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

Str OF Secondary Transmissions by Cable Systems (Short Form)       DATE RECEIVED       AMOUNT       Control Second Rec. acx         General Instructions are located in the first tab of this workbook       08/22/2022       \$       ALLOCATION NUMBER       Por additional information, context the U.S. Copyright of the U.S. Copyright of the U.S. Copyright of the U.S. Copyright of the U.S.	STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
Cable Systems (Short Form)       OB/22/2022       \$       Productability of the U.S. Coopyright of contrastics, and the U.S. Coopyright of the U.S.			DATE RECEIVED	AMOUNT	_
General instructions are located in the first tab of this workbook       D8/22/2022 <ul> <li>ALLOCATION NUMBER</li> <li>Context the 1.9. Copyright ALLOCATION NUMBER</li> </ul> context the 1.9. Copyright ALLOCATION NUMBER            A         ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) <ul> <li>Copyright</li> <li></li></ul>					<u>coplicsoa@loc.gov</u>
General instructions are located       08/22/2022       ALLOCATION NUMBER       Office Literating Division at:         Tet: (202) 707-9150       Tet: (202) 707-9150       Tet: (202) 707-9150         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       Ciffice Literating Division at:       Tet: (202) 707-9150         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       2022/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Accounting       Barcode Data Filing Period (optional - ase instructions)       Barcode Data Filing Period (optional - ase instructions)       Second S				\$	
A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))      ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))      Z022/1     Period 1 = January 1 - June 30     Period 2 = July 1 - December 31     Barcode Data Filing Period (optional - see instructions)      Accounting     Period     B     Give the full legal name of the owner of the cable system. If the owner is a subdilary of another corporation, give the full corporate     tile of the building, not thin the partic corporation.     Ut at any other name of the owner of the cable system. If the owner is a subdilary of another corporation, give the full corporate     tile of the building, not thin the partic corporation.     Ut at any other name or names under which the owner canducts the buildes of the cable system.     If there were different owners during their accounting period, only the owner on the last day of the accounting period should submit a     single statement of account and rolyfit (the partient corecting the endite accounting period.     Check here if this is the system's first filling. If not, enter the system's 1D number assigned by the Uconsing Division.     JDESED     LEGAL NAME OF OWNER/OR CABLE SYSTEM     Zito Media     MALING ADDRESS OF CABLE SYSTEM     Zito Media     MALING ADDRESS OF CABLE SYSTEM     Zito Media Submit at statement     A line 2, give the mailing address of the system, if different from the address given in space B     System     1     DESENTION OF CABLE SYSTEM     Zito Media - VestilakE     Maline ADDRESS OF CABLE SYSTEM     Zito Media - VestilakE     Maline ADDRESS OF CABLE SYSTEM     Zito Media - VestilakE SYSTEM     Zito Media - VestilakE     Maline ADDRESS OF CABLE SYSTEM     Zito Media - VestilakE SYSTEM     Zito Media - Vesti	General instru	uctions are located	08/22/2022	-	Office Licensing Division at:
Accounting       2022/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Accounting       Barcode Data Filing Period (optional - see instructions)         B       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.         Uit 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 of the last day of the accounting period should submit a single statement of account and royally fee parent corporation.         Uit 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 royally fee parent corporation.         Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division.       39500         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       200         Zito West Holding LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         Zito West Holding LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         Devices port, FA 18915       Countersport, FA 18915         City, text state, 100       Statement 2         Nature, state, 100       Statementer         Nathurds ADDRESS OF CABLE SYSTEM:       <	in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Accounting       2022/1       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Accounting       Barcode Data Filing Period (optional - see instructions)         B       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.         Uit 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 of the last day of the accounting period should submit a single statement of account and royally fee parent corporation.         Uit 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 royally fee parent corporation.         Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division.       39500         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       200         Zito West Holding LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         Zito West Holding LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         Devices port, FA 18915       Countersport, FA 18915         City, text state, 100       Statement 2         Nature, state, 100       Statementer         Nathurds ADDRESS OF CABLE SYSTEM:       <					
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B         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.           Use of the subsidiary, not that of the parent corporation.         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.         39580           Instructions:         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.         39580           LEGAL NAME OF OWNER OF CABLE SYSTEM         EusiNeESS NAME(G) OF OWNER OF CABLE SYSTEM         39580           Zito West Holding LLC         BUSINESS NAME(G) OF OWNER OF CABLE SYSTEM         39580           PO Box 665         MAILING ADDRESS OF OWNER OF CABLE SYSTEM         39580           Cuddersport, PA 16915         City, town, state, state         39580           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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         DENTIFICATION OF CABLE SYSTEM: 21 (b) Media - Westlake           MALING ADDRESS OF CABLE SYSTEM: 22 (b) (town, state, stp code)					
B       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.         Unrear       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 signal statement of account and royably 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.       39580         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       200         Zito West Holding LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         PO Box 665       200         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       200         PO Box 665       200         (Division: status, zoo)       200         Division:       200         Division: status, zoo       200         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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       Dentrification of cable system:         21       210 Media - Westlake       210 Media - Westlake         MAILING ADDRESS OF					
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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.          99580          Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.          99580          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           (Further, street, rural roote, apartment, or sube number)           Coudersport, PA 16915         (City, town, stata, zp)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B         1           2           4           2           5           6           7           1 <th>В</th> <th>title of the subsidiary, not that of the p</th> <th>parent corporation.</th> <th></th> <th></th>	В	title of the subsidiary, not that of the p	parent corporation.		
