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 ACCO  | JNT FOR COPYRI   | IGHT OFFICE USE ONLY                               | Return completed workbook by email to:  |
|--|--|--|---|
| for Secondary Transmissions I<br>Cable Systems (Short Form)        | / DATE RECEIVED  | AMOUNT   | <u>coplicsoa@loc.gov</u>  |
| General instructions are located in the first tab of this workbook | 2/24/21  | \$ ALLOCATION NUMBER                               | For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at:<br>Tel: (202) 707-8150 |
| A ACCOUNTING PERI  | D COVERED BY THIS STATEMENT:<br>Period 1 = January 1 - June 30 | (YYYY/(Period))<br>Period 2 = July 1 - December 31 |   |
|  | Barcode Data Filing Period (optio                              | onal - see instructions)                           |   |

| Accounting |   | Barcode Data Filing Period (optional - see instructions)   |
|------------|---|--|
| Period     |   |  |
| В          |   | Instructions:<br>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<br>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.<br>Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |
|            |   |  |
|            |   | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |
|            |   | Zito West Holding LLC  |
|            |   | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)   |
|            |   | Zito Media   |
|            |   | MAILING ADDRESS OF OWNER OF CABLE SYSTEM   |
|            |   | PO Box 665 (Number, street, rural route, apartment, or suite number)   |
|            |   | Coudersport, PA 16915<br>(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 unless these<br>s 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 - Ewing   |
|            |   | MAILING ADDRESS OF CABLE SYSTEM:   |
|            | 2 | (Number, street, rural route, apartment, or suite number)  |
|            |   | (City, town, state, zip code)  |
|            |   |  |
|            |   |  |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

| Nama                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM   |
|----------------------|--|--|
| Name                 | Zito West Holding LLC  | 280  |
| D                    | Instructions: List each separate community served by the cable system. A "commun<br>"a separate and distinct community or municipal entity (including unincorporated co<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li<br>as the "first community." Please use it as the first community on all future filings. | mmunities within unincorporated areas and including single |
| Area<br>Served       | Note: Entities and properties such as hotels, apartments, condominiums, or mobile l identified city.   | nome parks should be reported in parentheses below the     |
|                      |  | 07475  |
| First                | CITY OR TOWN Ewing   | STATE VA   |
| Community            | Lee County   | VA   |
|                      | Rose Hill  | VA   |
| dd Rows as Necessary |  |  |
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|               | LEGAL NAME OF OWNER OF C   | ABLE SYSTEM      | :        |                   |             |                  |             | FORM SA                   | TEM I      |
|---------------|--|------------------|----------|-------------------|-------------|------------------|-------------|---------------------------|------------|
| Name          | Zito West Holding LLC  |                  |          |                   |             |                  |             |                           | 280        |
| Е             | SECONDARY TRANSMISSION   |                  |          |                   |             |                  |             |                           |            |
| E             | In General: The information in s   | •                |          | -                 |             | •                |             |                           |            |
| Secondary     | system, that is, the retransmission about other services (including p      |                  |          |                   |             | •                |             |                           |            |
| Fransmission  | last day of the accounting period  |                  |          |                   |             |                  |             |                           |            |
| Service: Sub- | Number of Subscribers: Both  |                  |          |                   |             |                  | ble systen  | n, broken                 |            |
| scribers and  | down by categories of secondar   |                  |          | •                 |             | •                |             |                           |            |
| Rates         | each category by counting the n  |                  |          | 0,0               |             | •                |             | s charged                 |            |
|               | separately for the particular serv<br>Rate: Give the standard rate of      |                  |          |                   |             | •                | ,           | rae and the               |            |
|               | unit in which it is generally billed                                       | -                | -        |                   |             |                  |             | -                         |            |
|               | category, but do not include disc  |                  |          |                   | ,           |                  |             |                           |            |
|               | Block 1: In the left-hand block  | in space E, th   | e form   | lists the categor | ies of sec  | condary transmis | ssion serv  | ice that cable            |            |
|               | systems most commonly provide  |                  |          |                   |             |                  |             |                           |            |
