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.

8/27/2021

## **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 \$ 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)
	INCT	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:
		Zito Media - Westlake MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CADLE STSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notic	e: Section	n 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito West Holding LLC	<b>39580</b>
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future for the second sec	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known
•	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Lake Graham	TX
mmunity		
as Necessar	у	

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					545	TEM II 395
	Zito West Holding LLC								395
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND RA	TES				
E	In General: The information in s	•		-		•			
Cocondom	system, that is, the retransmission				••••••				
Secondary Transmission	about other services (including p last day of the accounting period						uiose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar					•			
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 of							ne and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· ·		,	,		·		
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of	once again unc	ler "Ser	vice to additiona	l set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-r	iand diock. A tw	o- or thre	e-wora descript	ion of the s	service is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				-		-		
	Service to first set		6	30.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								<b> </b>
	Commercial								
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC					ll vour cable sv	stem's serv	vices that were	
F	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	re two exceptio	ons: you	do not need to	give rate	information con	cerning (1)	) services	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur		usually	billed. If any rat	es are cr	harged on a var	able per-p	rogram 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.								
	bhei (two- of three-word) descrip	buon and inclue	ue ine n	ale for each.					
		BLO	1			DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SERV ation: Non-resid		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable	17.95		tel, hotel					
	• Pay cable—add'l channel			mmercial					
	Fire protection		_	y cable					
	•Burglar protection		-	y cable-add'l cha	annel				
	Installation: Residential			e protection					
	• First set	30.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		30.00			
	• Converter			connect					
				tlet relocation		30.00			
			U U U	lielielocalion					
				ve to new addre	SS	30.00			

counting Period: 2	2021/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito West Holding LLC	<u> </u>		39580
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	TELEVISION TELEVISION antify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of alles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network rring the letter "N" (for network), "N-M" "E" (for noncommercial educational), orms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs (the Special Statement and Program Lo ed both on a substitute basis and also s, see page (v) of the general instructio program services such as HBO, ESPN ne-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream me air in its community moncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAUZ	6	N	Wichita Falls TX
	KAUZ	6.1	N	Wichita Falls TX
	KFDX	3.1	N	Wichita Falls TX
, , , ,	КЈВО	35	1	Wichita Falls TX
	KJTL	18.1	Ν	Wichita Falls TX
	KSWO	7.1	N	Lawton OK
	ĸswo	7.3	I	Lawton OK

EGAL NAME OF		JABLE 5	YSTEM:					SYSTEM   395
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	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. In is AM or FM. hal was electronically processor (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions 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	
						·	·	

Accounting Perio	od: 2021/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Zito West Holding LLC	;						39580
					20			
1		-	-			4 41		4
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	<i>'</i>	•	, 0	, ,		
Carriage:	1. SPECIAL STATEMEN				0		• •	
Special	<ul> <li>During the accounting per</li> </ul>	-			asis. anv noni	network tel	evision proa	ram
Statement and	broadcast by a distant sta		,	<i>,</i>	, ,	Г		× NO
Program Log	-					L	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wnerever p	ossidle, it t	neir meaning	g is
				vision program ("substitute	e program") t	hat. durina	the account	ina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (	the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cable syste	m List the	times accur	ately
	to the nearest five minutes.							atery
	stated as "6:00-6:30 p.m."				·			
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete und		s and regul		
		•			11			1
						N SUBST		
	S	1	E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
		100 01110	ONEL CICIT			TROM	10	
							<u> </u>	
							_	
							<u> </u>	
							-	
							_	
								,
							_	
							-	
							_	
							_	
1								

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 39580
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	2,047.85 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 \$137,100 but less than s527,600 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 accounting period is \$52.00	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 (but more than \$137,1		
	1. Base amount under statutory formula   \$   263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 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, 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		hts!

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: Iing LLC	SYSTEM ID# 39580
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the ca	bu must give (1) the number of channels on which the cable system carried television broadcast st s, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations . number of activated channels able system carried television broadcast stations ast services .	tations 7 43
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Tele	ephone 814-260-0434
	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regul ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ar other than corporation or partnership) I am the owner of the cable system as identified in line 1 of t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified line 1 of space B. If the statement of account and hereby declare under penalty of law that all statements of fact contained e, and correct to the best of my knowledge, information, and belief, and are made in good faith. In 1001(1986)] If the statement of account and hereby declare under penalty of law that all statements of fact.	of space B; or ne cable system as identified ed as owner of the cable system
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       James Rigas         Title:       President         (Title of official position held in corporation or partnership)         Date:       08/29/2021	

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.

counting Period: 2021/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o West Holding LLC	3958
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address     Name       Mailing Address     Mailing Address     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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
<ul> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6</li></ul>	
<ul> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6</li></ul>	
<ul> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6</li></ul>	
<ul> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6</li></ul>	

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.