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

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/22/2022	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito West Holding LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (City, town, state, zip)	
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Bayfield CO	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito West Holding LLC	63771
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
		1
First	CITY OR TOWN Bayfield	STATE CO
Community	La Plata County	CO
	Ignacio	CO
Add Rows as Necessary		
	านการการการการการการการการการการการการการก	
		****

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM II
Name	Zito West Holding LLC								637
Е	SECONDARY TRANSMISSION		-	-	-				
<b>–</b>	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary								
Rales	each category by counting the nu separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	· ·	,		ny standai	rd rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ios of soc	ondony transmis	cion convic	o that cable	
	systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					l in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	o- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1			1		BLOC	()	
	DLU	NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		9	20.50					
	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	6				
E	In General: Space F calls for rat	<b>`</b>	,		•	, ,			
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
			Installa	ation: Non-res	idential				
	Continuing Services:			tel, hotel					
	Continuing Services:     Pay cable		• Mo						1
	-			nmercial					
	• Pay cable		• Cor	-					
	• Pay cable • Pay cable—add'l channel		• Cor • Pay	nmercial	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>		• Cor • Pay • Pay	mmercial / cable	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	30.00	• Cor • Pay • Pay • Fire • Bur	mmercial / cable / cable-add'l ch protection glar protection	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	30.00 20.00	• Cor • Pay • Pay • Fire • Bur Other s	mmercial / cable / cable-add'l ch protection glar protection services:	annel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Cor • Pay • Pay • Fire • Bur • Bur • Red	mmercial / cable / cable-add'l ch protection glar protection services: connect	annel	30.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Cor • Pay • Pay • Fire • Bur • Bur • Bur • Red • Dis	mmercial / cable / cable-add'l ch protection glar protection services: connect connect	annel	30.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Cor • Pay • Pay • Fire • Bur • Bur • Bur • Red • Dis	mmercial / cable / cable-add'l ch protection glar protection services: connect	annel	30.00			

				OVOTEM ID
lame	Zito West Holding LI			SYSTEM ID 6377
	PRIMARY TRANSMITTERS:			
G smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i <b>Substitute Basis Station</b> basis under specific FCC t • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ent (for independent multicast For the meaning of these to <b>Column 4:</b> Give the locati	I also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program I both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections rations carried on a ubstitute program in Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCNC	4.1	N	Denver, CO
	KDVR	31.1	N	Denver, CO
Necessary	КМСН	7.1	Ν	Denver, CO
	KRMA	6.1	E	Denver, CO
	KTVD	20.1	l	Denver, CO
	KUSA	9.1	Ν	Denver, CO
	KWGN	2.1	I	Denver, CO
	KWGN	2.1		Denver, CO
	KWGN	2.1	1	Denver, CO
	KWGN	2.1	1	Denver, CO
	KWGN	2.1	1	Denver, CO
	KWGN	2.1	1	Denver, CO
	KWGN	2.1	1	Denver, CO
	KWGN	2.1	1	Denver, CO
	KWGN		1	Denver, CO
	KWGN			Denver, CO
	KWGN			Denver, CO
				Denver, CO

EGAL NAME OF Zito West Ho			STEM.					SYSTEM II 637
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of i cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under of the whenever it is received a wed at the headend, with the opyright Office regulations on 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 ne station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can œrtain st general i eparate	be expected, tated 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>	1	
							ļI	

Accounting Perio	d: 2022/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito West Holding LLC	:						63771
					<u>^</u>			
	SUBSTITUTE CARRIAGE							
I	In General: In space I, identi							
Cubatituta	substitute basis during the ac explanation of the programm							
Substitute Carriage:	1. SPECIAL STATEMEN				s general mou			2 101111.
Special						huark talaviaia	n nrogram	
Statement and	During the accounting peri-	-	r cable system	carry, on a substitute bas	is, any nonne			
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete th	ne program	า
	log in block 2.							
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa							
	<b>Column 1:</b> Give the title period, was broadcast by a			ision program ("substitute				
	under certain FCC rules, re							
	Do not use general categori							•
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				r "Yes." Otherwise enter "N				
				sting the substitute progra			00 an in	
	the case of Mexican or Can	adian statio	on s location (tr	e community to which the	station is lice	nsed by the F	CC or, in	
				tem carried the substitute			th the mon	th
	first. Example: for May 7 giv	e "5/7."			-			
				gram was carried by your				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that y	our evetor w	oc required	4
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.	• •				-		
						N SUBSTITU		
	5					AGE OCCUP 6. TIM		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	TO	
		100 01 110			7.1.0 07.1			
						<u> </u>		
						_		
						_		
						_		
						_		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	STEM ID# 63771
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	mission service s amount, see	of
	during the accounting period	(Amount of gro	
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 • 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 accounting period is \$52.00	this 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,	100)	
	1. Base amount under statutory formula		
	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	7,600)	
	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

	2022/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME O	F OWNER OF CABLE SYSTEM: olding LLC			SYSTEM ID: 6377
M Channels	to its subscrib		s total num	els on which the cable system carried television broadcast stations ber of activated channels during the accounting period.	7
	2. Enter the to on which the	otal number of activated chann e cable system carried televisio	els on broadcas	st stations	40
N Individual to Be Contacted	we can contac	ct about this statement of acco		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Address	Teri McMullen PO Box 665		Telephone	814-260-0434
		(Number, street, rural route, ap Coudersport PA 16 (City, town, state, zip)		uite number)	
	Email	teri.mcmullen	@zitomed	lia.com Fax (optional)	
O Certification	I, the undersig     (Ow     (Age     X     (Of     I have examinare true, complete	gned, hereby certify that (Check <b>mer other than corporation or</b> <b>ent of owner other than corpo</b> in line 1 of space B and that the <b>fficer or partner</b> ) I am an officer in line 1 of space B. hed the statement of account an	one, <i>but on</i> partnershi ration or pr owner is no (if a corpor d hereby de	ertified and signed in accordance with Copyright Office regulations) <i>aly one</i> , of the boxes.) <b>ip</b> ) I am the owner of the cable system as identified in line 1 of space B <b>martnership</b> ) I am the duly authorized agent of the owner of the cable sy ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as own eclare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith.	vstem as identified
				/s/James Rigas n electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or print	ed name:	James Rigas	
		Typed of print			
		Title:	Presic f official posit	dent tion held in corporation or partnership)	

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Inting Period: 2022/1	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM: West Holding LLC	SYSTEM 637
<b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub- caribara and amounts callested from subscribers are activities according to the cable system shall not include sub-	P Special Statemen
scribers 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	Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
1%	
x 1%	
x 1%	
	 3
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 5 -
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 5 
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u> 3 <u>-</u>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 5 
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 3 
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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