single statement of account and royalty fee payment covering the entire accounting period.  The check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  LICGUE BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM  Zito West Holding LLC  BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  Zito Media  MAILING ADDRESS OF CABLE SYSTEM PO Box 665  (Number, street, rual route, apatrment, or sulle number)  Coudersport, PA 16915  [City, town, state, zip code)  NAULING ADDRESS OF CABLE SYSTEM: 2  NUMBER: Street, rual route, apatrment, or sulle number)  (City, town, state, zip code)	Owner	List any other name or names under w	hich the owner conducts the business of	f the cable system.	
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)  Couldersport, PA 16915 (City, town, state, zip code)  NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 DENTIFICATION OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)		If there were different owners during	the accounting period, only the owner or	n the last day of the accounting period shoul	d submit a
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 sulte number)           Coudersport, PA 16915           [City, town, state, zip)           IDENTIFICATION OF CABLE SYSTEM:           2           Number: street, rural route, apartment, or sulte number)           Coudersport, PA 16915           [City, town, state, zip)           IDENTIFICATION OF CABLE SYSTEM:           2           (Number: street, rural route, apartment, or sulte number)           [City, town, state, zip code)		single statement of account and royal	y fee payment covering the entire accou	inting period.	205.90
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)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B           1         IDENTIFICATION OF CABLE SYSTEM:           2         (Number, street, rural route, apartment, or suite number)           City, town, state, zip code)         Xito Media - Westlake		Check here if this is the system's first f	iling. If not, enter the system's ID numbe	er assigned by the Licensing Division.	23260
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)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B           1         IDENTIFICATION OF CABLE SYSTEM:           2         (Number, street, rural route, apartment, or suite number)           City, town, state, zip code)         Xito Media - Westlake					
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)           Couldersport, PA 16915           (City, town, state, zip code)		LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM	И	
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)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B         1       IDENTIFICATION OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)         (City, town, state, zip code)		Zito West Holding LLC			
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)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B         1       IDENTIFICATION OF CABLE SYSTEM:         2       Number, street, rural route, apartment, or suite number)         (City, town, state, zip code)		BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	T)	
PO Box 665 (Number, street, rural route, apartment, or suite number)           Coudersport, PA 16915 (City, town, state, zip)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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         IDENTIFICATION OF CABLE SYSTEM: Zito Media - Westlake           Mailing Address of CABLE SYSTEM:         Zito Media - Westlake           Mailing Address of CABLE SYSTEM:         City, town, state, zip code		Zito Media			
Cudersport, PA 16915 (City, town, state, zip)           C           System         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B           1         IDENTIFICATION OF CABLE SYSTEM: Zito Media - Westlake           2         MAILING ADDRESS OF CABLE SYSTEM: (City, town, state, zip code)		MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
Image: City, town, state, zip)         Image: City, town, state, zip code)		PO Box 665	lo number)		
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System       names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B         1       IDENTIFICATION OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         2       (Number, street, rural route, apartment, or suite number)         (City, town, state, zip code)		(City, town, state, zip)			
System     1     IDENTIFICATION OF CABLE SYSTEM: Zito Media - Westlake       2     MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)	С			,	5
1     Zito Media - Westlake       MAILING ADDRESS OF CABLE SYSTEM:       2       (Number, street, rural route, apartment, or suite number)       (City, town, state, zip code)	System	, , ,	, <b>o</b>		<u>5</u>
2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)		<sup>1</sup> Zito Media - Westlake			
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		(City, town, state, zip code)			
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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.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Zito West Holding LLC	395
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill	ated communities within unincorporated areas and including single it you list will serve as a form of system identification hereafter kno ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Lake Graham	ТХ
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM							A1-2E. PAG
Name	Zito West Holding LLC	ADLE STOTEIN						51	395
Е	SECONDARY TRANSMISSION								
<b>-</b>	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
ransmission	last day of the accounting period	• • •			-				
Service: Sub-	Number of Subscribers: Both	n blocks in spa	ce E ca	ll for the numbe	er of subso	cribers to the ca			
scribers and	down by categories of secondary	,		0 / 1		•			
Rates	each category by counting the n			0 , (			<i>,</i>	s charged	
	separately for the particular serv Rate: Give the standard rate c					•	,	de and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	ounts allowed	for adva	ance payment.					
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Not			•		0			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	ore secon	dary transmissi	ons), list th	nem, together	
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	tion of the	service is	
	sufficient.			I	r			<u> </u>	
	BLC	DCK 1 NO. OF	. 1				BLOC		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	CODCOLUD	LING	TUTE	0, 11			CODOCIUDEIRO	101
	Service to first set		1	30.00					
	Service to additional set(s)			00100					
	• 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 rat	te (not subscril	ber) info	rmation with re	spect to a	Ill your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuuny	billed. If dify fe			lubic per p	logram basis,	
ransmissions:	Block 1: Give the standard rat	te charged by t							
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a		,		shed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.			1		
		BLO				-		BLOCK 2	
	CATEGORY OF SERVICE	RATE		SORY OF SER		RATE	CATEG	ORY OF SERVIC	E RA
	Continuing Services:			ation: Non-res	idential				
	• Pay cable			tel, hotel					
	• Pay cable—add'l channel			nmercial					
	Fire protection		-	/ cable					
	•Burglar protection		-	/ cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	30.00		glar protection					
	<ul> <li>Additional set(s)</li> </ul>	20.00		services:					
	<ul> <li>FM radio (if separate rate)</li> </ul>		• Red	connect		30.00			
	• Converter		• Dis	connect					
	• Converter			connect tlet relocation		30.00			

