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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:			
for Seconda	ary Tra	nsmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov			
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			2/24/21	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
A	ACCO	UNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	-			
	:	2020/2	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 th title of the subsidiary, not that of the pare		diary of another corporation, give the full c	orporate			
Owner		List any other name or names under whic	h the owner conducts the business of th	ne cable system.				
		If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should ing period.	submit a			
		Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	24541			
		LEGAL NAME OF OWNER/MAILIN	G 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 no Coudersport, PA 16915 (City, town, state, zip)	inder)					
С				tify the business and operation of th e system, if different from the addres				
System		IDENTIFICATION OF CABLE SYSTEM:			5			
		Zito Media - Graham						
		MAILING ADDRESS OF CABLE SYSTEM	: 					
	2	(Number, street, rural route, apartment, or suite n	imber)					
		(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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	Zito West Holding LLC	245					
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 know as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Graham	TX					
Community							
dd Rows as Necessary							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							1-2E. PAGE
Name	Zito West Holding LLC							U.I.	2454
Е	SECONDARY TRANSMISSION In General: The information in s					w transmission	service of	the cable	
—		-		-		•			
Secondary	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								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
Rates	separately for the particular serv			•••		•		schargeu	
	Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed				ny standa	rd rate variatior	is within a	particular rate	
	category, but do not include disc								
	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	ble service to	additior	nal sets would b	e include	d in the count ur	nder "Serv	ice to the	
	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.		s ngin-i					301 1100 13	
	BLC				BLOC	٢2			
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		235	25.42					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat					Il your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			,		laigea en a ran		negiani bacio,	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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							e form of a	
	brief (two- or three-word) description and include the rate for each.								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:	NATE		ation: Non-res		NATE	CATEG	ORT OF SERVICE	
	Pay cable	17.95		tel, hotel	acintial				
	• Pay cable—add'l channel	.1.55		mmercial					
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	30.00		rglar protection					
	Additional set(s)	50.00		services:					
	• FM radio (if separate rate)			connect		30.00			
	• Converter			sconnect		50.00			
	- Converter					30.00			
			-	tlet relocation	000	30.00			

ounting Period:	2020/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
	Zito West Holding LLC	C		245
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syster 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 ru • 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	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	t (1) stations carried only on a part- the carriage of certain network progra 51(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 , see page (v) of the general instruct program services such as HBO, ESF	ime basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each
		d with a station according to its over-the	e-air designation. For example, repo	ort multistream
		el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network ering the letter "N" (for network), "N-M" "E" (for noncommercial educational), o erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of t	(for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	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
	KAUZ	6.1		Wichita Falls TX
	KAUZ	6.2	N	Wichita Falls TX
s as Necessary	KERA	13.1	E	Dallas TX
	KFDX	3	N	Wichita Falls TX
	КЈВО	35	l	Wichita Falls TX
	KJTL	18.1	N	Wichita Falls TX
	KSWO	7.1	Ν	Lawton OK
	KSWO	7.3	I	Lawton OK
	KXAS	5.1	Ν	Fort Worth TX
	кхтх	39.1		Dallas TX
		~~.		

EGAL NAME OI								SYSTEM I 245
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during or ge (v) of the g system as a se sed by the FC0	2) it can l ertain sta eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0		GALL SIGN		3,0		
		<u> </u>						

	d: 2020/2						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC)						24541
	SUBSTITUTE CARRIAG	-	-					
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any nonr	network tel	evision pro	
Program Log	broadcast by a distant sta	tion?				Ĺ	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comp	lete the pro	ogram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meanir	na is
	clear. If you need more spa	ace, please	add additional	I rows to the tables.				-
	Column 1: Give the title period, was broadcast by a			vision program ("substitute rour cable system substitut				
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fur	ther inform	ation.
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy	" or
	Column 2: If the program	m was broa		er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		rensed hv	the ECC or	in
	the case of Mexican or Car	nadian statio	ons, if any, the	e community with which the	e station is id	entified).		
	Column 5: Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. Us	se numera	ls, with the	month
	Column 6: State the tim	es when the		ogram was carried by you				
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example: a	a program car	ried by a system from 6:0 [,]	1:15 p.m. to 6	:28:30 p.m	i. should be	9
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a was substituted for program							rogram
	effect on October 19, 1976	• •	your system w			and regul		
	S	1	E PROGRAM	1	CARRI	N SUBST	URRED	7. REASON FOR
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No		4. STATION'S LOCATION		AGE OCC 6. 1		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		

Accounting Period:	2020/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 24541
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	3,358.21 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-mon	
	accounting period is \$52.00	¢	52.00
	Line 1. Royalty fee for accounting period	<u>ې</u>	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 \$137,1	00)	
	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		
	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 payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: ding LLC			SYSTEM ID# 24541
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's t I number of channels on whic I television broadcast stations I number of activated channel able system carried television		counting period.	10 118
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou	ER INFORMATION IS NEEDED (Identify an indi :.)	lividual to whom	
for Further Information	Name	Teri McMullen		Telephone 8	14-260-0434
	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)			
	Email	teri.mcmullen@	zitomedia.com	Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	ed, hereby certify that (Check or er other than corporation or p at of owner other than corpor line 1 of space B and that the of cer or partner) I am an officer line 1 of space B. d the statement of account and te, and correct to the best of m	artnership) I am the owner of the cable system as tion or partnership) I am the duly authorized age wher is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the hereby declare under penalty of law that all staten knowledge, information, and belief, and are made	s identified in line 1 of space B; ent of the owner of the cable sy ne legal entity identified as owne ments of fact contained herein	rstem as identified
		Typed or printer Title:	X /s/James Rigas Enter an electronic signature on the line above to c Enter signature using an "/s/ signature" (e.g., /s/ Jo name: James Rigas President Ictal position held in corporation or partnership)	•	
		Date:		02/26/2021	

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unting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
West Holding LLC	2454
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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 Assessmen
x 1%	
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	
(interest charge) * 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.	
** 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
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.	
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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	
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.	

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