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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook 8-26-20 ALLOCATION NUMBER Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2020/1 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 title Β 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. 24541

| | | 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 | 4 | IDENTIFICATION OF CABLE SYSTEM: |
| | | Zito Media - Graham |
| | | 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.

| N | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM II |
|-----------------------|--|--|
| Name | Zito West Holding LLC | 2454 |
| D | Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo 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 mob | nunity" is the same as a "community unit" as defined in FCC rules d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter know |
| Area Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | Graham | ТХ |
| Community | | |
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| Add Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | | | | | | FORM SA1 | |
|------------------------|--|-----------------|----------|------------------|-------------|--------------------|-------------|---------------------------|-----|
| Name | Zito West Holding LLC | | • | | | | | 010 | 245 |
| | Zito West Holding LEC | | | | | | | | |
| Е | SECONDARY TRANSMISSION | | | | | | | | |
| E | In General: The information in s | | | • | | • | | | |
| Secondary | system, that is, the retransmissi about other services (including retrieved) | | | | | • | | | |
| Transmission | last day of the accounting period | • • | | | | | | stang on the | |
| Service: Sub- | Number of Subscribers: Bot | • | | | | | | | |
| scribers and | down by categories of secondar | • | | - | | • | | | |
| Rates | each category by counting the n separately for the particular serv | | - | ••• | | • | - | s charged | |
| | Rate: Give the standard rate of | | | | | | , | rge and the | |
| | unit in which it is generally billed | · · | | , | ny standa | ard rate variation | ns within a | particular rate | |
| | category, but do not include disc | | | | rice of co. | oondon (tronom) | | ica that apple | |
| | Block 1: In the left-hand block systems most commonly provid | | | • | | • | | | |
| | that applies to your system. Not | | | | | | | | |
| | categories, that person or entity | should be cou | nted as | a subscriber in | each app | olicable categor | y. Example | e: a residential | |
| | subscriber who pays extra for ca | | | | | d in the count u | nder "Serv | rice to the | |
| | first set" and would be counted of Block 2: If your cable system | • | | | • • • | service that ar | e different | from those | |
| | printed in block 1 (for example, t | - | | - | | | | | |
| | with the number of subscribers a | | | | | • | | | |
| | sufficient. | | | | | | | | |
| | BLC | DCK 1 NO. OF | | | | | BLOCK | K 2 NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | | RATE | CAT | EGORY OF SEI | RVICE | SUBSCRIBERS | RA |
| | Residential: | | | | | | | | |
| | Service to first set | | 296 | 25.42 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | • Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | 2 | | | | |
| - | In General: Space F calls for ra | | | | | all your cable sy | stem's ser | vices that were | |
| F | not covered in space E, that is, | | | | | • | | | |
| Comisso | service for a single fee. There a | | | | • | | • • | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the u | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | , acaanj | | | naigea en a ra | | oregram bacic, | |
| ransmissions: | Block 1: Give the standard ra | | | • | | | | | |
| Rates | Block 2: List any services tha listed in block 1 and for which a | • • | | | - | - | • | | |
| | brief (two- or three-word) descrip | • | - | | SHEU. LIS | tillese other se | | | |
| | | | | | | | | | |
| | CATEGORY OF SERVICE | BLO RATE | | | | RATE | | BLOCK 2 ORY OF SERVICE | RA |
| | CATEGORY OF SERVICE | RAIE | | BORY OF SER | | RATE | CATEGO | JRT OF SERVICE | RA |
| | • Pay cable | 17.95 | | tel, hotel | aontial | | | | |
| | • Pay cable—add'l channel | 11.00 | | mmercial | | | | | |
| | • Fire protection | | _ | / cable | | | | | |
| | •Burglar protection | | | / cable-add'l ch | annel | | | | |
| | Installation: Residential | | | e protection | | | | | |
| | First set | 30.00 | | glar protection | | | | | |
| | Additional set(s) | 0000 | | services: | | | | | |
| | • FM radio (if separate rate) | | | connect | | 30.00 | | | |
| | • Converter | | | connect | | | | | |
| | . | | | tlet relocation | | 30.00 | | | |
| | | | 1 34 | | | 00.00 | L | | |
| | | | • Mo | ve to new addre | ess | 30.00 | | | |