ounting Period: 2	2022/1			FORM	SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID#
	Zito West Holding LLC	C			39580
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat	ne basis under ms [sections ons carried on a	
lelevision	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	les, regulations, or authorizations: e in space G—but do list it in space I (t	he Special Statement and Program L	og)—if the	
	Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel	el number the FCC assigned to the tele	program services such as HBO, ESP e-air designation. For example, repo	N, etc. Identify each t multistream	
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> 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 instru- n of each station. For U.S. stations, lis lian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatic uctions in the paper SA1-2 form. t the community to which the station i	ndent), "I-M" nal multicast). s licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STA	TION
	KAUZ	6	N	Wichita Falls TX	
	KAUZ	6.1	N	Wichita Falls TX	
Rows as Necessary	KFDX	3.1	N	Wichita Falls TX	
	КЈВО	35	<b>I</b>	Wichita Falls TX	
	KJTL	18.1	Ν	Wichita Falls TX	
	ĸswo	7.1			
			N	Lawton OK	
	KSWO	7.3	N	Lawton OK Lawton OK	
			N 		
			N 1		
			N 		
			N I		
			N 		
			N I		
			N 		
			N   		
			N 		

EGAL NAME OF			· • · Elli.					SYSTEM I 395
	t every radio s	tation ca	arried on a separate and discrent of the second sec					н
eceivable if (1) on the basis of a cor 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 a ved 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licens	eadend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral 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>		
						<b> </b>		
						<b> </b>		
						<b> </b>		
						<b> </b>		
		t			1	1		
						+		
					·			

Accounting Perio	d: 2022/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	C						39580
_	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every no	nnetwork televi	<i>ision program</i> , broadcast by	/ a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programn				he general ins	structions i	n the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network te	levision prog	
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust comp	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wherever p	ossidie, it i	ineir meaning	gis
				vision program ("substitute	e program") tl	nat, during	the account	ing
	period, was broadcast by a	a distant sta	tion and that y	our cable system substitut	ed for the pro	ogramming	g of another :	station
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fu	rther informa	tion.
	Do not use general catego "NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	am uties, for e	example,	I Love Lucy	OI
	Column 2: If the program	m was broa		er "Yes." Otherwise enter '				
		0		asting the substitute progr				
	the case of Mexican or Cal			the community to which the community with which the			the FCC or,	In
				stem carried the substitute			als, with the n	nonth
	first. Example: for May 7 gi							
	Column 6: State the tim to the nearest five minutes			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car	ned by a system norm 0.01	i. i5 p.iii. to o	.20.30 p.n		
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	your syst	em was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for prograr	nmind that '	vour system w	as permitted to delete lind	ier FCC rules	and redu	lations in	
	effect on October 19, 1976	•	year eyetenn n			and regu		
	effect on October 19, 1976	•				and regu		
		i.		·	WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	·	WHE CARRI	N SUBST	TUTE	7. REASON FOR DELETION
		i.		·	WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	TITUTE CURRED TIMES	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SY	STEM ID# 39580
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you p all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary t (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ransmission service	620.31 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 See page (vi) of the general instructions located in the paper SA1-2 form 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 p accounting period is \$52.00	ay for this six-mon	
	Line 1. Royalty fee for accounting period	<b>\$</b>	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	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$	\$137,100)	
	1. Base amount under statutory formula \$ 263,80	0.00	
	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	0.00	
	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 See page i of the general instructions in the paper SA1-2 form for more in		its!