|               | that applies to your system. <b>Not</b> categories, that person or entity  |                  |          | -                 |             | -                |             |                           |            |
|               | subscriber who pays extra for ca   |                  |          |                   |             |                  |             |                           |            |
|               | first set" and would be counted of   |                  |          |                   |             |                  |             |                           |            |
|               | Block 2: If your cable system  | 0                |          |                   | · · ·       | service that are | e different | from those                |            |
|               | printed in block 1 (for example, t   |                  |          |                   |             |                  |             |                           |            |
|               | with the number of subscribers a   | and rates, in th | e right- | hand block. A tw  | vo- or thre | ee-word descript | tion of the | service is                |            |
|               | sufficient.  |                  |          |                   |             |                  |             | <u> </u>                  |            |
|               | BLC  | DCK 1<br>NO. OF  | :        |                   |             |                  | BLOCI       | NO. OF                    |            |
|               | CATEGORY OF SERVICE  | SUBSCRIB         |          | RATE              | CATI        | EGORY OF SEI     | RVICE       | SUBSCRIBERS               | RA         |
|               | Residential:   |                  |          |                   |             |                  |             |                           |            |
|               | Service to first set   |                  | 20       | 21.95             |             |                  |             |                           |            |
|               | <ul> <li>Service to additional set(s)</li> </ul>                           |                  |          |                   |             |                  |             |                           | - <b>(</b> |
|               | • FM radio (if separate rate)  |                  |          |                   |             |                  |             |                           | - <b>(</b> |
|               | Motel, hotel   |                  |          |                   |             |                  |             |                           |            |
|               | Commercial   |                  |          |                   |             |                  |             |                           |            |
|               | Converter  |                  |          |                   |             |                  |             |                           |            |
|               | Residential  |                  |          |                   |             |                  |             |                           |            |
|               | Non-residential  |                  |          |                   |             |                  |             |                           |            |
|               |  |                  |          |                   |             |                  |             |                           |            |
|               | SERVICES OTHER THAN SEC  |                  |          |                   |             |                  |             |                           |            |
| F             | In General: Space F calls for ra   |                  |          |                   |             |                  |             |                           |            |
| •             | not covered in space E, that is, t   |                  |          |                   |             |                  |             |                           |            |
| Services      | service for a single fee. There ar furnished at cost or (2) services       | •                |          |                   | •           |                  | 0 (         | ,                         |            |
| Other Than    | amount of the charge and the ur  |                  |          |                   |             |                  |             |                           |            |
| Secondary     | enter only the letters "PP" in the   | rate column.     |          | -                 |             | -                |             | -                         |            |
| ransmissions: | Block 1: Give the standard rat   |                  |          |                   |             |                  |             |                           |            |
| Rates         | Block 2: List any services that<br>listed in block 1 and for which a       |                  |          |                   | •           | •                | •           |                           |            |
|               | brief (two- or three-word) descrip   |                  | ,        |                   | sned. List  | these other ser  | vices in th | le form of a              |            |
|               |  |                  |          |                   |             |                  |             |                           |            |
|               | CATEGORY OF SERVICE  | BLO              |          | GORY OF SER       | //05        | RATE             |             | BLOCK 2<br>ORY OF SERVICE | RA         |
|               | Continuing Services:   | NATE             |          | ation: Non-resi   |             | NATE             | CATEG       | ORT OF SERVICE            |            |
|               | Pay cable  | 17.95            |          | tel, hotel        | acritical   |                  |             |                           |            |
|               | Pay cable—add'l channel  | 17.55            |          | mmercial          |             |                  |             |                           |            |
