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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

SA1-2E Short Form

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

in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
					-
Α	ACC	DUNTING PERIOD COVERED I	BY THIS STATEMENT: (YYYY/	(Period))	
		2021/2	Period 1 = January 1 - June 30 F	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional - see	e instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corpo	e cable system. If the owner is a subsidiary o oration.	of another corporation, give the full corpo	rate title of
Owner		List any other name or names under which	n the owner conducts the business of the cab	le system.	
			accounting period, only the owner on the las nent covering the entire accounting period.	t day of the accounting period should sub	mit a single
		Check here if this is the system's first filing	. If not, enter the system's ID number assign	ed by the Licensing Division.	24541
		1			
		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 n	umber)		
		Coudersport, PA 16915 (City, town, state, zip)			
		4	less or trade names used to identify t	the husiness and operation of the	system unless these
С			2, give the mailing address of the sys		
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		Zito Media - Graham			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
-			thorizes the Copyright Offce to collect the pers	••••	ed on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

02/22/22

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito West Holding LLC	24541
D	Instructions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including unincorpor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	'community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first r mobile home parks should be reported in parentheses below the identified
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Graham	ТХ
Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name		ADLE STOTEM.						010	2454
	Zito West Holding LLC								
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		Ũ		•			
Secondary	system, that is, the retransmissi about other services (including p								
Transmission	last day of the accounting period							ung on the	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv		,	0,1				charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· · ·	,		ny standai	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondany transmi	ssion servi	ce that cable	
	systems most commonly provide	•		0					
	that applies to your system. Not							0,	
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count ur	der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system	0			· · ·	service that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.						BLOCI	()	
		NO. OF					BLUCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	RS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		400	07.40					
	Service to first set		168	25.42					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	i				
F	In General: Space F calls for ra		,		•				
F	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•			0		υ.	,	
Other Than	amount of the charge and the ur			oilled. If any ra	tes are cr	largeu on a van	abic pei-p	-	
Secondary	enter only the letters "PP" in the	rate column.				C			
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate	rate column. te charged by t		system for ea	ch of the	applicable servi	ces listed.	were not	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that	rate column. te charged by t t your cable sys	stem furr	system for ea	ch of the a	applicable servi the accounting	ces listed. period tha		
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate	rate column. te charged by t t your cable sys separate charg	stem furr e was m	system for ea hished or offere ade or establis	ch of the a	applicable servi the accounting	ces listed. period tha		
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	stem furr e was m le the rat	system for ea hished or offere ade or establis	ch of the a	applicable servi the accounting	ces listed. period tha	e form of a	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg otion and incluc	stem furr le was m le the rat CK 1	system for ea hished or offere ade or establis	ch of the a ed during shed. List	applicable servi the accounting	ces listed. period tha vices in th		RAT
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services thai listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by t t your cable sys separate charg tion and includ BLO0	stem furr le was m le the rat CK 1 CATEG	system for ea hished or offer ade or establis le for each.	ch of the a ed during shed. List	applicable servi the accounting these other ser	ces listed. period tha vices in th	e form of a BLOCK 2	RAT
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services thai listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by t t your cable sys separate charg tion and includ BLO0	stem furr le was m le the rat CK 1 CATEG Installa	system for ea hished or offero ade or establis te for each.	ch of the a ed during shed. List	applicable servi the accounting these other ser	ces listed. period tha vices in th	e form of a BLOCK 2	RAT
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Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sys separate charg tion and incluc BLO0 RATE	etem furr e was m le the rat CK 1 CATEG Installa • Mote	system for ea hished or offer ade or establis te for each. ORY OF SER tion: Non-resi el, hotel mercial	ch of the a ed during shed. List	applicable servi the accounting these other ser	ces listed. period tha vices in th	e form of a BLOCK 2	RAT
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sys separate charg tion and incluc BLO0 RATE	stem furr le was m le the rat CK 1 CATEG Installa • Mote • Com • Pay	system for ea hished or offer ade or establis te for each. ORY OF SER tion: Non-resi el, hotel mercial	ch of the a ed during shed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period tha vices in th	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services thai listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sys separate charg tion and incluc BLO0 RATE	stem furr e was m le the rate CK 1 CATEG Installa • Mote • Com • Pay • Pay • Fire	system for ea hished or offere ade or establis te for each. DRY OF SERV tion: Non-resi el, hotel mercial cable cable-add'l ch protection	ch of the a ed during shed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period tha vices in th	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services thai listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by t t your cable sys separate charg tion and incluc BLO0 RATE	stem furr e was m le the rai <u>CK 1</u> <u>CATEG</u> Installa • Mote • Corr • Pay • Pay • Fire • Burg	system for ea hished or offere ade or establis te for each. ORY OF SER\ tion: Non-resi el, hotel mercial cable cable-add'l ch protection glar protection	ch of the a ed during shed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period tha vices in th	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sys separate charg otion and incluc BLO(RATE 17.95	stem furr e was m le the rai CK 1 CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burg Other s	system for ea hished or offere ade or establis te for each. ORY OF SERV tion: Non-resi el, hotel mercial cable cable-add'l ch protection glar protection ervices:	ch of the a ed during shed. List /ICE dential	applicable servites accounting these other servites accounting these other servites accounting these other servites account ac	ces listed. period tha vices in th	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sys separate charg tition and incluc BLO(RATE 17.95 30.00	stem furr e was m le the rat CK 1 CATEG Installa • Mote • Corr • Pay • Fire • Burç Other s • Rec	system for ea hished or offere ade or establis te for each. ORY OF SERV tion: Non-resi el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	ch of the a ed during shed. List /ICE dential	applicable servi the accounting these other ser	ces listed. period tha vices in th	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sys separate charg tition and incluc BLO(RATE 17.95 30.00	stem furr e was m le the rat CK 1 CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burg Other s • Rec • Disc	system for ea nished or offer ade or establis te for each. ORY OF SERV tion: Non-resi el, hotel mercial cable cable-add'I ch protection glar protection ervices: onnect onnect	ch of the a ed during shed. List /ICE dential	applicable servites accounting these other servites accounting these other servites accounting these other servites account ac	ces listed. period tha vices in th	e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sys separate charg tition and incluc BLO(RATE 17.95 30.00	stem furr e was m le the rat <u>CK 1</u> <u>CATEG</u> Installa • Mote • Corr • Pay • Pay • Fire • Burç Other s • Rec • Disc • Outl	system for ea hished or offere ade or establis te for each. ORY OF SERV tion: Non-resi el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	ch of the sed during shed. List /ICE dential	applicable servites accounting these other servites accounting these other servites accounting these other servites account ac	ces listed. period tha vices in th	e form of a BLOCK 2	RAT

