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 | HT OFFICE USE ONLY | 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 |
| | | | | |
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| | | | | |
| A | 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 | | | | |
| | Instructions: Give the full legal name of the owner o | f the cable system. If the owner is a sub | sidiary of another corporation, give the full | corporate |
| B | title of the subsidiary, not that of the p | | ····· , ·· ····· | |
| Owner | List any other name or names under w | hich the owner conducts the business of | the cable system. | |
| | If there were different owners during t | he accounting period, only the owner or | n the last day of the accounting period shoul | d submit a |
| | | y fee payment covering the entire accou | | |
| | 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. | 63837 |
| | | | | |
| | LEGAL NAME OF OWNER/MAIL | ING ADDRESS OF CABLE SYSTEM | Λ | |
| | Zito West Holding LLC | | | |
| | | OF CABLE SYSTEM (IF DIFFEREN | Т) | |
| | Zito Media | · · · · · · | | |
| | MAILING ADDRESS OF OWNER (| OF CABLE SYSTEM | | |
| | PO Box 665 | | | |
| | (Number, street, rural route, apartment, or suit | e number) | | |
| | Coudersport, PA 16915 (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 - McClure MAILING ADDRESS OF CABLE SYSTE | -M- | | |
| | | | | |
| | 2 (Number, street, rural route, apartment, or suite | e number) | | |
| | (City, town, state, zip code) | | | |
| | | | | |
| Privacy Act Notic | e: 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.

| Namo | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
|----------------------|--|---|
| Name | Zito West Holding LLC | 6383 |
| D | Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi | rated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter kno lings. |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or identified city. | |
| | CITY OR TOWN | STATE |
| First Community | McClure Borough, PA | PA |
| | | |
| dd Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF C | | | | | | | | 1-2E. PAG |
|------------------------|---|-------------------|----------|-------------------------------|------------|-------------------|------------|---------------------------|-----------|
| Name | Zito West Holding LLC | ADLE STOTEM | | | | | | 51 | 638 |
| | Zito west Holding LLC | | | | | | | | |
| Е | SECONDARY TRANSMISSION | | | | | | | | |
| - | In General: The information in s system, that is, the retransmission | | | - | | • | | | |
| Secondary | about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | | | | | | | g | |
| Service: Sub- | Number of Subscribers: Both | • | | | | | - | | |
| scribers and | down by categories of secondary | , | | 0 / 1 | | | | | |
| Rates | each category by counting the n separately for the particular serv | | - | ••• | | • | | s charged | |
| | Rate: Give the standard rate c | | | | | • | , | ge and the | |
| | unit in which it is generally billed | - | - | | | | | - | |
| | category, but do not include disc | | | | | | | | |
| | Block 1: In the left-hand block | | | - | | | | | |
| | systems most commonly provide that applies to your system. Not | | | | | | | | |
| | categories, that person or entity | | | Ũ | | • | | | |
| | subscriber who pays extra for ca | | | | | | | | |
| | first set" and would be counted o | | | | | | | | |
| | Block 2: If your cable system | - | | • | | | | | |
| | printed in block 1 (for example, t with the number of subscribers a | | | | | | | | |
| | sufficient. | and rates, in the | e ngnt-i | TATIO DIOCK. A U | vo- or the | e-word descrip | | Service is | |
| | | DCK 1 | | | | | BLOCI | K 2 | |
| | | NO. OF | | | | | | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CATI | EGORY OF SEI | RVICE | SUBSCRIBERS | RA |
| | Residential: | | | | | | | | |
| | Service to first set | | 27 | 36.22 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | | s | | | | |
| - | In General: Space F calls for rat | | | | | Ill your cable sy | stem's ser | vices that were | |
| F | not covered in space E, that is, t | | | | | | | | |
| 0 | service for a single fee. There ar | • | | | • | | U (| , | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the ur | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | usuuny | , billed. If dify it | | | | Jogram Busis, | |
| 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 separate charge was made or established. List these other services in the form of a | | | | | | | | |
