This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGHT	Return completed workbook by email to:	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	2/24/21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	 YY/(Period))	
2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting	Barcode Data Filing Period (optional -	see instructions)	
Period			
Instructions:			

<i>,</i> , ,	AUU	JORTING PERIOD COVERED BT THIS STRTEMENT. (TTTT/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
_		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
В		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.
		63773
		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
		(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 a 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 - Borrego Springs CA
		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
Naille	Zito West Holding LLC	637
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Borrego Springs	CA
Community		
dd Rows as Necessary		

								FORM SA	STEM I
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC								637 [°]
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable								
-	system, that is, the retransmission	-		-		•			
Secondary									
Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and	down by categories of secondary	•				•			
Rates	each category by counting the n separately for the particular serv			0,0		•		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							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, t					,		, 0	
	with the number of subscribers a sufficient.	and rates, in th	e right-l	hand block. A t	vo- or thre	e-word descrip	tion of the	service is	
		DCK 1					BLOC	< 2	
		NO. OF	:				BLOOM	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 								
	 Service to additional set(s) 		343	33.45					
	 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 sor	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 r	ates are ch	narged on a var	iable per-p	orogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed								
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		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 cł	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			

ounting Period: 2	2020/2			FORM SA1-2E. PAGE 3.			
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#			
	Zito West Holding LLO			63773			
G Primary ransmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KFMB	8.1	N	San Diego, CA			
	KGTV	20.1	N	San Diego, CA			
ows as Necessary	KNSD	39.1	N	San Diego, CA			
5 as incoession y	KPBS	15.1	E	San Diego, CA			
	KSWB	69.1	N	San Diego, CA			
	KUSI	51.1		San Diego, CA			
	KZSD	20.1	I	San Diego, CA			
		20.1		Sall Diego, CA			
		"					

EGAL NAME O			. . . Lin.					SYSTEM I 637
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of or detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column 4: Colum 4: Column 4	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei it the Co sign of e the 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 he system's FM ant this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral ir eparate a	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						<u> </u>		
						<u> </u>		
						 		
						 		
						 		
		1				1		
						+		

Accounting reno	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	2						63773
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program, broadcast b	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	asis, any nonr	network tele	vision prog	ram
Statement and Program Log	broadcast by a distant sta	•	,				YES	×NO
Program Log	-		reat of this no	an blank If your analyses	- "V" v	L		
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer i	s res, your	nust comple	ete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUT							
	In General: List each subs			ate line. Use abbreviation	s wherever po	ossible, if th	eir meanin	g is
	clear. If you need more spa							0
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego	ries like "mo	or authorizatio ovies" or "bask	rethall " List specific progra	am titles for e	ions ior iuri example "I	ove Lucy"	or
	"NBA Basketball: 76ers vs.			List specific progre		stample, T	LOVE LUDY	
				er "Yes." Otherwise enter				
				asting the substitute prog				
				the community to which th			he FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			s with the r	nonth
	first. Example: for May 7 gi	,	when you by		o program. O		, with the f	lionar
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	tor "D" if the	listed program	n was substituted for prog	romming that	vour ovoto	~	virod
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976	-				•		
		•						
								7 REASON FOR
			E PROGRAM	1		AGE OCCI		7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCI	JRRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED MES	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63773
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	0,245.55 ss 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. Entry ensuring of much 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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance Due	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		nts!

Accounting Period:	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OV Zito West Holdir	NNER OF CABLE SYSTEM: ng LLC		SYSTEM ID 6377
M Channels	to its subscribers, 1. Enter the total n system carried te 2. Enter the total n on which the cab	and (2) the cable system's t number of channels on which elevision broadcast stations number of activated channel ele system carried television		
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accourt	ER INFORMATION IS NEEDED (Identify an individual to wh t.)	nom
for Further Information	Name	Teri McMullen		Telephone 814-260-0434
		PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)		
	Email	teri.mcmullen@	zitomedia.com Fax (option	nal)
O Certification	I, the undersigned (Owner (Agent c in lin X (Officer in lin I have examined t	d, hereby certify that (Check of other than corporation or p of owner other than corpor- ne 1 of space B and that the of r or partner) I am an officer (ne 1 of space B. the statement of account and and correct to the best of my	Ist be certified and signed in accordance with Copyright Officene, but only one, of the boxes.) artnership) I am the owner of the cable system as identified in tion or partnership) I am the duly authorized agent of the own wher is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity hereby declare under penalty of law that all statements of fact knowledge, information, and belief, and are made in good faitt X /s/James Rigas Enter an electronic signature on the line above to certify this statements of the function of the line above to certify this statements of the statements of the line above to certify this statements of the statements of the line above to certify this statements of the line above to certify the statements of the line above	n line 1 of space B; or mer of the cable system as identified y identified as owner of the cable system contained herein th.
		Typed or printed Title: (Title of o Date:	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) name: James Rigas President ficial position held in corporation or partnership) 02/26/2	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 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.

A West Holding LLC 63 A West Holding LLC A Statilite Home Viewer Act of 1988 armended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folioning sectores and amounts of gross arounts 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.° P 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. P 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? No P Marine	unting Period: 2020/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Vewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the follows: "In determining the lotal 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 Sate Into Include sub- scribers and amounts oblicated from subscribers receiving secondary transmissions located in the paper SA1-2 form. In determining the total number of subscribers end the gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? INFORMENT INTEREST ASSESSMENT You must complete this worksheet for the subscriber and in the general instructions located in the paper SA1-2 form. Line 1 Enter the total here and list the satellite carrier(s) below. Line 2 Multiply line 2 by the number of days tate and enter the sum here X 196 Line 3 Multiply line 2 by the number of days tate and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here X 0.00274 Line 4 Multiply line 3 by 0.00274**	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Statellis Home Viewer Act of 1988 amended Title 17, section 111(g)(1)(A), of the Copyright Act by adding the fol- living sentence. The determining the total number of subscribers and the gross amounts guid to the cable system for the basis service of providing secondary transmissions op primary broadcast transmitters, the system fail not include sub- 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 coated 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 carrier(s) below. INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest rates and enter the sum here xdarys Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here xdarys Line 3 by 0.00274** and enter the sum here * xdarys Line 4 Multiply line 3 by 0.00274** and enter the sum here * xdarys * To view the linterest rate chart click on www.copyright gov/licensing/lice.gov. * The is is the decimal equivalent of 1/365, which is the interest assessment for one day late. Note: Address Line 1 Fry ou are fling this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served	West Holding LLC	6377
Name Maining Address Maining Address Maining Address INTEREST ASSESSMENT Maining 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. Interest Assessment Line 1 Enter the amount of late payment or underpayment. x 1% 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 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here s . in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$. * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please . ortext the Licensing Division at (202) 707-8150 or licensing@loc.gov. * To view the owner, address, first community served, ID number, and account already submitted to the Copyright Office, please list below the owner, address, first community served . Owner Address	 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
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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	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	Line 4 Multiply line 3 by 0.00274** and enter here	
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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 telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.