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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/24/21	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of 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.
		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 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		IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Elko
		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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito West Holding LLC	638
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filin	
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area	identified city.	oblie nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Elko	NV
Community		
- 1		
d Rows as Necessary		
I nows as necessary		
ļ		
ļ		
ļ		
ļ		
ļ		
ļ		
ļ		
ļ		
ļ		
ļ		
1		

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63806

Zito West Holding LLC

Ε

Secondary Transmission Service: Subscribers and Rates

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 of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOC	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	271	22.29			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
1				T	1

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		 Move to new address 	30.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

ELOAL WAINE OF OWNER OF OABLE OFFICE.

SYSTEM ID# 63806

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

Zito West Holding LLC

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 *not* 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 *only* 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. *Do not* 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). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KNPB	5	E	Reno NV
KUED	7.1	Е	Salt Lake City UT
KTVX	4.1	N	Salt Lake City UT
KSL	5.1	N	Salt Lake City UT
KSTU	13.1	N	Salt Lake City UT
KUCW	30.1	<u> </u>	Salt Lake City UT
KUPX	16.1	N	Salt Lake City UT
KBYU	11.1	1	Salt Lake City UT
	•		

Accounting Period: 2020/2	FORM SA1-2E. PAGE 4.
---------------------------	----------------------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63806

Zito West Holding LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						l	

							F	DRM SA1-2E. PAGE 5.
LEGAL NAME OF OWNER OF		STEM:						SYSTEM ID#
Zito West Holding LL0	3							63806
In General: In space I, iden substitute basis during the a explanation of the programm. 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant state of the programm of the product of the state of	tify every not accounting pring that mu T CONCEF riod, did you ation? E PROGRAtitute prograce, please of every not a distant state egulations, or ries like "mo. Bulls." m was broa	e rest of this paradd additiona annetwork televior, and that you authorizatio byies" or "bask dcast live, enti	ision program, broad pecific present and for in this log, see page TITUTE CARRIANT carry, on a substance blank. If your a state line. Use abbreal rows to the tables vision program ("sure table system is nour cable system is nour cable system is nour cable." List specific er "Yes." Otherwise	dcast by former File (v) of the GE titute base eviations bubstitute substitute f the ger c progra e enter "	a distant state CC rules, regine general insist, any nonres "Yes," you res wherever possible program") the dor the properal instruction titles, for each No."	ulations, cetructions network te	re authorization the paper view is in the paper view is in the paper view is in the paper view view in the paper view in	r SA1-2 form. ogram r SA0 rogram ining is unting er station mation.
the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	nadian station than day ive "5/7." les when the Example: ter "R" if the and regulation ming that	ons, if any, the when your sy e substitute program car elisted prograi ions in effect c	e community with was community with was carried the subgram was carried ried by a system from was substituted for the accounting the accounti	which the ubstitute by your om 6:01 for progr ng perio	e station is ide program. Us cable system :15 p.m. to 6 camming that d; enter the l er FCC rules	entified). se numera m. List the :28:30 p.i your sys etter "P" i	als, with the times accommended with the listed illations in	e month curately ce
S								7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		CATION	5. MONTH AND DAY	6. FROM		
	In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant state of the programm of the programm of the product of t	In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mut. 1. SPECIAL STATEMENT CONCER During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant station under certain FCC rules, regulations, Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statif the case of Mexican or Canadian statifuc Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	In General: In space I, identify every nonnetwork televicus bustitute basis during the accounting period, under spexplanation of the programming that must be included. 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paralog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separalog clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadd Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	In General: In space I, identify every nonnetwork television program, broa substitute basis during the accounting period, under specific present and explanation of the programming that must be included in this log, see page 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIA. • During the accounting period, did your cable system carry, on a subsibroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your a log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbroclear. If you need more space, please add additional rows to the tables Column 1: Give the title of every nonnetwork television program ("siperiod, was broadcast by a distant station and that your cable system is under certain FCC rules, regulations, or authorizations. See page (v) on Do not use general categories like "movies" or "basketball." List specifies "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise Column 3: Give the call sign of the station broadcasting the substitute Column 4: Give the broadcast station's location (the community to the case of Mexican or Canadian stations, if any, the community with we Column 5: Give the month and day when your system carried the set first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried to the nearest five minutes. Example: a program carried by a system from the letter "R" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting was substituted for programming that your system was permitted to defect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of the substitute basis during the accounting period, did your cable system carry, on a substitute basis broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ger Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: T6ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for progration delete under FCC rules and regulations in effect during the accounting perion was substituted for programming that your system was permitted to delete underfect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonr broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever perclear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations,	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, c explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comy log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for function of the program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numera first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.r. stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system delete under FCC rules and regulations in effect during the accounting period; enter the letter "P	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable is substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authoriza explanation of the programming that must be included in this log, see page (v) of the general instructions in the pape 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television probroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program of substitute program on a separate line. Use abbreviations wherever possible, if their mear clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accouperiod, was broadcast by a distant station and that your cable system substituted for the programming of anoth under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further infon Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Luc "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC of the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Column 6: State the times when the substitute program was carried by your cable system. List the times act to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should it stated as "6:00-6:30 p.m." Column

counting Period:	2020/2 FO	RM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SYSTEM II 6380
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission set (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (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.	rvice
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 \$263,800 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.	
	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-m accounting period is \$52.00	on
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	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 \$137,100)	
	1. Base amount under statutory formula	
	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	00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and		••
otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	00_
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	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 Register of Co See page i of the general instructions in the paper SA1-2 form for more information.	pyrights!

Accounting Period:	2020/2						FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV Zito West Holdi	WNER OF CABLE SYSTEM: ng LLC					SYSTEM ID# 63806
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r on which the calc	and (2) the cable system's to	the cable	n which the cable system carried te of activated channels during the ac	counting period.		B 01
N Individual to Be Contacted	we can contact ab	oout this statement of account		IATION IS NEEDED (Identify an inc			
for Further Information		Teri McMullen PO Box 665			Telepho	one 814-260-0434	
		(Number, street, rural route, apartm Coudersport PA 1691 (City, town, state, zip)		umber)			
	Email	teri.mcmullen@	zitomedia.c	com	Fax (optional)		
	CERTIFICATION (This statement of account mu	st be certifie	ed and signed in accordance with C	Copyright Office regulatio	ns)	
O Certification		d, hereby certify that (Check or		one, of the boxes.) I am the owner of the cable system a	as identified in line 1 of sp	ace B; or	
	in lir	ne 1 of space B and that the ov	wner is not a	nership) I am the duly authorized ag a corporation or partnership; or			
		r or partner) I am an officer (if ne 1 of space B.	f a corporation	on) or a partner (if a partnership) of t	he legal entity identified a	s owner of the cable syste	em
		, and correct to the best of my		are under penalty of law that all state information, and belief, and are mad		erein	
			Enter an elec	s/James Rigas ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s/ J		_	
		Typed or printed		James Rigas			
		Title: (Title of off	Presider ficial position he	nt neld 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 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 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	63806
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
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 assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
× 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	
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	
* 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	
Accounting period	

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.