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				
8-26-20	\$ 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	ACCC	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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 - Two Harbors, MN  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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Area Served  Area		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city.  CITY OR TOWN  First  Kugler Township  MN  Embarrass Township  MN  Chrystal Bay Township  MN  Normanna Township  MN  Normanna Township  MN  Silver Creek Township  MN  Stony River Township  MN  Whasaa Township  MN  Waasa Township  MN  City of Aurora  City of Babbitt  MN  Embarrass  MN  City of Babbitt  MN  Embarrass  MN  City of Floy Lakes  MN  City of Floy Lakes  MN  City of Floy Lakes  MN  Beaver Bay  MN  Beaver Bay Township  MN  Beaver Bay Township  MN  MN  Beaver Bay Township  MN  MN  MN  Beaver Bay Township  MN  MN  MN  Beaver Bay Township  MN  MN  Beaver Bay Township  MN  MN  Beaver Bay Township  MN  MN  MN  MN  MN  MN  MN  MN  MN  M	Name I		
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN		<u> </u>	
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 kn 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 identified city.  CITY OR TOWN  STATE  Kugler Township  MN  Embarrass Township  MN  Chrystal Bay Township  MN  Morse Township  MN  Silver Creek Township  MN  Silver Creek Township  MN  Waasa Township  MN  Waasa Township  MN  Waasa Township  MN  City of Aurora  City of Babbitt  Beaver Bay  MN  City of Two Harbors  MN  Beaver Bay  MN  Beaver Bay  MN  Beaver Bay  MN  MN  MN  Beaver Bay  MN  MN  MN  MN  MN  MN  MN  MN  MN  M			
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 identified city.    CITY OR TOWN			
Area Served    Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN			,
Area Served identified city.    CITY OR TOWN			me parks should be reported in parentheses below the
CITY OR TOWN   STATE	Area		
First Kugler Township MN  Fall Lake Township MN  Embarrass Township MN  Chrystal Bay Township MN  Morse Township MN  Normanna Township MN  Silver Creek Township MN  Stony River Township MN  Waasa Township MN  White Township MN  City of Aurora MN  City of Babbitt MN  Beaver Bay MN  City of Hoyt Lakes MN  City of Two Harbors MN  City of Two Harbors MN  Beaver Bay Township MN  City of Two Harbors MN  City of Two Harbors MN  Beaver Bay Township MN	Servea		
First Kugler Township MN  Fall Lake Township MN  Embarrass Township MN  Ouluth Township MN  Chrystal Bay Township MN  Morse Township MN  Normanna Township MN  Silver Creek Township MN  Stony River Township MN  Waasa Township MN  White Township MN  City of Aurora MN  City of Babbitt MN  Beaver Bay MN  City of Hoyt Lakes MN  City of Two Harbors MN  City of Two Harbors MN  City of Two Harbors MN  Beaver Bay Township MN  City of Two Harbors MN  City of Two Harbors MN  Beaver Bay Township MN			
First Community         Kugler Township         MN           Community         Fall Lake Township         MN           Embarrass Township         MN           Chrystal Bay Township         MN           Mores Township         MN           Normana Township         MN           Silver Creek Township         MN           Stony River Township         MN           White Township         MN           White Township         MN           City of Aurora         MN           City of Babbitt         MN           Beaver Bay         MN           City of Hoyt Lakes         MN           City of Tivo Harbors         MN           Beaver Bay Township         MN		CITY OR TOWN	STATE
Community         Fall Lake Township         MN           Embarrass Township         MN           Rows as Necessary         Duluth Township         MN           Chrystal Bay Township         MN           Morse Township         MN           Normanna Township         MN           Silver Creek Township         MN           Stony River Township         MN           Waasa Township         MN           White Township         MN           City of Aurora         MN           City of Babbitt         MN           Beaver Bay         MN           City of Hoyt Lakes         MN           City of Silver Bay         MN           City of Two Harbors         MN           Beaver Bay Township         MN	First		
Rows as Necessary  Duluth Township MN  Chrystal Bay Township MN  Morse Township MN  Normanna Township MN  Silver Creek Township MN  Stony River Township MN  Wasa Township MN  City of Aurora MN  Beaver Bay MN  City of Hoyt Lakes MN  City of Silver Bay MN  City of Two Harbors MN  Beaver Bay Township MN  City of Two Harbors MN  City of Two Harbors MN  Beaver Bay Township MN  City of Two Harbors MN  Beaver Bay Township MN	L.		
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Morse Township         MN           Normanna Township         MN           Silver Creek Township         MN           Stony River Township         MN           Waasa Township         MN           White Township         MN           City of Aurora         MN           City of Babbitt         MN           Beaver Bay         MN           Embarrass         MN           City of Hoyt Lakes         MN           City of Silver Bay         MN           City of Two Harbors         MN           Beaver Bay Township         MN	10000 55		
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Beaver Bay MN Embarrass MN City of Hoyt Lakes MN City of Silver Bay MN City of Two Harbors MN Beaver Bay Township MN	"		
Embarrass MN  City of Hoyt Lakes MN  City of Silver Bay MN  City of Two Harbors MN  Beaver Bay Township MN	"		
City of Hoyt Lakes MN City of Silver Bay MN City of Two Harbors MN Beaver Bay Township MN	ļ		
City of Silver Bay  City of Two Harbors  MN  Beaver Bay Township  MN			
City of Two Harbors MN  Beaver Bay Township MN			
City of Two Harbors MN  Beaver Bay Township MN		City of Silver Bay	
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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