|               | Fire protection  |                  |          | y cable           |             |                  |             |                           |            |
|               | •Burglar protection  |                  |          | y cable-add'l ch  | annel       |                  |             |                           |            |
|               | Installation: Residential  |                  |          | e protection      |             |                  |             |                           |            |
|               | First set  | 30.00            |          | rglar protection  |             |                  |             |                           |            |
|               |  | 30.00            |          | services:         |             |                  |             |                           |            |
|               | <ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul> |                  |          | connect           |             | 30.00            |             |                           |            |
|               | • Converter  |                  |          | sconnect          |             | 30.00            |             |                           |            |
|               |  |                  |          |                   |             |                  |             |                           |            |
|               | • Converter  |                  |          |                   |             | 20.00            |             |                           |            |
|               | • Convenier  |                  | ۰Ou      | itlet relocation  |             | 30.00<br>30.00   |             |                           |            |

| nting Period:         | -   |  |   | FORM SA1-2E. PAGE       |  |  |  |  |
|-----------------------|---|--|---|-------------------------|--|--|--|--|
| Name                  | LEGAL NAME OF OWNER OF  |  |   | SYSTEM II               |  |  |  |  |
|                       | Zito West Holding LL  |  |   | 2802                    |  |  |  |  |
|                       | PRIMARY TRANSMITTERS:   |  |   | · · · · · ·             |  |  |  |  |
| G                     |   | entify every television station (including<br>m during the accounting period, <i>excep</i> |   |                         |  |  |  |  |
|                       | FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections   |  |   |                         |  |  |  |  |
| Primary<br>nsmitters: | 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. |  |   |                         |  |  |  |  |
| elevision             | Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program  |  |   |                         |  |  |  |  |
|                       |   | ules, regulations, or authorizations:<br>e in space G—but do list it in space I (1         | he Special Statement and Program L        | og)—if the              |  |  |  |  |
|                       | station was carried only on   | a substitute basis.  |   |                         |  |  |  |  |
|                       |   | also in space I, if the station was carrie<br>on concerning substitute basis stations      |   |                         |  |  |  |  |
|                       |   | n's call sign. <i>Do not</i> report origination  | -   | -                       |  |  |  |  |
|                       | "WETA-2" as the same on   | d with a station according to its over-th<br>the form.                                     | e-air designation. For example, repor     | t multistream           |  |  |  |  |
|                       | Column 2: Give the chann  | el number the FCC assigned to the tele   | evision station for broadcasting over the | ne air in its community |  |  |  |  |
|                       | •   | /RC is channel 4 in Washington, D.C.<br>n case whether the station is a network            | station, an independent station, or a     | noncommercial           |  |  |  |  |
|                       | educational station, by enter   | ering the letter "N" (for network), "N-M"  | (for network multicast), "I" (for indepe  | ndent), "I-M"           |  |  |  |  |
|                       | · · · · · · · · · · · · · · · · · · ·   | , "E" (for noncommercial educational),<br>erms, see page (iv) of the general instru        |   | nal multicast).         |  |  |  |  |
|                       | Column 4: Give the location   | on of each station. For U.S. stations, lis   | t the community to which the station is   |                         |  |  |  |  |
|                       | FCC. For Mexican or Cana  | dian stations, if any, give the name of t  | he community with which the station i     | s identified.           |  |  |  |  |
|                       |   |  |   |                         |  |  |  |  |
|                       | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION                        | 4. LOCATION OF STATION  |  |  |  |  |
|                       | WATE  | 6.1  | N   | Knoxville TN            |  |  |  |  |
|                       | WBXX  | 20.1   | I   | Crossville TN           |  |  |  |  |
| ws as Necessary       | WCYB  | 5.1  | N   | Bristol VA              |  |  |  |  |
|                       | WEMT  | 39.1   | Ν   | Greenville TN           |  |  |  |  |
|                       | WETP  | 41   | E   | Knoxville TN            |  |  |  |  |
|                       | WJHL  | 11.1   | N   | Johnson City TN         |  |  |  |  |
|                       | WJHL  | 11.2   | Ι   | Johnson City TN         |  |  |  |  |
|                       | WLFG  | 68.1   | Ι   | Grundy VA               |  |  |  |  |
|                       | WSBN  | 15.1   | Е   | Norton VA               |  |  |  |  |
|                       | WVLT  | 8.1  | N   | Knoxville TN            |  |  |  |  |
|                       | WVLT  | 8.2  |   | Knoxville TN            |  |  |  |  |
|                       |   |  |   |                         |  |  |  |  |