| | brief (two- or three-word) description and include the rate for each. | | | | | | Г | | |
| | | BLO | | | | RATE | | BLOCK 2 ORY OF SERVICE | |
| | CATEGORY OF SERVICE Continuing Services: | RATE | | GORY OF SER ation: Non-res | | RATE | CATEG | ORT OF SERVICE | RA |
| | Pay cable | | | tel, hotel | uentiai | | | | |
| | • 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) | | | services: | | | | | |
| | • FM radio (if separate rate) | 20.00 | | connect | | 30.00 | | | |
| | • Converter | | | connect | | 30.00 | | | |
| | - Converter | | | | | 30.00 | | | |
| | | | | | | | | | |
| | | | _ | tlet relocation | 000 | 30.00 | | | |

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|------------------------|--|---|---|--|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEI 6 |
| | Zito West Holding LL | | | |
| | PRIMARY TRANSMITTERS: | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · |
| G | | lentify every television station (including t em during the accounting period, except | | |
| | FCC rules and regulations | in effect on June 24, 1981, permitting the | e carriage of certain network prog | rams [sections |
| Primary Insmitters: | | (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. | 1(e)(2) and (4))]; and (2) certain st | ations carried on a |
| elevision | Substitute Basis Stations | s: With respect to any distant stations ca | rried by your cable system on a su | ubstitute program |
| | | rules, regulations, or authorizations: re in space G—but do list it in space I (th | e Special Statement and Program | n Log)—if the |
| | station was carried <i>only</i> on | | hath on a substitute basis and al | |
| | basis. For further information | also in space I, if the station was carried on concerning substitute basis stations, s | see page (v) of the general instruc | ctions. |
| | | on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- | - | • |
| | "WETA-2" as the same on | the form. | | |
| | | nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. | vision station for broadcasting ove | r the air in its community |
| | Column 3: Indicate in each | h case whether the station is a network s | - | |
| | | ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), or | <i>,,</i> , , , , , , , , , , , , , , , , , , | ,, |
| | For the meaning of these te | erms, see page (iv) of the general instruc | ctions in the paper SA1-2 form. | , |
| | | on of each station. For U.S. stations, list t adian stations, if any, give the name of th | • | |
| | | ······································ | | |
| | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | WBRE | 28.1 | Ν | Scranton PA |
| | WBRE | 28.2 | NM | Scranton PA |
| d Rows as Necessary | WHVL | 29.1 | | |
| | VIIVL | 23.1 | | State College, PA |
| ono ao necessary | WITF | 33.1 | E | State College, PA Harrisburg, PA |
| | | | E | |
| | WITF | 33.1 | E I N | Harrisburg, PA |
| | WITF WLYH | 33.1 49.1 | | Harrisburg, PA Harrisburg, PA |
| | WITF WLYH WNEP | 33.1 49.1 16.1 | 1 N | Harrisburg, PA Harrisburg, PA Scranton PA |
| | WITF WLYH WNEP WNEP | 33.1 49.1 16.1 16.2 | I N NM | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA |
| | WITF WLYH WNEP WNEP WOLF | 33.1 49.1 16.1 16.2 56.1 | l N NM N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA |
| | WITF WLYH WNEP WNEP WOLF WPSU | 33.1 49.1 16.1 16.2 56.1 3.1 | l N NM N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA |
| | WITF WLYH WNEP WNEP WOLF WPSU WQMY | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 | l N NM N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |
| | WITF WLYH WNEP WNEP WOLF WPSU WQMY WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 | I N NM E I I I | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA Scranton PA |
| | WITF WLYH WNEP WOLF WPSU WQMY WSWB WSWB WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 44 | I N NM E I I I I E | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |
| | WITF WLYH WNEP WOLF WPSU WQMY WSWB WSWB WSWB WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 44 22.1 | I N NM E I I I I E N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |
| | WITF WLYH WNEP WOLF WPSU WQMY WSWB WSWB WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 44 | I N NM E I I I I E | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |
| | WITF WLYH WNEP WOLF WPSU WQMY WSWB WSWB WSWB WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 44 22.1 | I N NM E I I I I E N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |
