18915)  [Size, form, name, appl.]  INSTRUCTIONS: In the 1, give any business or trade names used to identify the business and operation of the system unless these 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.  POENTIFICATION OF CABLE SYSTEM: Zito Media - Salton City CA  MAILING ADDRESS OF CABLE SYSTEM: Zito Media - Salton City CA  MAILING ADDRESS OF CABLE SYSTEM: Zito Media - Salton City CA	Α	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
Accounting Period    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.    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 filling. If not, enter the system's ID number assigned by the Licensing Division.   LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
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MAILING ADDRESS OF CABLE SYSTEM:  2 (Number, street, rural route, apartment, or suite number)	System	1	IDENTIFICATION OF CABLE SYSTEM:						
2 (Number, street, rural route, apartment, or suite number)		<u> </u>	-						
			MAILING ADDRESS OF CABLE SYSTEM:						
		2	(Number, street, rural route, apartment, or suite number)						
μωτιχ, τοwn, state, zip code)			(City, town, state, zip code)						

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 suffciency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Zito West Holding LLC	63768					
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	dentified city.						
	CITY OR TOWN	STATE					
First	Salton City	CA					
Community							
Add Rows as Necessary							

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

63768

## 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		BLOCI	₹2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	7	21.45			
<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	
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			
<ul><li>Additional set(s)</li></ul>		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		<ul> <li>Move to new address</li> </ul>	30.00		

ccounting Period:	2020/1			FORM SA1-2E. PAC					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	Zito West Holding LLC 63								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	•	, ,	g translator stations and low power tel	•					
G			ot (1) stations carried only on a part-tir the carriage of certain network progra						
Primary	_	•	61(e)(2) and (4))]; and (2) certain stati	<del>-</del>					
Transmitters:		s explained in the next paragraph.  With respect to any distant stations of	carried by your cable system on a sub	ctituto program					
Television		les, regulations, or authorizations:	carried by your cable system on a sub	situte program					
	• Do not list the station here	e in space G—but do list it in space I (	the Special Statement and Program L	.og)—if the					
	station was carried <i>only</i> on		ed both on a substitute basis and also	on some other					
	basis. For further informatio	n concerning substitute basis stations	s, see page (v) of the general instruction	ons.					
			program services such as HBO, ESP	•					
	"WETA-2" as the same on t	<del>_</del>	ne-air designation. For example, repo	n mulustream					
		_	evision station for broadcasting over t	he 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	noncommercial					
			(for network multicast), "I" (for indepe						
		,	or "E-M" (for noncommercial education	nal multicast).					
		rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	ructions in the paper SA1-2 form. St the community to which the station i	s licensed by the					
			the community with which the station	•					
	, ,,,,, , ,, ,, ,, ,, ,, ,, ,, ,, ,,								
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION C								
				4. LOCATION OF STATION					
	KDFX	33.2	N N	Palm Springs, CA					
	KESQ	42.1	N	Palm Springs, CA					
Rows as Necessary	KPBS	15.1	E	San Diego, CA					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63768

**Zito West Holding LLC** 

#### 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

Primary Transmitters: Radio

**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.

- 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
C, LLL OIOIN	/ LIVI OI I IVI	5,5	LOOMING OF STATION	O/ LE GIGIN	/ (IVI OI I IVI	3,0	LOCATION OF STATION
		<b>-</b>					
		<b>-</b>					
				_			

Accounting Perio	od: 2020/1						FORM	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	Zito West Holding LLC	;						63768	
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEMEI	NT AND PROGRAM LO	G				
	In General: In space I, ident	ify <i>every no</i>	nnetwork televi	sion program, broadcast by	y a <i>distant</i> sta	tion, that you	r cable syst	em carried on a	
	_	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	explanation of the programm	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	CONCER	NING SUBS	TITUTE CARRIAGE					
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable systen	n carry, on a substitute ba	isis, any nonr	network tel <u>ev</u>	<u>risi</u> on progr	am_	
Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
	Note: If your answer is "No	" loove the	root of this po	an blank If your answer i	c "Voc " vou r	must comple	to the prog		
		, leave trie	rescortins pa	ige biarik. II your ariswer i	s res, your	nust comple	te trie prog	Iaiii	
	log in block 2.	- DD 0 0 D /	1110						
	2. LOG OF SUBSTITUTE In General: List each subs			oto lina. Llea abbroviation	a whorever n	ossible if the	sir maanina	r io	
	clear. If you need more spa				s wherever p	ossible, il trie	en meaning	<i>y</i> 15	
				vision program ("substitut	e program") t	hat, during th	ne accounti	ing	
	period, was broadcast by a		•	•	•				
	under certain FCC rules, re	•							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or	
			deast live ente	er "Yes." Otherwise enter	"No "				
				asting the substitute prog					
	Column 4: Give the broa	adcast stati	on's location (t	the community to which th	e station is li	•	e FCC or,	in	
	the case of Mexican or Car								
			when your sys	stem carried the substitute	e program. U	se numerals	, with the m	nonth	
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cahle system	m List the tir	mes accura	ately	
	to the nearest five minutes.							atory	
	stated as "6:00-6:30 p.m."		ar programma			<b>-</b>			
				n was substituted for prog					
	to delete under FCC rules a							ogram	
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete und	der FCC rules	s and regulat	ions in		
	enection October 19, 1976	•							
					WHE	N SUBSTIT	UTE		
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO		
						_			
							-		
							-		
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Accounting Period:	2020/1				1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC			S	7STEM ID# 63768
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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	tem's sec of how to	ondary transmis compute this ar	ssion service mount, see	<b>,095.71</b> ss 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 but  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more information.	less than	•	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e that you	must pay for thi	s six-month	
	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	s 1 and 2 .		. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	Base amount under statutory formula	· S	263,800.00	•	
	2. Enter amount of gross receipts from space K		<u> </u>		
	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	nd 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	<u> </u>	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			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 paymer  See page i of the general instructions in the paper SA1-2 f		_		ts!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/1	FORM	M SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:  Iding LLC	SYSTEM ID#
M Channels	to its subscribers  1. Enter the tota system carried  2. Enter the tota	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period.  Ital number of channels on which the cable ed television broadcast stations  Ital number of activated channels  Cable system carried television broadcast stations	
		dcast services	
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t 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)	
	CERTIFICATION	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersign	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
		<b>ficer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system n line 1 of space B.	
		ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		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 hold in corporation or partnership)	
		(Title of official 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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

ccounting Period: 2020/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ito West Holding LLC	63768
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?	Special Statement Concerning Gross Receipts Exclusion
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.  Line 1 Enter the amount of late payment or underpayment	Q 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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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)