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

Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) 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 filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
Accounting Period Instructions: Give the full legal name 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 filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
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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 filing. If not, enter the system's ID number assigned by the Licensing Division. 63807 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)
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PO Box 665 (Number, street, rural route, apartment, or suite number)
(Number, street, rural route, apartment, or suite number)
Coudersport, PA 16915 (City, town, state, zip)
C INSTRUCTIONS: In line 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.
System 1 IDENTIFICATION OF CABLE SYSTEM:
Zito Media - Battle Mountain MAILING ADDRESS OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)
(Number, street, rural route, apartment, or suite number) (City, town, state, zip code)

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

Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.						
	LEGAL MANE OF OWNER OF OARLE OVETEN							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Zito West Holding LLC	63807						
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules:						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,							
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis							
	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		ome parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN STATE							
First	Battle Mountain	NV						
Community								
•								
Add Rows as Necessary								

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

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

63807

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.

S RATE
R

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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	С	ATEGORY OF SERVICE	RATE
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	<u> </u>		
		 Move to new address 	30.00			

counting Period:	2020/1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID:					
Name	Zito West Holding LL	C		6380					
	PRIMARY TRANSMITTERS: TELEVISION								
G	•	In General: In space G, identify every television station (including translator stations and low power television stations)							
G	1 ' '		ot (1) stations carried only on a part-tire the carriage of certain network program						
Primary	_	•		-					
Transmitters:	substitute program basis, as	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.							
Television		With respect to any distant stations of the stations of the stations of the stations:	carried by your cable system on a sub	stitute program					
			the Special Statement and Program L	.og)—if the					
	station was carried only on								
			ed both on a substitute basis and also s, see page (v) of the general instruction						
			program services such as HBO, ESPI						
		-	e-air designation. For example, repo	rt multistream					
	"WETA-2" as the same on t		evision station for broadcasting over t	he air in its community					
	of license. For example, W	RC is channel 4 in Washington, D.C.	-	·					
			station, an independent station, or a						
	•	• , , ,	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio	·					
	For the meaning of these te	rms, see page (iv) of the general insti	ructions in the paper SA1-2 form.	·					
			st the community to which the station i	•					
	FCC. For Mexican or Canad	dian stations, if any, give the name of	the community with which the station	s identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KNPB	5	E	Reno NV					
	KOLO	8	N	Reno NV					
d Rows as Necessary	KRNV	4	N	Reno NV					
	KRXI	11	N	Reno NV					
	KTVN	2	N	Reno NV					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito West Holding LLC

63807

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	`							// SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	Zito West Holding LLC	;						63807	
	SUBSTITUTE CARRIAGE	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 tr	ne paper SA	11-2 form.	
Carriage: Special	1. SPECIAL STATEMENT								
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network telev	vision progr	am	
Program Log	broadcast by a distant sta	tion?					YES	× NO	
	Note: If your answer is "No	" leave the	rest of this pa	ge blank. If your answer i	s "Yes " vou r	must comple	te the prod	ram	
		, icave tric	rest of this pa	igo biariik. Ii your ariower i	5 105, your	nast comple	to the prog	Tam	
	log in block 2. 2. LOG OF SUBSTITUTE	- PROGR	MS						
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is								
	clear. If you need more space, please add additional rows to the tables.								
				vision program ("substitut	e program") t	hat, during th	ne account	ing	
	period, was broadcast by a		•						
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	ani uues, ioi e	example, i L	ove Lucy	Oi	
			dcast live, ente	er "Yes." Otherwise enter	"No."				
	Column 3: Give the call	sign of the	station broado	asting the substitute prog	ram.				
			,	the community to which th		•	e FCC or,	in	
	the case of Mexican or Car			community with which the stem carried the substitute			with the n	aonth	
	first. Example: for May 7 gi		when your sy	stem camed the substitute	e program. O	se numerais	, with the fi	IOHIH	
			e substitute pr	ogram was carried by you	r cable syste	m. List the tir	mes accura	ately	
	to the nearest five minutes.							,	
	stated as "6:00-6:30 p.m."	"D" "		1 44 4 16				. ,	
				n was substituted for prog					
	to delete under FCC rules a was substituted for program							ogram	
	effect on October 19, 1976	•	your oyotom w	ao pormition to noto ant	301 1 00 10100	o ana rogalat			
	· ·				11				
	SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR TIMES DELETION								
	1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES 6. TIMES							BELETION	
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Accounting Period:	2020/1		FORM SA	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC		S	YSTEM ID# 63807			
K 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 syste (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	em's secondary how to compu	transmission service te this amount, see	3,940.20 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 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 \$137,10	0 OR LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you must p	ay for this 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 1	1 and 2	\$	52.00			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (
	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						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	0 (but less tha	n \$527.600)				
	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						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u>\$</u>	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, a	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 See page i of the general instructions in the paper SA1-2 fo			nts!			

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

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7					
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: Iding LLC	SYSTEM ID# 63807					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 5. Enter the total number of activated channels							
	on which the ca	cable system carried television broadcast stations dcast services	18					
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 (This statement of account must be certified and signed in accordance with Copyright Office regulations)							
Certification	• I, the undersigne	ned, hereby certify that (Check one, but only one, of the boxes.)						
	(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 the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
		(Officer 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 in line 1 of space B.						
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)] 							
		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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U.S. Copyright Office

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

ccounting Period: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ito West Holding LLC	63807
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	

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)