| | WITF WLYH WNEP WOLF WPSU WQMY WSWB WSWB WSWB WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 44 22.1 | I N NM E I I I I E N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |
| | WITF WLYH WNEP WOLF WPSU WQMY WSWB WSWB WSWB WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 44 22.1 | I N NM E I I I I E N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |
| | WITF WLYH WNEP WOLF WPSU WQMY WSWB WSWB WSWB WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 44 22.1 | I N NM E I I I I E N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |
| | WITF WLYH WNEP WOLF WPSU WQMY WSWB WSWB WSWB WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 44 22.1 | I N NM E I I I I E N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |
| | WITF WLYH WNEP WOLF WPSU WQMY WSWB WSWB WSWB WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 44 22.1 | I N NM E I I I I E N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |
| | WITF WLYH WNEP WOLF WPSU WQMY WSWB WSWB WSWB WSWB | 33.1 49.1 16.1 16.2 56.1 3.1 53.1 38.1 38.2 44 22.1 | I N NM E I I I I E N | Harrisburg, PA Harrisburg, PA Scranton PA Scranton PA Scranton PA Clearfield, PA Williamsport PA Scranton PA |

| III-band basis v | t every radio s | tation ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
|---|--|---|---|---|--|---|---|----------------------------------|
| eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing Give 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 < 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 pay ed by the cable s he station is licens | adend, and (2 nna, during ce ge (v) of the ge ystem as a se wed by the FC0 |) it can l ertain sta eneral ir parate a | be expected, ated intervals. Instructions 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 | |
| | | 5,5 | | O, LE OIOIN | , OI T WI | 5,0 | | |
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| Accounting Perio | d: 2022/1 | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------|--|----------------|--|------------------------------------|-------------------------------|--------------------------|-------------------------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | | SYSTEM ID# |
| Name | Zito West Holding LLC |) | | | | | | 63837 |
| | SUBSTITUTE CARRIAG | E: SPECIA | AL STATEME | NT AND PROGRAM LO | G | | | |
| | In General: In space I, ident | tify every no | nnetwork telev | <i>ision program,</i> broadcast by | / a distant sta | tion, that y | our cable sys | tem carried on a |
| | substitute basis during the a | accounting p | eriod, under sp | pecific present and former F | CC rules, reg | ulations, o | r authorizatio | ns. For a further |
| Substitute | explanation of the programm | ning that mu | ist be included | in this log, see page (v) of t | he general ins | structions i | n the paper S | A1-2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | RNING SUBS | TITUTE CARRIAGE | | | | |
| Special | During the accounting per | riod, did you | ur cable syste | m carry, on a substitute ba | isis, any nonr | network tel | evision prog | ram |
| Statement and | broadcast by a distant sta | | | | | | YES | ×NO |
| Program Log | | | | | | | | |
| | 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 SUBSTITUTI | | | ata lina. Lina abbraviation | a whorever p | pagibla if i | hair maanin | a io |
| | In General: List each subs clear. If you need more spa | | | | s wherever p | ossidie, il i | ineir meaning | y is |
| | | | | vision program ("substitute | e program") ti | hat, during | the account | tina |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re | | | | | | | |
| | Do not use general categor | | ovies" or "bask | etball." List specific progra | am titles, for e | example, " | I Love Lucy" | or |
| | "NBA Basketball: 76ers vs. | | dooot live opt | er "Yes." Otherwise enter ' | "No." | | | |
| | | | | casting the substitute progr | | | | |
| | | | | the community to which the | | censed by | the FCC or, | in |
| | the case of Mexican or Car | | | | | | , | |
| | | | when your sy | stem carried the substitute | e program. U | se numera | lls, with the r | nonth |
| | first. Example: for May 7 gi | | | | | | | |
| | | | | ogram was carried by you | | | | ately |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | . Example. | a program car | ned by a system nom 0.01 | i. 15 p.m. to e | .20.30 p.11 | | |
| | | ter "R" if the | listed program | n was substituted for prog | ramming that | vour syst | em was <i>requ</i> | uired |