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| EGAL NAME O   |  |   |  |   |   |  |   | SYSTEM I<br>280                  |
|---|--|---|--|---|---|--|---|----------------------------------|
|   | t every radio s  | station ca  | arried on a separate and discre<br>nerally receivable by your cab  |   |   |  |   | н                                |
| eceivable if (1)<br>on the basis of<br>For detailed info<br>paper SA1-2 fo<br>Column 1: lo<br>Column 2: S<br>Column 3: lf<br>ignal, indicate<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation abou<br>rm.<br>dentify the call<br>tate whether t<br>the radio stati<br>this by placing<br>Sive the station | y the sys<br>be recein<br>the Co<br>sign of e<br>the static<br>ion's sign<br>g a check<br>n's locatio | I-Band FM Carriage: Under C<br>tem whenever it is received at<br>ved at the headend, with the s<br>opyright Office regulations on t<br>each station carried.<br>In is AM or FM.<br>nal was electronically processor<br>( mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>his point, see pay<br>ed by the cable s<br>e station is licens | adend, and (2<br>nna, during c<br>ge (v) of the g<br>ystem as a se<br>sed by the FC | ertain st<br>ertain st<br>eneral ir<br>eparate a | be expected,<br>ated intervals.<br>Instructions in the. | Primary<br>Transmitters<br>Radio |
|   |  | e/n   |  |   |   | e/n  |   |                                  |
| 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         | d: 2020/2   |                |                           |   |                          |                          | FORM                      | M SA1-2E. PAGE 5.         |
|--------------------------|---|----------------|---------------------------|---|--------------------------|--------------------------|---------------------------|---------------------------|
|                          | LEGAL NAME OF OWNER OF                                    | CABLE SYS      | STEM:                     |   |                          |                          |                           | SYSTEM ID#                |
| Name                     | Zito West Holding LLC                                     | C              |                           |   |                          |                          |                           | 28025                     |
|                          | SUBSTITUTE CARRIAG  | E: SPECI       | AL STATEME                | NT AND PROGRAM LO   | G                        |                          |                           |                           |
|                          | In General: In space I, ident                             | tify every no. | nnetwork televi           | <i>ision program</i> , broadcast by                       | / a distant sta          | tion, that y             | our cable sys             | tem carried on a          |
|                          | substitute basis during the a                             | accounting p   | eriod, under sp           | pecific present and former F                              | CC rules, reg            | ulations, o              | r authorizatio            | ns. For a further         |
| Substitute               | explanation of the programn                               | ning that mu   | ist be included           | in this log, see page (v) of t                            | he general ins           | structions i             | n the paper S             | A1-2 form.                |
| Carriage:                | 1. SPECIAL STATEMEN                                       |                | RNING SUBS                | TITUTE CARRIAGE   |                          |                          |                           |                           |
| Special<br>Statement and | <ul> <li>During the accounting pe</li> </ul>              | riod, did you  | ur cable syster           | m carry, on a substitute ba                               | isis, any nonr           | network te               | levision prog             | ram                       |
| Program Log              | broadcast by a distant sta                                | ation?         |                           |   |                          |                          | YES                       | ×NO                       |
|                          | Note: If your answer is "No                               | " leave the    | rest of this na           | age blank. If your answer is                              | s "Yes " vou r           | nust comr                |                           |                           |
|                          | log in block 2.   |                |                           | ige blank. If your answer is                              | 5 103, you i             | nust comp                |                           | Jian                      |
|                          | 2. LOG OF SUBSTITUT                                       |                |                           |   |                          |                          |                           |                           |
|                          | In General: List each subs                                |                |                           | ate line. Use abbreviations                               | s wherever p             | ossible, if t            | their meaning             | g is                      |
|                          | clear. If you need more spa                               |                |                           |   |                          |                          |                           | -                         |
|                          |   |                |                           | vision program ("substitute                               |                          |                          |                           |                           |
|                          | period, was broadcast by a<br>under certain FCC rules, re |                |                           |   |                          |                          |                           |                           |
