This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:	
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)			<u>coplicsoa@loc.gov</u>
-			\$	For additional information, contact the U.S. Copyright
General instru	uctions are located	08/22/2022		Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	'YYY/(Period))	
		-		
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
в	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the p	-	sidiary of another corporation, give the full	corporate
Owner			the colle system	
owner	List any other name of names under w	hich the owner conducts the business of	the cable system.	
	-	he accounting period, only the owner or y fee payment covering the entire accou	n the last day of the accounting period shoul	d submit a
				25373
	Check here if this is the system's first fi	ling. If not, enter the system's ID numbe	r assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM	Λ	
	Zito West Holding LLC			
		OF CABLE SYSTEM (IF DIFFEREN	T)	
	Zito Media			
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	PO Box 665			
	Coudersport, PA 16915	e number)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bu			
	names already appear in space B. In lir		he system, if different from the addre	ess given in space B
System	1			
	Zito Media - Liberal			
	MAILING ADDRESS OF CABLE STST	=141.		
	2 (Number, street, rural route, apartment, or suit	e number)		
	(City, town, state, zip code)			
	(Gity, town, state, 2lp code)			
Privacy Act Notic	ce: Section 111 of title 17 of the United States Code	authorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Zito West Holding LLC	253
D	Instructions: List each separate community served by the cable system. A "comi "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter know s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	vile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Liberal	KS
Community		
dd Rows as Necessary		

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Zito West Holding LLC							U.I.	STEM II 253
	,								
Е	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								
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission		d (June 30 or December 31, as the case may be). th blocks in space E call for the number of subscribers to the cable system, broken							
Service: Sub-		•							
scribers and Rates	down by categories of secondary each category by counting the n	<i>,</i>							
Nates	separately for the particular serv	•	<i>.</i>	0 , (<i>,</i>	scharged	
	Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed				ny standa	rd rate variatior	is within a	particular rate	
	category, but do not include disc				den of ees			aa that aabla	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ice to the	
	first set" and would be counted of							с и	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		ongini						
	BLC	DCK 1					BLOC	٢2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:		405						
	Service to first set		105	21.18					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rate								
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than									
Secondary	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.								
ransmissions:	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 fo brief (two- or three-word) description and include the rate for each.							e ionn or a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	E RA
	Continuing Services:			ation: Non-res			0,1120		
	• Pay cable		• Mo	tel, hotel					
	• Pay cable—add'l channel			mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	30.00		rglar protection					
	 Additional set(s) 	20.00		services:					
	• FM radio (if separate rate)			connect		30.00			
	• Converter			connect					
				tlet relocation		30.00			
			• Mo	ve to new addr	ess	30.00			

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	Zito West Holding LL			255			
<u> </u>	PRIMARY TRANSMITTERS:						
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, <i>except</i> (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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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), "I-M" (for independent), "I" (for independent), or "E-M" (for noncommercial						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KAKE	10.2	I	Wichita KS			
	KBSD	6.1	Ν	Ensign KS			
	KFDA	10	Ν	Amarillo TX			
	кмтw	36	l	Wichita KS			
	KSAS	24	Ν	Wichita KS			
	KSCW	33.1	l	Wichita KS			
			N	Garden City KS			
	KSNG	11					
	KSNG KSWK	11 3	E	Wichita KS			
d Rows as Necessary	KSWK	3	E	Wichita KS			
	KSWK KUPK	3 13	E	Wichita KS Garden City KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			
	KSWK KUPK KWCH	3 13 12.1	E	Wichita KS Garden City KS Hutchinson KS			

unting Period:	2022/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM II				
	Zito West Holding LL	C		2537				
	PRIMARY TRANSMITTERS: TELEVISION							
G	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, <i>except</i> (1) stations carried only on a part-time basis under							
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her	in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (f	61(e)(2) and (4))]; and (2) certain station arried by your cable system on a substance of the system of the sy	ons carried on a stitute program				
	 station was carried <i>only</i> 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. <i>Do not</i> 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 Cana	dian stations, if any, give the name of t	he community with which the station i	is identified.				
			·					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
			·					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

