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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
	ems (Short Form) uctions are located	2/24/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tak	o of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(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 o title of the subsidiary, not that of the p	-	sidiary of another corporation, give the full co	orporate
Owner	List any other name or names under w	hich the owner conducts the business of	the cable system.	
		he accounting period, only the owner on y fee payment covering the entire accou	the last day of the accounting period should nting period.	submit a
	Check here if this is the system's first fi	ling. If not, enter the system's ID numbe	r assigned by the Licensing Division.	63763
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEN	1	
	Zito West Holding LLC			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	T)	

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.

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

(Number, street, rural route, apartment, or suite number)

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

С

System

1

2

Zito Media

PO Box 665

(City, town, state, zip)

(City, town, state, zip code)

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

(Number, street, rural route, apartment, or suite number)

Coudersport, PA 16915

IDENTIFICATION OF CABLE SYSTEM:

Zito Media - Two Harbors, MN MAILING ADDRESS OF CABLE SYSTEM:

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Zito West Holding LLC	637
D	Instructions: List each separate community served by the cable system. A "community" is "a separate and distinct community or municipal entity (including unincorporated commu discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi	unities within unincorporated areas and including single
	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 mobile home identified city.	e parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	City of Two Harbors	MN
Community	Fall Lake Township	MN
	Embarrass Township	MN
	Duluth Township	MN
Add Rows as Necessary		
	Chrystal Bay Township	MN
	Morse Township	MN
	Normanna Township	MN
	Silver Creek Township	MN
	Stony River Township	MN
	Waasa Township	MN
	White Township	MN
	City of Aurora	MN
	City of Babbitt	MN
	Beaver Bay	MN
	Embarrass	MN
	City of Hoyt Lakes	MN
	City of Silver Bay	MN
	Kugler Township	MN
	Beaver Bay Township	MN
	Colvin Township	MN

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM.					FORM SA1	TEM ID
Name	Zito West Holding LLC	ADEL OTOTEM.					010	6376
Е	SECONDARY TRANSMISSION							
	In General: The information in s system, that is, the retransmission	•		-	•			
Secondary	about other services (including p							
Transmission	last day of the accounting period	June 30 or De	ecember 31, a	as the case may l	be).		•	
Service: Sub-	Number of Subscribers: Both	•						
scribers and Rates	down by categories of secondary each category by counting the n		•		•			
nutoo	separately for the particular serv						Jangoa	
	Rate: Give the standard rate c	-				-		
	unit in which it is generally billed				lard rate variations	within a pa	articular rate	
	category, but do not include disc Block 1: In the left-hand block				condary transmiss	ion service	e that cable	
	systems most commonly provide			-				
	that applies to your system. Not			•	•			
	categories, that person or entity			•		•		
	subscriber who pays extra for ca first set" and would be counted o					ier Service	e to the	
	Block 2: If your cable system					different fro	om those	
	printed in block 1 (for example, t							
	with the number of subscribers a sufficient.	ind rates, in the	right-hand b	lock. A two- or thi	ree-word description	on of the se	ervice is	
		OCK 1				BLOCK	2	
		NO. OF		ATE 0.			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	RS R	ATE CA	TEGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		561	24.99				
	Service to additional set(s)		301	24.55				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	S: RATES				
F	In General: Space F calls for rat	•						
•	not covered in space E, that is, t service for a single fee. There ar				•			
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the un		usually billed	If any rates are o	charged on a varia	ble per-pro	gram basis,	
Secondary	enter only the letters "PP" in the		a aabla ayat	and far a ach of the	annliachta ann ia	a listad		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that		•				vere not	
	listed in block 1 and for which a	• •						
	brief (two- or three-word) descrip	tion and includ	e the rate for	each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installation:	Non-residential				
	• Pay cable	17.95	• Motel, ho					
	 Pay cable—add'l channel 		Commer					
	Fire protection		 Pay cable 					
	•Burglar protection		2	e-add'l channel				
	Installation: Residential		• Fire prote					
	First set	30.00	• Burglar p					
	Additional set(s)		Other servic					
	• FM radio (if separate rate)		Reconne		30.00			
	Converter		 Disconne 	ect				
	00							
			Outlet rel		30.00 30.00			

counting Period:	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Nume	Zito West Holding LL	C		63763
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru	entify every television station (including m during the accounting period, except in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.1 s explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis.	t (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub	me basis under ms [sections ions carried on a stitute program
	basis. For further information 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 d with a station according to its over-th	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location	5	evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It he community to which the station i	the air in its community noncommercial 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
	KBJR	6.1	Ν	Duluth, MN
	KBJR	6.2	N	Duluth, MN
dd Rows as Necessary	KBJR	6.3	NM	Duluth, MN
u nows as necessary	KDLH	3.1		Duluth, MN
	KQDS	21.1	N	Duluth, MN
	WDIO	10.1	N	Duluth, MN
	WDIO	10.3	NM	Duluth, MN
	WDIO	10.2		Duluth, MN
	WDSE	8.1	E	Duluth, MN
	WDSE	8.2	E	Duluth, MN
	WDSE	8.3	E	Duluth, MN
	WDSE	8.4	E	Duluth, MN
	1			

