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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/22/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	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)
	INSTI	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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:
	<u> </u>	Zito Media - Pittsylvania County
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
		[οιίζ, ισπι, είαιε, Δη ωνέ]

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 suffciency of the fling, a determination that would be made by a court of law.

	I	FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	Zito West Holding LLC	638
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincorpdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	
	as the "first community." Please use it as the first community on all future	
	Note: Entities and properties such as hotels, apartments, condominiums, o	
Area	identified city.	in mobile nome parks should be reported in parentileses below the
Served	identified dity.	
	CITY OR TOWN	STATE
First	Pittsylvania County	VA
Community		
•		
l Rows as Necessary		
nows as ivecessary		

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID# 63893

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,149	15.24			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
					1

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
Additional set(s)	20.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63893

Zito West Holding LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBRA	15	E	Roanoke, VA
WDBJ	7.1	N	Roanoke, VA
WDBJ	7.3	N-M	Roanoke, VA
WFMY	2.1	N	Greensboro, NC
WFXR	27.1	N	Roanoke, VA
WGSR	19.1	l	Reidsville, NC
WPXR	38.1	l	Roanoke, VA
WSET	13.1	N	Roanoke, VA
WSLS	10.3	N-M	Roanoke, VA
WSLS	10.1	N	Roanoke, VA
WSLS	10.2	N-M	Roanoke, VA
WUNC	4	E	Winston-Salem, NC
wwcw	21.1	N-M	Roanoke, VA
WZBJ	24.1	N-M	Roanoke, VA

Accounting Period: 2022/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63893

Zito West Holding LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

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Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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	J. 2022 /4						F00	14 0 4 4 OF DA OF 5		
Accounting Perio	LEGAL NAME OF OWNER OF	CARLE SYS	STEM:				FUR	SYSTEM ID#		
Name	Zito West Holding LL		OT LIVI.					63893		
	· ·									
1	SUBSTITUTE CARRIAG	_	_			tion that v	our cable sv	stem carried on a		
	substitute basis during the	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, d	or authorization	ons. For a further		
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and										
Program Log	Log broadcast by a distant station?									
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must com	plete the pro	gram		
	log in block 2.	E DDOOD	AMC							
	2. LOG OF SUBSTITUT In General: List each subs		_	ate line. Use abbreviations	s wherever p	ossible. if	their meanin	na is		
	clear. If you need more sp	ace, please	add additiona	I rows to the tables.						
	Column 1: Give the title period, was broadcast by a			vision program ("substitute						
	under certain FCC rules, re									
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example,	"I Love Lucy"	" or		
	"NBA Basketball: 76ers vs Column 2: If the progra		dcast live. ent	er "Yes." Otherwise enter '	"No."					
	Column 3: Give the call	sign of the	station broad	casting the substitute progr	ram.					
	Column 4: Give the bro the case of Mexican or Ca			the community to which the			the FCC or	, in		
				stem carried the substitute			als, with the	month		
	first. Example: for May 7 g		a aubatituta nu	agram was sarried by you	r aabla ayatay	na Liattla	times see	ratalı.		
	to the nearest five minutes			ogram was carried by you ried by a system from 6:01						
	stated as "6:00-6:30 p.m."									
	Column 7: Enter the let to delete under FCC rules			n was substituted for progr						
	was substituted for progra							. ogram		
	effect on October 19, 1976	5.								
	SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED									
	S	UBSTITUT	E PROGRAM	1				7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	7. REASON FOR DELETION		
		1		4. STATION'S LOCATION	CARRI	AGE OC	CURRED			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC			9	WOTER I			
			`	SYSTEM II 6389			
(as identified in space E) during the accounting period. For a further explanation 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.	system's se on of how to	condary transm o compute this	ission service amount, see				
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800	but less tha	an \$527,600	263,800				
BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS					
	y fee that y	ou must pay for	this six-mon				
•							
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2	!	· · <u> </u>				
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)				
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							
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8						
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)				
Enter the amount of gross receipts from space K	\$	328,542.56					
2. Base amount under statutory formula	\$	263,800.00	•				
3. Subtract line 2 from line 1	\$	64,742.56	•				
4. Multiply line 3 by .01		\$	647.43				
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	l, 5, and 6 .		\$	1,966.43			
FILING FEE AND TOTAL REMITTANCE DU	IE						
Royalty Fee Payable for Accounting Period (from Block 1.2 or 3. above)		\$	1.966.43				
			20.00				
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,986.43			
Important: Your remittance must be in the form of an electronic pays	ment payal	ble to the Regis	ster of Copyri				
	(as identified in space E) during the accounting period. For a further explanating 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 recompleted in the paper SA1-2 form. IMPORTANT: You must complete a statement in space P concerning gross recompleted for the page of the provided provided in the page of t	(as identified in space E) during the accounting period. For a further explanation of how to page (wii) 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Lomplete block 7, block 2, or block 3. Use block 1 ff the amount of gross receipts in space K is \$137,100 or less Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less the see page (w) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,100 OR less, the royalty fee that y accounting period is \$52.00 Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more accounting period is \$50.00 or less for accounting period is \$50.00 or less for accounting the service of the servi	(as identified in space E) during the accounting period. For a further explanation of how to compute this page (Wil 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. COPPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 fit he 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 \$238,800 but less than \$27,800 See page (vi) of the general instructions located in the paper SA1-2 form for 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 pay for accounting period is \$52.00. Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100 and the state of the sta	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. COPYRIGHT ROYALTY FEE Instructions: To complete the royalty fee you owe: Complete block 1, block 2, or block 3 Use block 1 fithe 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 \$137,100 but less than or equal to \$263,800 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts of \$137,100 or less. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$82.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 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 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 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 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 263,800.00 1. Enter the amount of gross receipts from space K 1. Royalty Fee Payable for Accounting Period (from Bloc			

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SYSTEM ID# 63893
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .	201
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Teri McMullen Telephone	814-260-0434
Information	Address PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915	014-200-04-04
	(City, town, state, zip) Email teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as over in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas	system as identified vner of the cable system
	Title: President (Title of official position held in corporation or partnership)	
	Date: 08/23/2022	

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

Accounting Period: 2022/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63893 Zito West Holding LLC 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 fol-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO 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. **Interest Assessment** 1% davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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