| | 2020/1 | | | FORM SA1-2E. PAGE 3 |
|------------------------------------|---|--|--|--|
| ame | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID# |
| | Zito West Holding LL | | | 24541 |
| | PRIMARY TRANSMITTERS: | | | |
| G imary smitters: evision | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information | also in space I, if the station was carrie on concerning substitute basis stations | t (1) stations carried only on a part-t the carriage of certain network progra 51(e)(2) and $(4))];$ and (2) certain state carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruct | ime basis under ams [sections tions carried on a bstitute program Log)—if the o on some other tions. |
| | | 's call sign. Do not report origination with a station according to its over-the station according to its | - | • |
| | "WETA-2" as the same on t | 0 | | |
| | of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location | RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general insti- n of each station. For U.S. stations, lis dian stations, if any, give the name of | station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. It the community to which the station | a noncommercial endent), "I-M" onal multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KAUZ | 6.1 | I | Wichita Falls TX |
| | KAUZ | 6.2 | N | Wichita Falls TX |
| | KERA | 13.1 | E | Dallas TX |
| ws as Necessary | | | | |
| s as Necessary | KFDX | 3 | Ν | Wichita Falls TX |
| as Necessary | | | | |
| as Necessary | KFDX | 3 | | Wichita Falls TX |
| as Necessary | KFDX KJBO | 3 35 | N I | Wichita Falls TX Wichita Falls TX |
| as Necessary | KFDX KJBO KJTL | 3 35 18.1 | N I N | Wichita Falls TX Wichita Falls TX Wichita Falls TX |
| as Necessary | KFDX KJBO KJTL KSWO | 3 35 18.1 7.1 | N I N N | Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK |
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| s as Necessary | KFDX KJBO KJTL KSWO KXAS | 3 35 18.1 7.1 5.1 | N I N N | Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Fort Worth TX |
| s as Necessary | KFDX KJBO KJTL KSWO KXAS KXTX | 3 35 18.1 7.1 5.1 39.1 | N I N N | Wichita Falls TX Wichita Falls TX Wichita Falls TX Lawton OK Fort Worth TX Dallas TX |
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| Zito West Ho | F OWNER OF C | | | | | | | SYSTEM 245 |
|--|---|---|---|--|--|---|--|----------------------------------|
| | t every radio s | tation ca | arried on a separate and discre nerally receivable by your cab | | | | | н |
| ceceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing give the station | y the sys be rece t the Co sign of o he static ion's sig g a chec n's locati | I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 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 certain st general 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 | |
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| Accounting Perio | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------|---|---|---|--|---|--|---|
| News | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | SYSTEM ID# |
| Name | Zito West Holding LLC | ; | | | | | 24541 |
| | SUBSTITUTE CARRIAGI | | | NT AND PROGRAM I O | G | | |
| Substitute | In General: In space I, ident substitute basis during the a explanation of the programm | ify <i>every no</i> ccounting p | nnetwork televi eriod, under sp | <i>sion program,</i> broadcast by ecific present and former F | y a <i>distant</i> sta CC rules, regi | ulations, or authorizatio | ns. For a further |
| Carriage: | 1. SPECIAL STATEMEN | • | | | <u></u> | | |
| Special | • During the accounting per | | | | isis anv nonr | network television proc | ıram |
| Statement and | broadcast by a distant sta | • | | n ourry, on a substitute be | loio, any nom | | NO |
| Program Log | - | | | | | YES | |
| | Note: If your answer is "No | ", leave the | e rest of this pa | ige blank. If your answer i | s "Yes," you r | must complete the pro | gram |
| | log in block 2. | | | | | | |
| | period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." | titute progra ace, please of every no distant sta egulations, of ries like "mo Bulls." m was broa sign of the adcast stati hadian stati hadi hadian stati hadian stati hadian | am on a separ add additional onnetwork tele- tion and that y- or authorization ovies" or "bask adcast live, entr station broadc on's location (f ons, if any, the y when your sy- e substitute pr a program car e listed program | I rows to the tables. vision program ("substitute our cable system substitue ns. See page (v) of the ge tetball." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0 n was substituted for prog luring the accounting period | e program") ti ted for the pro neral instruct am titles, for e "No." ram. te station is lid e station is id e program. Us r cable system 1:15 p.m. to 6 tramming that od; enter the l | hat, during the account ogramming of another ions for further informations example, "I Love Lucy" censed by the FCC or entified). se numerals, with the m. List the times accur 3:28:30 p.m. should be t your system was <i>req</i> etter "P" if the listed pr | ating station ation. " or , in month rately |
| | | | E PROGRAM | 1 | | N SUBSTITUTE AGE OCCURRED | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | DELETION |
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| Accounting Period: | FORM SA1-2E. PAG |
|-------------------------------|---|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM Zito West Holding LLC 245 |
| 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 total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. |
| 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 \$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-month accounting period is \$52.00 |
| | Line 1. Royalty fee for accounting period |
| | 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 \$ 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 |
| | 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 |

| 0.00 | |
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| \$ 52.00 \$ 15.00 | - |
| \$ | 67.00 |
| e to the Register of Copyri more information. | ghts! |
| | \$ 15.00 \$ e to the Register of Copyri |

| Accounting Period: | 2020/1 | | FORM SA1-2E. PAGE 7. |
|------------------------------------|---|---|----------------------|
| Name | | WNER OF CABLE SYSTEM: | SYSTEM ID# |
| Name | Zito West Hold | ling LLC | 24541 |
| M Channels | | ou must give (1) the number of channels on which the cable system carried television broadcast stations 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 | 10 |
| | on which the ca | number of activated channels able system carried television broadcast stations ast services | 118 |
| 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 Telephone 81 | 14-260-0434 |
| | Address | PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) | |
| O Certification | I, the undersigned (Owned) (Agenting) X (Officing) I have examined | teri.mcmullen@zitomedia.com Fax (optional) (This statement of account must be certified and signed in accordance with Copyright Office regulations) ad, 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 space B; of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in 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 as owner ine 1 of space B. It the statement of account and hereby declare under penalty of law that all statements of fact contained herein a, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)] | tem as identified |

| | X /s/James Rigas |
|---------------------|---|
| | nter an electronic signature on the line above to certify this statement. nter signature using an "/s/ signature" (e.g., /s/ John Smith) |
| Typed or printed na | ame: James Rigas |
| | President al position held in corporation or partnership) |
| Date: | 08/27/2020 |

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: 2020/1 | FORM SA1-2E. PAGE |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| West Holding LLC | 2454 |
| 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 | Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below. • Name Mailing Address | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. | Q |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Interest Assessmer |

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.