Accounting Period:	2022/1									FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: ling LLC								SYSTEM ID# 39580
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	ou must give (1) the number o s, and (2) the cable system's t I number of channels on which television broadcast stations I number of activated channels able system carried television	total numb h the cable 	ble	activated channels	during the a	accounting period.	st stations		7
	and nonbroadd	cast services								43
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		ORMAT	TION IS NEEDED	(Identify an i	individual to whom			
for Further Information	Name	Teri McMullen						Telephone 8'	14-260-0434	
	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)		uite numb	iber)					
	Email	teri.mcmullen@	zitomedi	dia.com	m		Fax (optional)			
O Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     I have examined	Typed or printed Title: (Title of o	one, but on partnershi ation or p owner is no (if a corpor I hereby de y knowledg X Enter an Enter sign d name: Presice	nly one hip) I an partners not a color oration) declare to dge, info dge, info /s/J n electro ignature Jan	e, of the boxes.) Im the owner of the overset ov	cable system authorized a rship; or artnership) of w that all stat f, and are ma	n as identified in line agent of the owner of f the legal entity ide tements of fact con ade in good faith.	e 1 of space B; of the cable sys entified as owne tained herein	stem as identified	tem
		Date:					08/23/2022	2		

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GAL NAME OF OWNER OF CABLE SYSTEM		FORM SA1-2E. PAGE
	И:	SYSTEM ID
o West Holding LLC		3958
SPECIAL STATEMENT CONC The Satellite Home Viewer Act of 198 lowing sentence: "In determining the total numbur service of providing secondary scribers and amounts collected For more information on when to excl located in the paper SA1-2 form. During the accounting period, did the made by satellite carriers to satellite of X NO	<b>ERNING GROSS RECEIPTS EXCLUSIONS</b> 8 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- er of subscribers and the gross amounts paid to the cable system for the basic transmissions of primary broadcast transmitters, the system shall not include sub- d from subscribers receiving secondary transmissions pursuant to section 119." ude these amounts, see the note on page (vii) of the general instructions cable system exclude any amounts of gross receipts for secondary transmissions lish owners?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
-	those royalty payments submitted as a result of a late payment or underpayment. nent, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payn	nent or underpayment	Interest Assessmen
Line 1 Enter the amount of late payn	nent or underpayment	Interest Assessmen
		Interest Assessmen
	× 1%	Interest Assessmen
Line 2 Multiply line 1 by the interest	x 1%	Interest Assessmen
Line 2 Multiply line 1 by the interest	x 1%	Interest Assessmen
Line 2 Multiply line 1 by the interest Line 3 Multiply line 2 by the number	x 1% rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest to Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** at	x 1%	Interest Assessmen
Line 2 Multiply line 1 by the interest to Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** an in space L, (page 6) block 1, line * To view the interest rate chart cline	x 1% rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** ar in space L, (page 6) block 1, line * To view the interest rate chart clin contact the Licensing Division at	x 1%	Interest Assessmen
Line 2 Multiply line 1 by the interest to Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** at in space L, (page 6) block 1, line * To view the interest rate chart clin contact the Licensing Division at ** This is the decimal equivalent of NOTE: If you are filing this worksheet	x 1% rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** and in space L, (page 6) block 1, line * To view the interest rate chart clin contact the Licensing Division and ** This is the decimal equivalent of NOTE: If you are filing this worksheet	x 1% rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** ar in space L, (page 6) block 1, li * To view the interest rate chart cli contact the Licensing Division at ** This is the decimal equivalent of NOTE: If you are filing this worksheet list below the owner, address, first con	x 1% rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** and in space L, (page 6) block 1, line * To view the interest rate chart cline contact the Licensing Division and ** This is the decimal equivalent of NOTE: If you are filing this worksheet list below the owner, address, first contact Owner Address	x 1% rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest of Line 3 Multiply line 2 by the number Line 4 Multiply line 3 by 0.00274** an in space L, (page 6) block 1, line * To view the interest rate chart clin contact the Licensing Division and ** This is the decimal equivalent of NOTE: If you are filing this worksheet list below the owner, address, first con Owner	x 1% rate* and enter the sum here	Interest Assessmen

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