EGAL NAME OI			Litti.					SYSTEM I 253
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in 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 abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed 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 ed by the cable s he station is licens	eadend, and (2 enna, during or ge (v) of the g system as a se sed by the FC	2) it can l ertain st jeneral ir eparate a	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	
						<u> </u>		
						[
		<u> </u>						
						1		
					·			

	od: 2022/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC							25373
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC)G			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program broadcast b	v a distant sta	tion that vo	ur cable svs	stem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod. did vou	ur cable svster	m carrv. on a substitute ba	asis. anv nonr	network tele	vision prod	Iram
Statement and	broadcast by a distant sta	•	,	<i>,</i>	, ,			NO
Program Log	-				"X "	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 r	nust comple	ete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUT		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever po	ossible. if th	eir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for furt	her informa	ation.
	"NBA Basketball: 76ers vs.		DVIES OF DASK	leiball. List specific progra	ann uues, ior e	example, i	LOVE LUCY	0I
			dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
				the community to which th			he FCC or,	in
	the case of Mexican or Car						a with the s	
	first. Example: for May 7 gi	,	when your sy	stem carried the substitute	e program. Us	se numerais	s, with the r	nonth
			e substitute pr	ogram was carried by you	r cable svste	m. List the t	imes accur	atelv
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules was substituted for prograr							ogram
	effect on October 19, 1976		your system w			and regula		
					1.1			T
						N SUBSTI		
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCI	JRRED	7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM			4. STATION'S LOCATION		AGE OCCI		7. REASON FOR DELETION
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	

Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 25373
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	9,001.15 sss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but 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.	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	this six-mon	
	accounting period is \$52.00	¢	E2 00
	Line 1. Royalty fee for accounting period	<u> </u>	52.00 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 \$ 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	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:	2022/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV Zito West Holdin	WNER OF CABLE SYSTEM: ng LLC				SYSTEM ID# 25373
M Channels	 to its subscribers, Enter the total r system carried to Enter the total r on which the cata 	and (2) the cable system's t number of channels on which elevision broadcast stations number of activated channel ple system carried television	total number of the cable the cable	activated channels during t	[11
N Individual to Be Contacted	INDIVIDUAL TO E	BE CONTACTED IF FURTH	HER INFORMA		an individual to whom	
for Further Information	Name	Teri McMullen			Telephone	814-260-0434
		PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)		nber)		
	Email	teri.mcmullen@	@zitomedia.co	m	Fax (optional)	
O Certification	I, the undersigned (Owner (Agent of in lir X (Office) in lir I have examined the second sec	d, hereby certify that (Check of other than corporation or p of owner other than corpor he 1 of space B and that the of r or partner) I am an officer (he 1 of space B. the statement of account and , and correct to the best of m	one, <i>but only on</i> partnership) I a ration or partne owner is not a c (if a corporation d hereby declare	e, of the boxes.) Im the owner of the cable system orporation or partnership; or) or a partner (if a partnershi e under penalty of law that al	with Copyright Office regulations) stem as identified in line 1 of space I red agent of the owner of the cable s p) of the legal entity identified as ow statements of fact contained herein e made in good faith.	system as identified ner of the cable system
			Enter an elect Enter signatur	James Rigas ronic signature on the line abo e using an "/s/ signature" (e.g		
		Typed or printer Title: (Title of c	President	mes Rigas		
		Date:			08/23/2022	

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 fing, a determination that would be made by a court of law.

Accounting Period: 2022/	1	FORM SA1-2E. PAGE 8
LEGAL NAME OF OWNER O	OF CABLE SYSTEM:	SYSTEM ID
Zito West Holding Ll	<u>_C</u>	25373
The Satellite Home V lowing sentence: "In determinin service of pro scribers and a For more informatior located in the paper During the accountin made by satellite car	EMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ng the total number of subscribers and the gross amounts paid to the cable system for the basic viding secondary transmissions of primary broadcast transmitters, the system shall not include sub- amounts collected from subscribers receiving secondary transmissions pursuant to section 119." In on when to exclude these amounts, see the note on page (vii) of the general instructions SA1-2 form. Ing period, did the cable system exclude any amounts of gross receipts for secondary transmissions rriers to satellite dish owners? Interval here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST ASSI	ESSMENT	
For an explanation o	this worksheet for those royalty payments submitted as a result of a late payment or underpayment. f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 2 Multiply line	x 1% 1 by the interest rate* and enter the sum here - x - x -	
Line 3 Multiply line	2 by the number of days late and enter the sum here	
	3 by 0.00274** and enter here bage 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ (interest charge)	
	erest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please ensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the dec	imal equivalent of 1/365, which is the interest assessment for one day late.	
-	ng this worksheet covering a statement of account already submitted to the Copyright Office, please address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community serv Accounting period	red	

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