ccounting Period: 2	2021/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	Zito West Holding LL PRIMARY TRANSMITTERS:			2454
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	1) stations carried only on a part-tin e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepen- tions in the paper SA1-2 form. he community to which the station	me basis under mins [sections tions carried on a situate program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community 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
Add Rows as Necessary	KERA	13.1	Е	Dallas TX
	KFDX	3	N	Wichita Falls TX
	КЈВО	35	I	Wichita Falls TX
	KJTL	18.1	N	Wichita Falls TX
	KSWO	7.1	N	Lawton OK
	KXAS	5.1	N	Fort Worth TX

EGAL NAME OF			YSTEM:					SYSTEM I
Lito West Ho	biding LLC							245
	t every radio s	tation ca	rried on a separate and discre					Н
Special Instruct eceivable if (1) in the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate i Column 4: G	tions Concerning, to commation about m. It is carried by monitoring, to commation about m. It is the call tate whether the radio state the radio state this by placing tive the station.	rning All y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	opyright Office re the system's hea system's FM ante his point, see pag ed by the cable sy e station is licens	gulations, an adend, and (2) nna, during ce je (v) of the ge ystem as a se ed by the FCC	FM sign) it can b ertain sta eneral in parate a	al is generally be expected, ated intervals. structions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL DIGIN		3,0	LOOATION OF STATION			5,0	LOOKTION OF STATION	

	d: 2021/2						FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito West Holding LLC	,						24541
	SUBSTITUTE CARRIAGE							
∎ Substitute	In General: In space I, identi substitute basis during the ad explanation of the programmi	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			0		•••	
Special	During the accounting period				s. anv nonne	twork telev	ision progran	n
Statement and Program Log	broadcast by a distant stat	•	,	,	, ,			XNO
					~~ •			
	Note: If your answer is "No'	, leave the	rest of this pag	je blank. If your answer is '	"Yes," you mu	ist comple	te the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	eir meaning is	6
	clear. If you need more spa	ce, please a	add additional r	rows to the tables.			-	
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re			3		•		
	Do not use general categori							
		n was broad		r "Yes." Otherwise enter "N				
				isting the substitute progra ne community to which the		nsed by th	e ECC or in	
	the case of Mexican or Can		· ·	,		,		
	Column 5: Give the mon	th and day		tem carried the substitute			, with the mo	nth
	first. Example: for May 7 giv			areas was servised by your	aabla avatam	liet the tiv	maa aaaurata	.h. <i>r</i>
	to the nearest five minutes.			gram was carried by your (ed by a system from 6:01::				ery
	stated as "6:00–6:30 p.m."	Example: a	i program oann		10 p 10 0.2	0.00 p.m.		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							ram
	effect on October 19, 1976.		our system wa		I FOO Tules a	inu regulat		
						N SUBST		
	S	2. LIVE?	E PROGRAM		5. MONTH	AGE OCC 6.	CURRED TIMES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARR	AGE OCC	CURRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	CURRED TIMES	

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 24541
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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.	ssion service mount, see	8,487.14 ross 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 or equal to \$2 • 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.	63,800	
	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 the accounting period is \$52.00	s six-month	
	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	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		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527)	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period: 2	021/2					FORM SA1-2E. PAGE 7.
Namo	LEGAL NAME OF O Zito West Hold	WNER OF CABLE SYSTEM: ing LLC				SYSTEM ID# 24541
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's I number of channels on whic	total numl	ls on which the cable system carried tele ber of activated channels during the acc le	counting period.	8
	on which the	I number of activated channe cable system carried televisio Icast services	on broadca	ast stations		101
N Individual to Be Contacted		BE CONTACTED IF FURT		RMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name	Teri McMullen			Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)		e number)		
	Email	teri.mcmullen@)zitomedia	a.com	Fax (optional	
0	• I, the undersigne	d, hereby certify that (Check o	ne, <i>but onl</i>	tified and signed in accordance with Cop <i>y one</i> , of the boxes.) o) I am the owner of the cable system as i		3; or
	X (Office	in line 1 of space B and that the er or partner) I am an officer (in line 1 of space B. the statement of account and e, and correct to the best of m	ie owner is (if a corpora hereby dec	artnership) I am the duly authorized agent not a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all statemer ge, information, and belief, and are made	legal entity identified as owr	
	[10 U.S.C., Sect	Typed or printed Title:	Enter sigr d name: Presid	/s/James Rigas electronic signature on the line above to cer nature using an "/s/ signature" (e.g., /s/ Joh James Rigas ent position held in corporation or partnership)		
		Date:			02/23/2022	

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.

	FORM SA1-2E. PAGE 8
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 Y ES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name 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.	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessment
× 1%	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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 \$	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - - - x days Line 3 Multiply line 2 by the number of days late and enter the sum here -	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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