EGAL NAME O			YSTEM:					SYSTEM I 637
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing sive the station	y the sys be receint t the Co sign of e he static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s re station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Aexican or Car	AM or FM	-	the community with which the	CALL SIGN	ed). AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	

Accounting Perio								
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
	Zito West Holding LLC	٠						63763
 	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	tify every non accounting pe	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast b becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or	authorizatio	ons. For a further
Substitute Carriage:	1. SPECIAL STATEMEN				ne general in			3A 1-2 101111.
Special	During the accounting per				isis, any noni	network tele	vision pro	gram
Statement and Program Log	broadcast by a distant sta	ation?	-				YES	XNO
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer i	s "Yes," you i	must comple	_	-
	log in block 2.					•		•
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3 : Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi	of every noi a distant stati egulations, o ries like "mo . Bulls." m was broad sign of the s adcast statio nadian statio nth and day ive "5/7."	nnetwork tele tion and that y or authorization ovies" or "bask dcast live, ento station broadc on's location (to ons, if any, the when your sy e substitute pro-	vision program ("substitut our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you	ted for the prineral instruct am titles, for e "No." ram. le station is li e station is id e program. U r cable syste	ogramming tions for furt example, "I censed by t lentified). se numerals m. List the t	of another her informa Love Lucy he FCC or s, with the imes accu	r station ation. " or , in month rately
	Column 7: Enter the lett to delete under FCC rules a was substituted for program	and regulation mming that y	ons in effect d		od; enter the	letter "P" if t	he listed p	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y	ons in effect d your system w	uring the accounting period as permitted to delete und	bd; enter the der FCC rules	letter "P" if t s and regula	he listed p ations in	rogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y b. UBSTITUTE	ons in effect d	uring the accounting period as permitted to delete und	d; enter the der FCC rules WHE CARRI	letter "P" if t s and regula N SUBSTI AGE OCCI	he listed p ations in	rogram
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y	ons in effect d your system w E PROGRAM	uring the accounting period as permitted to delete und	bd; enter the der FCC rules	letter "P" if t s and regula N SUBSTI AGE OCCI	he listed p ations in TUTE URRED	rogram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	uring the accounting period	where the been been been been been been been be	letter "P" if t s and regula N SUBSTI AGE OCCI	he listed p ations in TUTE URRED IMES	rogram 7. REASON FO
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	uring the accounting period	where the been been been been been been been be	letter "P" if t s and regula N SUBSTI AGE OCCI	he listed p ations in TUTE URRED IMES	7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	uring the accounting period	where the been been been been been been been be	letter "P" if t s and regula N SUBSTI AGE OCCI	he listed p ations in TUTE URRED IMES	rogram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	uring the accounting period	where the been been been been been been been be	letter "P" if t s and regula N SUBSTI AGE OCCI	he listed p ations in TUTE URRED IMES	rogram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	uring the accounting period	where the been been been been been been been be	letter "P" if t s and regula N SUBSTI AGE OCCI	he listed p ations in TUTE URRED IMES	rogram 7. REASON FO
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	uring the accounting period	where the been been been been been been been be	letter "P" if t s and regula N SUBSTI AGE OCCI	he listed p ations in TUTE URRED IMES	7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	uring the accounting period	where the been been been been been been been be	letter "P" if t s and regula N SUBSTI AGE OCCI	he listed p ations in TUTE URRED IMES	7. REASON FOR
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulation mming that y UBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	uring the accounting period	where the been been been been been been been be	letter "P" if t s and regula N SUBSTI AGE OCCI	he listed p ations in TUTE URRED IMES	7. REASON FOR

Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
Name	Zito West Holding LLC				63763
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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	system's s tion of how	econdary transi to compute this	mission servi amount, see \$ 29	се
L 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	alty fee that	you must pay fo	r this six-mor	htl
	Line 1. Royalty fee for accounting period			· · <u> </u>	
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137, ⁻	100)	
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	290,830.65		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	27,030.65		
	4. Multiply line 3 by .01		\$	270.31	
	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	······.	\$	1,589.31
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,589.31	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,609.31
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ights!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Zito West Hol	OWNER OF CABLE SYSTEM: ding LLC	SYSTEM ID# 63763
M Channels	to its subscriber 1. Enter the tota	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	12
	on which the o	al number of activated channels cable system carried television broadcast stations cast services	220
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	 I, the undersign (Own (Ager in X (Officient I have examine 	I (This statement of account must be certified and signed in accordance with Copyright Office regulations ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	B; or system as identified ner of the cable system
		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: 02/26/2021	

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 th 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 telephon 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 i 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 th 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

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o West Holding LLC	6376
 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 su scribers 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 transmission made by satellite carriers to satellite dish owners? NO 	ub- Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	nt. Q
Line 1 Enter the amount of late payment or underpayment	
× 1%	
x 1%	
× 1%	
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
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x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	days ase
Line 2 Multiply line 1 by the interest rate* and enter the sum here x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here x x Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 x Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 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 pleat 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.	days ase
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	days ase
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	days ase
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	days ase
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