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 COPYRIGH	Return completed workbook by email to:		
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
	uctions are located o 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 COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))		
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		

		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Devende Dete Filler Devied (entional and instructions)
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		Instructions:
В		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.
Ъ		the 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.
	х	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)
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
	I	Zito Media - Belleville
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	Zito West Holding LLC								
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno 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 home parks should be reported in parentheses below the								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
First	CITY OR TOWN Brown Twp, PA	STATE PA							
Community	Union Twp, PA	PA							
Add Rows as Necessary									

	LEGAL NAME OF OWNER OF C							FORM SA1-				
Name	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	•										
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	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 c					•	,	ge and the				
	unit in which it is generally billed				ny standa	rd rate variation	s within a	particular rate				
	category, but do not include disc							46 -4 61-				
	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					d in the count ur	nder "Serv	ice to the				
	first set" and would be counted of Block 2: If your cable system I					service that are	different	from those				
	printed in block 1 (for example, t	-										
	with the number of subscribers a						,.					
	sufficient.											
	BLC	DCK 1 NO. OF					BLOC	K 2 NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		205	36.22								
	 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 rat					Il your cable sys	stem's ser	vices that were				
F	not covered in space E, that is, t	hose services	that are	not offered in co	ombinatio	on with any seco	ondary trai	nsmission				
	service for a single fee. There ar	•			•		0 (,				
Services Other Than	furnished at cost or (2) services amount of the charge and the un											
Secondary	-		usualiy	billed. If arry fat		larged on a van	able pei-p	logram basis,				
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 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					OATEO	BLOCK 2				
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT			
	• Pay cable	17.95		el, hotel	dential							
	Pay cable—add'l channel	17.00		nmercial								
	Fire protection			cable								
	•Burglar protection		-	cable-add'l cha	annel							
	Installation: Residential		-	protection								
	First set	30.00		glar protection								
	Additional set(s)			ervices:								
	• FM radio (if separate rate)			connect		30.00						
	,		• Disc	connect								
	Converter			connect let relocation		30.00						
	,		• Out	connect let relocation ve to new addre	ss	<u>30.00</u> 30.00						

				evetem						
Name	LEGAL NAME OF OWNER O			SYSTEM						
	Zito West Holding LLC PRIMARY TRANSMITTERS: TELEVISION									
G Primary ansmitters: elevision	In General: In space G, id 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 r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatit 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 eacl educational station, by enter (for independent multicast)	entify every television station (including im during the accounting period, excep in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations of ules, regulations, or authorizations: re in space G—but do list it in space I (for a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations on's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational),	<i>t</i> (1) stations carried only on a part-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program of both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- por "E-M" (for noncommercial educati	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M"						
	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.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WGAL	8.1	Ν	Harrisburg, PA						
	WGAL	8.2	NM	Harrisburg, PA						
ows as Necessary	WHP	21.1	N	Harrisburg, PA						
	WHP	21.3	NM	Harrisburg, PA						
	WHP	21.2	NM	Harrisburg, PA						
	WHTM	27.1	Ν	Harrisburg, PA						
		27.3	NM							
	WHTM	21.0	INIVI	Harrisburg, PA						
	WHTM	27.4	NM	Harrisburg, PA Harrisburg, PA						
	WHTM	27.4		Harrisburg, PA						
	WHTM WHVL	27.4 29.1	NM	Harrisburg, PA State College, PA						
	WHTM WHVL WITF	27.4 29.1 33.1	NM	Harrisburg, PA State College, PA Harrisburg, PA						
	WHTM WHVL WITF WLYH	27.4 29.1 33.1 49.1	NM I E I	Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA						
	WHTM WHVL WITF WLYH WPMT	27.4 29.1 33.1 49.1 43.1	NM I E I N	Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
	WHTM WHVL WITF WLYH WPMT	27.4 29.1 33.1 49.1 43.1	NM I E I N	Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
	WHTM WHVL WITF WLYH WPMT	27.4 29.1 33.1 49.1 43.1	NM I E I N	Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
	WHTM WHVL WITF WLYH WPMT	27.4 29.1 33.1 49.1 43.1	NM I E I N	Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
	WHTM WHVL WITF WLYH WPMT	27.4 29.1 33.1 49.1 43.1	NM I E I N	Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
	WHTM WHVL WITF WLYH WPMT	27.4 29.1 33.1 49.1 43.1	NM I E I N	Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
	WHTM WHVL WITF WLYH WPMT	27.4 29.1 33.1 49.1 43.1	NM I E I N	Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
	WHTM WHVL WITF WLYH WPMT	27.4 29.1 33.1 49.1 43.1	NM I E I N	Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
	WHTM WHVL WITF WLYH WPMT	27.4 29.1 33.1 49.1 43.1	NM I E I N	Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						

EGAL NAME OF			I GTEMI.					SYSTEM
	every radio s	tation ca	arried on a separate and discre					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for	it is carried by monitoring, to ormation abou m.	y the sys be recei t the Cc	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried.	the system's he system's FM ante	adend, and (2 nna, during c	!) it can l ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If ignal, indicate Column 4: G	tate whether t the radio stati this by placing ive the station	he static ion's sig g a checl n's locati	on is AM or FM. nal was electronically processo k mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	ed by the FC			
		r	· · · · · · · · · · · · · · · · · · ·			r		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					