63763

## 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		BLOCI	₹2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	652	24.99			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
				T	

# 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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE		
Continuing Services:		Installation: Non-residential				
• Pay cable	17.95	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
<ul><li>First set</li></ul>	30.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00			
Converter		Disconnect				
		Outlet relocation	30.00			
		Move to new address	30.00			

Accounting Period: 2020/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

FORM SA1-2E. PAGE 3.

SYSTEM ID#

63763

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

Primary Transmitters: Television **In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *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.

2. B'CAST CHANNEL NUMBER

**WDIO** 10.1 N Duluth, MN **WDIO** 10.3 NM Duluth, MN **WDIO** 10.2 Duluth, MN **KBJR** Ν 6.1 Duluth, MN 6.2 **KBJR** Ν Duluth, MN **KBJR** 6.3 NM Duluth, MN **KQDS** 21.1 Ν Duluth, MN **WDSE** 8.1 Ε Duluth, MN Ε **WDSE** 8.2 Duluth, MN Ε **WDSE** 8.3 Duluth, MN **WDSE** Ε 8.4 Duluth, MN **KDLH** 3.1 I Duluth, MN

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**Zito West Holding LLC** 

63763

#### 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.

H

**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
						<del>-</del>	

Accounting Perio							FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	Zito West Holding LLC	;						63763		
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO						
		In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
_	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special					sis. anv nonn	etwork te	levision prod	ıram		
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Program Log										
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	2. LOG OF SUBSTITUTE									
	In General: List each subs				s wherever po	ossible, if	their meanin	g is		
	clear. If you need more spa	· •		rows to tne tables. vision program ("substitute	nrogram") tl	nat during	the accoun	ting		
	period, was broadcast by a	•					•	•		
	under certain FCC rules, re									
	Do not use general categor		ovies" or "bask	etball." List specific progra	ım titles, for e	example, "	'I Love Lucy'	or or		
	"NBA Basketball: 76ers vs.		doot live out	or "Voo." Othomuiaa antar 1	'NIo."					
				er "Yes." Otherwise enter ' asting the substitute progr						
		•		the community to which the		ensed by	the FCC or,	in		
	the case of Mexican or Car		,	•		•				
		-	when your sy	stem carried the substitute	program. Us	se numera	als, with the	month		
	first. Example: for May 7 giv		o cubatituta ar	ogram was carried by you	r ooblo ovetor	n list the	timos socu	rotoly		
	to the nearest five minutes.									
	stated as "6:00-6:30 p.m."		a program can			.20.00 р	00 a.a. 20			
				n was substituted for prog						
	to delete under FCC rules a							ogram		
	was substituted for progran effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regu	iations in			
	Check on October 10, 1070	•								
					WHE	N SUBST	TITUTE			
	S		E PROGRAM	1	1	AGE OC		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	6. FROM	TIMES TO	BLLETION		
							_			

Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.			
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#			
Name	Zito West Holding LLC				63763			
<b>K</b> 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 syste (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 receipts	em's seco	ondary transmi compute this a	ssion service mount, see	6,557.89 ross receipts)			
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	OOR LE	:55					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you r	must pay for thi	is six-month				
	Line 1. Royalty fee for accounting period							
	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	1 and 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (I				-			
	1. Base amount under statutory formula	`	263,800.00					
	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	····· <u> </u>						
	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	18	· · · · · · · · · -					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	0 (but les	ss than \$527,	600)				
	Enter the amount of gross receipts from space K	3	336,557.89					
	2. Base amount under statutory formula		263,800.00					
	3. Subtract line 2 from line 1		72,757.89					
	4. Multiply line 3 by .01		\$	727.58				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u> </u>	\$	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	and 6		\$	2,046.58			
			-		·			
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u></u>	\$	2,046.58				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u> </u>	\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,066.58			
	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		_		hts!			

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: Iding LLC	SYSTEM ID# 63763
M Channels	to its subscribers  1. Enter the total system carried	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period.  Ital number of channels on which the cable ed television broadcast stations	
		cable system carried television broadcast stations dcast services	0
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Teri McMullen  Telephone 814-260-0434	
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
0	CERTIFICATION	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
		<b>ficer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system n line 1 of space B.	ı
		ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		X /s/James Rigas	
		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: 08/27/2020	

**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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

ccounting Period: 2020/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ito West Holding LLC	63763
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?	Special Statement Concerning Gross Receipts Exclusion
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	

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