| | to delete under FCC rules | | | | | | | |
| | | | | anny the accounting perio | | | | |
| | | nming that | | as permitted to delete und | | | | 0 |
| | was substituted for prograr effect on October 19, 1976 | nming that | | | | | | |
| | | nming that | | | ler FCC rules | and regu | lations in | 1 |
| | effect on October 19, 1976 | nming that : | your system w | ras permitted to delete und | ler FCC rules WHE | and regul | lations in | |
| | effect on October 19, 1976 | UBSTITUT | your system w | ras permitted to delete und | ler FCC rules WHE CARRI | and regul | lations in | 7. REASON FOR DELETION |
| | effect on October 19, 1976 | nming that : | your system w | ras permitted to delete und | ler FCC rules WHE | and regul | Iations in ITUTE CURRED | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
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| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
| | effect on October 19, 1976 | UBSTITUT | your system w E PROGRAM 3. STATION'S | ras permitted to delete und | WHE CARRI | N SUBST AGE OCC 6. | ITUTE CURRED TIMES | 7. REASON FOR |
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| Accounting Period: | 2022/1 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|---|-------------------------------|--------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC | SI | /STEM ID# 63837 |
| 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 | 9,801.04 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 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-mon | |
| | 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 | | |
| | 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat | | nts! |

| Accounting Period: | 2022/1 | | | | | | | | | FORM | SA1-2E. PAGE 7. |
|------------------------------------|---|---|--|---|---|---|--|---|--|------|---------------------|
| Name | LEGAL NAME OF OW Zito West Holdin | NER OF CABLE SYSTEM: | | | | | | | | | SYSTEM ID# 63837 |
| M Channels | to its subscribers, a 1. Enter the total n system carried te 2. Enter the total n | must give (1) the number of and (2) the cable system's f number of channels on whic elevision broadcast stations number of activated channel ele system carried television | total numb ch the cable s | ber of activ | vated channels | during the a | accounting perioc | | | 15 | |
| | | st services | | | | | | | | 176 | |
| N Individual to Be Contacted | | BE CONTACTED IF FURTH out this statement of accou | | ORMATION | N IS NEEDED (I | dentify an i | ndividual to whor | m | | | |
| for Further Information | Name | Teri McMullen | | | | | | Telephone | 814-260-043 | 34 | |
| | i (| PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip) | | uite number) | | | | | | | |
| | Email | teri.mcmullen@ | @zitomedi | dia.com | | | Fax (optional | I) | | | |
| O Certification | I, the undersigned (Owner of the image) (Agent control in line X (Officer in line I have examined the image) | This statement of account m I, hereby certify that (Check of other than corporation or p of owner other than corpor te 1 of space B and that the of r or partner) I am an officer the statement of account and and correct to the best of m 1001(1986)] | ration or partnershi owner is no owner is | nly one, of nip) I am the partnership not a corpor pration) or a declare und dge, informa /s/Jam n electronic | the boxes.) e owner of the c p) I am the duly ration or partner: a partner (if a pa er penalty of law ation, and belief, nes Rigas | able system authorized a ship; or rtnership) of r that all stat and are ma | n as identified in lin agent of the owne f the legal entity ic tements of fact co ade in good faith. | ne 1 of space E er of the cable s dentified as owr ontained herein | ystem as identif ner of the cable : | | |
| | | Typed or printer Title: (Title of c | ed name: Presic | Jame | s Rigas | | | | | | |
| | | Date: | | | | | 08/23/202 | 22 | | | |

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.

| AL NAME OF OWNER OF CABLE SYSTEM: | FORM SA1-2E. PAGE |
|---|--|
| | SYSTEM II |
| West Holding LLC | 6383 |
| 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? NO | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Name Mailing Address Mailing Address | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessmen |
| | |
| x 1% | |
| x 1% 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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