Accounting Perio	od: 2020/2						FORM	A SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito West Holding LLC	2						0
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every nor	nnetwork televi	ision program, broadcast by	a distant sta	tion, that you	cable sys	tem carried on a
	substitute basis during the a	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or a	uthorizatior	ns. For a further
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions in t	ne paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	riod, did yoι	ur cable syster	n carry, on a substitute ba	isis, any nonr	network telev	ision prog	
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you r	nust comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUT				_			_
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	ir meaning	g is
				vision program ("substitute	e program") tl	hat, during th	e account	ing
	period, was broadcast by a	a distant stat	tion and that y	our cable system substitu	ted for the pro	ogramming o	f another s	station
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		example, 1	ove Lucy	01
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		concod by th	o ECC or	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		o cubstituto pr	ogram was carried by you	r cabla sveto	m list tha tir		atoly
	to the nearest five minutes							atery
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules	anu regulati		iuning the accounting pend				Jyrani
	was substituted for prograr	nming that			ler FCC rules	and regulat	ons in	
	was substituted for prograr effect on October 19, 1976				ler FCC rules	and regulat	ions in	
					[]	-		
	effect on October 19, 1976			as permitted to delete und	WHE	N SUBSTIT	UTE	7. REASON FOR
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	7. REASON FOR DELETION
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM	as permitted to delete und	WHE CARRI	N SUBSTIT AGE OCCU	UTE RRED	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	

Accounting Period:	2020/2		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC		SI	/STEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipt	n's secondary transm how to compute this a	ission service amount, see	1,369.35 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600	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 accounting period is \$52.00	that you must pay for	this six-mon ⁻	
	Line 1. Royalty fee for accounting period		\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1	and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	out 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	· · · · · · <u>· · · · · · · · · · · · · </u>		
	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	263,800.00		
	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, a	nd 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)	<u>\$</u>	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 See page i of the general instructions in the paper SA1-2 fo			nts!

Accounting Period:	2020/2									FC	ORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: ding LLC									SYSTEM ID# (
M Channels	to its subscriber 1. Enter the tota system carried	ou must give (1) the number c s, and (2) the cable system's t I number of channels on whic I television broadcast stations I number of activated channel	total numb	ber of activ	vated channels	s during the	accounting pe	riod.		13	
		able system carried television								196	
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accourt		DRMATION	N IS NEEDED	(Identify an	individual to w	hom			
for Further Information	Name	Teri McMullen						Telephor	e 814-260)-0434	
	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)		uite number)							
	Email	teri.mcmullen@		dia.com			Fax (optic	nal)			
O	I, the undersign (Owned) (Agen in X (Offic in I have examined)	Typed or printed Title:	one, but on partnershi ration or proviner is no (if a corpor d hereby de ry knowledg X Enter an Enter sign ed name: Presic	nly one, of nip) I am the partnership not a corpor pration) or a declare unde dge, informa /s/Jam n electronic : gnature usin James dent	the boxes.) e owner of the p) I am the dult ration or partne a partner (if a p er penalty of la ation, and belie nes Rigas	cable syster y authorized ership; or artnership) c w that all sta of, and are m e line above ture" (e.g., /	n as identified i agent of the ov of the legal entit atements of fac ade in good fai	n line 1 of space rner of the cab y identified as t contained her th.	e B; or le system as owner of the		
		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 fing, a determination that would be made by a court of law.

GAL NAME OF OWNER OF C		FORM SA1-2E. PAGE 8.
		SYSTEM ID#
o West Holding LLC		0
The Satellite Home View lowing sentence: "In determining th service of providi scribers and amo For more information on located in the paper SA1 During the accounting per made by satellite carriers X NO	IENT CONCERNING GROSS RECEIPTS EXCLUSIONS wer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- the total number of subscribers and the gross amounts paid to the cable system for the basic ling secondary transmissions of primary broadcast transmitters, the system shall not include sub- ounts collected from subscribers receiving secondary transmissions pursuant to section 119." In when to exclude these amounts, see the note on page (vii) of the general instructions 1-2 form. Deeriod, did the cable system exclude any amounts of gross receipts for secondary transmissions rs to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
For an explanation of int	worksheet for those royalty payments submitted as a result of a late payment or underpayment. Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 2 Multiply line 1 by	x 1%	 ys
	by the number of days late and enter the sum here	<u> </u>
Line 4 Multiply line 3 by	y 0.00274** and enter here ye 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
in space L, (page	(interest charge)	-
* To view the interest	(interest charge) st rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please sing Division at (202) 707-8150 or licensing@loc.gov.	-
* To view the interest contact the Licensi	st rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	<u>.</u>
* To view the interest contact the Licensi ** This is the decimal NOTE: If you are filing th	st rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please sing Division at (202) 707-8150 or licensing@loc.gov.	<u>.</u>
* To view the interest contact the Licensi ** This is the decimal NOTE: If you are filing th	st rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please sing Division at (202) 707-8150 or licensing@loc.gov. al equivalent of 1/365, which is the interest assessment for one day late. this worksheet covering a statement of account already submitted to the Copyright Office, please	•
* To view the interest contact the Licensi ** This is the decimal NOTE: If you are filing th list below the owner, add	st rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please sing Division at (202) 707-8150 or licensing@loc.gov. al equivalent of 1/365, which is the interest assessment for one day late. this worksheet covering a statement of account already submitted to the Copyright Office, please ldress, first community served, ID number, and accounting period as given in the original filing.	

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