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

STATEME	INT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instruc	<i>ms (Short Form)</i> ctions are located of this workbook	2/24/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING 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				

		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63767
		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	
		(City, town, state, zip)	
С		EUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system a laready appear in space B. In line 2, give the mailing address of the system, if different from the address given in the add	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Pagosa Springs CO 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Zito West Holding LLC	637
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	munities within unincorporated areas and including singl will serve as a form of system identification hereafter kno
Area Served	identified city.	
First	CITY OR TOWN Pagosa Springs	STATE CO
Community	Archuleta County	CO
,		
Add Rows as Necessary		
·····,		

	LEGAL NAME OF OWNER OF C							FORM SA	STEM I
Name		ABLE SYSTEM	:					513	637
	Zito West Holding LLC								
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both						ble systen	n, broken	
scribers and	down by categories of secondary	•		•		•			
Rates	each category by counting the n separately for the particular serv			•••		•		s charged	
	Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed	-	-					-	
	category, but do not include disc	ounts allowed	for adv	ance payment.					
	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								
	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.	and rates, in th	e right-l	hand block. A t	NO- or thre	e-word descrip	tion of the	service is	
		DCK 1					BLOC	< 2	
		NO. OF	:				BLOOM	NO. OF	T
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		81	35.50					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC In General: Space F calls for rate					ll vour cable sv	stom's con	vices that were	
F	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 ur		usually	/ billed. If any ra	ates are cl	narged on a var	iable per-p	orogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cab	le system for e	ach of the	annlicable servi	ces listed		
Rates	Block 2: List any services that								
	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	17.95	• Mo	otel, hotel					
	 Pay cable—add'l channel 		• Co	mmercial					
	 Fire protection 		• Pa	y cable					
	 Burglar protection 		• Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set	30.00	• Bu	rglar protection					
	 Additional set(s) 		Other	services:					
	• FM radio (if separate rate)		•Re	connect		30.00			I
	• Converter		• Dis	sconnect					
			• Ou	tlet relocation		30.00			
	1		l						
			• Mo	ove to new addr	ess	30.00			

ting Period: 2	1			
Name	LEGAL NAME OF OWNER O			SYSTEM ID
	Zito West Holding LL PRIMARY TRANSMITTERS:			6376
G Primary Ismitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ord multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCNC	4.1	N	Denver, CO
	KDVR	31.1	Ν	Denver, CO
ws as Necessary	КМСН	7.1	Ν	Denver, CO
	KRMA	6.1	E	Denver, CO
	KTVD	20.1	I	Denver, CO
	KUSA	9.1	Ν	Denver, CO
				201101, 00
	KWGN	2.1	l	Denver, CO
	KWGN	2.1	1	
	KWGN	2.1	1	
	KWGN	2.1	l	
	KWGN	2.1	l	
	KWGN	2.1	l	
	KWGN	2.1	l	
	KWGN	2.1		
		2.1		
		2.1		
		2.1		

Zito West Ho	OWNER OF C		· - · Em.					SYSTEM I 637
	every radio s	tation ca	nrried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of it 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 abou rm. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	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 the the community with which the	it the system's here system's FM anter this point, see page sed by the cable so he station is licens	adend, and (2 anna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain st 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	
		5,0		ONLE OIGH		5,0		
					1			

	d: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	2						63767
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	nnetwork telev	<i>ision program</i> , broadcast by	v a distant sta	tion. that vo	ur cable svs	stem carried on a
	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of t	he general ins	structions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	etwork tele	vision prog	Iram
Statement and	broadcast by a distant sta	•	,		, ,		YES	× NO
Program Log			reat of this ne	an blank if your analyses	- "Vee " veu r	_ Luce compl		
	Note: If your answer is "No log in block 2.	, leave the	e rest or triis pa	ige blank. If your answer i	s res, your	nusi compi	ele lle proj	gram
	2. LOG OF SUBSTITUT		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever po	ossible, if th	eir meanin	q is
	clear. If you need more spa							•
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for furt	her informa	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
			dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
				the community to which th		censed by t	he FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. Us	se numerals	s, with the r	month
	first. Example: for May 7 gi		1					
	to the nearest five minutes			ogram was carried by you				
	stated as "6:00–6:30 p.m."	. Example.	a program car	ned by a system norm 0.0	1. 15 p.m. to o	.20.30 p.m.		
		ter "R" if the	listed program	n was substituted for prog	ramming that	vour syste	m was <i>requ</i>	uired
	to delete under FCC rules							
	was substituted for prograr							-
	effect on October 19, 1976	-						
					П			Γ
				1	CARRI	AGE OCCI	JRRED	7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No		4. STATION'S LOCATION		AGE OCCI		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	

Accounting Period:	2020/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	63767 63767
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	6,623.89 oss receipts)
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 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 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	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		<u> </u>
	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		jhts!

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: ing LLC		SYSTEM ID# 63767
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's total r number of channels on which the television broadcast stations number of activated channels able system carried television broa		7 97
N Individual to Be Contacted		BE CONTACTED IF FURTHER II bout this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, Coudersport PA 16915 (City, town, state, zip)	or suite number)	
	Email	teri.mcmullen@zitor	nedia.com Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	ed, hereby certify that (Check one, <i>b</i> r other than corporation or partner c of owner other than corporation ine 1 of space B and that the owner er or partner) I am an officer (if a c ine 1 of space B.	e certified and signed in accordance with Copyright Office regulations) <i>ut only one</i> , of the boxes.) ership) I am the owner of the cable system as identified in line 1 of space or partnership) I am the duly authorized agent of the owner of the cable is not a corporation or partnership; or prporation) or a partner (if a partnership) of the legal entity identified as ow by declare under penalty of law that all statements of fact contained herein wledge, information, and belief, and are made in good faith.	system as identified /ner of the cable system
		Ente	X /s/James Rigas er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith) me: James Rigas	
		Title: Pr	esident	
		Date:	02/26/2021	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
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 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? 	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
	_
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%	
x 1%	_
x 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	_
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