|                          | Do not use general catego                                 | ries like "mo  | ovies" or "bask           | etball." List specific progra                             | am titles, for e         | example, "               | I Love Lucy"              | or                        |
|                          | "NBA Basketball: 76ers vs.                                | . Bulls."      |                           |   |                          | •                        |                           |                           |
|                          |   |                |                           | er "Yes." Otherwise enter "                               |                          |                          |                           |                           |
|                          |   | 0              |                           | asting the substitute progr<br>the community to which the |                          | censed by                | the ECC or                | in                        |
|                          | the case of Mexican or Car                                |                |                           |   |                          |                          |                           |                           |
|                          |   |                | when your sy              | stem carried the substitute                               | e program. U             | se numera                | als, with the n           | nonth                     |
|                          | first. Example: for May 7 gi                              |                | a aubatituta ar           | agrees was sarried by you                                 | r aabla avata            | n. Linttha               | times secur               | atalı.                    |
|                          | to the nearest five minutes                               |                |                           | ogram was carried by you<br>ried by a system from 6:01    |                          |                          |                           | ately                     |
|                          | stated as "6:00–6:30 p.m."                                | . Example.     | a program our             |   |                          | .20.00 p.ii              |                           |                           |
|                          | Column 7: Enter the let                                   |                |                           | n was substituted for prog                                |                          |                          |                           |                           |
|                          | to delete under FCC rules<br>was substituted for prograr  |                |                           |   |                          |                          |                           | ogram                     |
|                          |   |                |                           |   |                          |                          |                           |                           |
|                          |   | •              | your system w             | as permitted to delete und                                |                          | anu regu                 |                           |                           |
|                          | effect on October 19, 1976                                | •              | your system w             |   |                          | and regu                 |                           |                           |
|                          |   | •              |                           | as permitted to delete und                                | WHE                      | N SUBST                  | ITUTE                     |                           |
|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM                 | ·   | WHE<br>CARRI             | N SUBST                  | TUTE                      | 7. REASON FOR             |
|                          | effect on October 19, 1976                                | i.             |                           | ·   | WHE                      | N SUBST                  | ITUTE                     | 7. REASON FOR<br>DELETION |
|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM<br>3. STATION'S | 1   | WHE<br>CARRI<br>5. MONTH | N SUBST<br>AGE OCC<br>6. | TITUTE<br>CURRED<br>TIMES |                           |
|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM<br>3. STATION'S | 1   | WHE<br>CARRI<br>5. MONTH | N SUBST<br>AGE OCC<br>6. | TITUTE<br>CURRED<br>TIMES |                           |
|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM<br>3. STATION'S | 1   | WHE<br>CARRI<br>5. MONTH | N SUBST<br>AGE OCC<br>6. | TITUTE<br>CURRED<br>TIMES |                           |
|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM<br>3. STATION'S | 1   | WHE<br>CARRI<br>5. MONTH | N SUBST<br>AGE OCC<br>6. | TITUTE<br>CURRED<br>TIMES |                           |
|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM<br>3. STATION'S | 1   | WHE<br>CARRI<br>5. MONTH | N SUBST<br>AGE OCC<br>6. | TITUTE<br>CURRED<br>TIMES |                           |
|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM<br>3. STATION'S | 1   | WHE<br>CARRI<br>5. MONTH | N SUBST<br>AGE OCC<br>6. | TITUTE<br>CURRED<br>TIMES |                           |
|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM<br>3. STATION'S | 1   | WHE<br>CARRI<br>5. MONTH | N SUBST<br>AGE OCC<br>6. | TITUTE<br>CURRED<br>TIMES |                           |
|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM<br>3. STATION'S | 1   | WHE<br>CARRI<br>5. MONTH | N SUBST<br>AGE OCC<br>6. | TITUTE<br>CURRED<br>TIMES |                           |
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|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM<br>3. STATION'S | 1   | WHE<br>CARRI<br>5. MONTH | N SUBST<br>AGE OCC<br>6. | TITUTE<br>CURRED<br>TIMES |                           |
|                          | effect on October 19, 1976                                | UBSTITUT       | E PROGRAM<br>3. STATION'S | 1   | WHE<br>CARRI<br>5. MONTH | N SUBST<br>AGE OCC<br>6. | TITUTE<br>CURRED<br>TIMES |                           |

| Accounting Period:                 | 2020/2  | FORM SA                       | 1-2E. PAGE 6.                   |
|------------------------------------|---|-------------------------------|---------------------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Zito West Holding LLC   | S                             | YSTEM ID#<br>28025              |
| K<br>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 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<br>amount, see | <b>1,754.87</b><br>ss receipts) |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>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<br>accounting period is \$52.00   | this six-mon                  |                                 |
|                                    | Line 1. Royalty fee for accounting period   | \$                            | 52.00                           |
|                                    | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  |                               | 0.00                            |
|                                    | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2   | \$                            | 52.00                           |
|                                    | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,  | -                             |                                 |
|                                    | 1. Base amount under statutory formula  |                               |                                 |
|                                    | 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 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<br>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<br>See page i of the general instructions in the paper SA1-2 form for more informat  |                               | nts!                            |

| Name                               |   |  |   |  |
|------------------------------------|---|--|---|--|
|                                    | Zito West Hold  | OWNER OF CABLE SYSTEM:<br>ding LLC   |   | SYSTEM ID#<br>28025                              |
| M<br>Channels                      | to its subscriber<br>1. Enter the tota<br>system carried<br>2. Enter the tota<br>on which the c | s, and (2) the cable system's<br>I number of channels on which<br>I television broadcast stations<br>I number of activated channe<br>able system carried televisior  | s   | 11<br>49   |
| N<br>Individual to<br>Be Contacted |   | D BE CONTACTED IF FURTI<br>about this statement of accou   | IER INFORMATION IS NEEDED (Identify an individual to whom nt.)  |  |
| for Further<br>Information         | Name  | Teri McMullen  | Telephone   | 814-260-0434                                     |
|                                    | Address   | PO Box 665<br>(Number, street, rural route, apar<br>Coudersport PA 169<br>(City, town, state, zip)   |   |  |
|                                    | Email   | teri.mcmullen@   | zitomedia.com Fax (optional)  |  |
| O<br>Certification                 | I, the undersign     (Owned)     (Agen     in     X     (Offic     in     I have examined)      | ed, hereby certify that (Check<br>er other than corporation or<br>at of owner other than corpor<br>line 1 of space B and that the<br>cer or partner) I am an officer<br>line 1 of space B.<br>d the statement of account and<br>te, and correct to the best of m | ust be certified and signed in accordance with Copyright Office regulations)<br>one, <i>but only one</i> , of the boxes.)<br><b>partnership)</b> I am the owner of the cable system as identified in line 1 of space<br><b>ation or partnership)</b> I am the duly authorized agent of the owner of the cable<br>owner is not a corporation or partnership; or<br>(if a corporation) or a partner (if a partnership) of the legal entity identified as ov<br>I hereby declare under penalty of law that all statements of fact contained herei<br>y knowledge, information, and belief, and are made in good faith. | system as identified<br>vner of the cable system |
|                                    |   | Typed or printer<br>Title:<br>(Title of o  | Enter an electronic signature on the line above to certify this statement.<br>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)   |  |

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 fing, a determination that would be made by a court of law.

| AL NAME OF OWNER OF CABLE SYSTEM:  | FORM SA1-2E. PAGE  |
|--|--|
|  | SYSTEM II  |
| West Holding LLC   | 2802   |
| <ul> <li>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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul> | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Mailing Address         Mailing Address       Mailing Address   |  |
|  |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.<br>Line 1 Enter the amount of late payment or underpayment   | Q<br>Interest Assessmen  |
| × 1%   |  |
|  |  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  |  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  |  |
| x days Line 3 Multiply line 2 by the number of days late and enter the sum here  | _  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274         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   |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274         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.   |  |
| x  |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274         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.   |  |
| x  |  |
| x  |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   |  |

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