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	FNT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:							
		ansmissions by	DATE RECEIVED	DATE RECEIVED AMOUNT							
Cable Syste General instru in the first tab	ictions	are located	2/24/23	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150						
A	ACCO	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))							
		2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
			Barcode Data Filing Period (optiona	I - see instructions)							
Accounting Period											
В		Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full (	corporate						
Owner		List any other name or names under which	ch the owner conducts the business of	the cable system.							
		-		the last day of the accounting period should	d submit a						
		single statement of account and royalty f Check here if this is the system's first filin			3258						
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ							
		Zito West Holding LLC									
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	Т)							
		Zito Media									
		MAILING ADDRESS OF OWNER OF PO Box 665									
	(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915 (City, town, state, zip)										
С		RUCTIONS: In line 1, give any busi		entify the business and operation of the							
System	names	ames 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	Zito Media - Chillicothe									
		MAILING ADDRESS OF CABLE SYSTEM	:								
	2	(Number, street, rural route, apartment, or suite n	umber)								
		(City, town, state, zip code)									

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Zito West Holding LLC	325
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 f	rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
	CITY OR TOWN	STATE
First	Chillicothe	MO
Community	Livingston County	MO
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC				
Name	Zito West Holding LLC												
Е		SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable											
-	system, that is, the retransmission	•		-		•							
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the												
Transmission	, , , , , , , , , , , , , , , , , , ,												
Service: Sub- scribers and													
Rates	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 serv					•	,	we and the					
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-					
	category, but do not include disc	counts allowed	for adva	ance payment.									
	Block 1: In the left-hand block												
	systems most commonly provide that applies to your system. Not												
	categories, that person or entity			•		•							
	. ,					d in the count u	nder "Serv	ice to the					
	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)."												
	<b>Block 2:</b> 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 a	,,	, 0										
	sufficient.						( )						
	BLU	CK 1 NO. OF					BLOC	NO. OF					
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT				
	Residential:												
	Service to first set		265	27.13									
	Service to additional set(s)												
	• FM radio (if separate rate)												
	Motel, hotel Commercial												
	Converter												
	Residential												
	Non-residential												
									[				
	SERVICES OTHER THAN SEC												
F	In General: Space F calls for ra not covered in space E, that is, t	•			•	• •							
_	service for a single fee. There a												
Services	furnished at cost or (2) services												
Other Than Secondary	amount of the charge and the ur		usually	billed. If any ra	ates are cl	narged on a var	lable per-p	rogram basis,					
ransmissions:													
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a												
	listed in block 1 and for which a brief (two- or three-word) descrip	vices in th	e form of a										
	CATEGORY OF SERVICE	BLO		ORY OF SER		RATE	CATEC	BLOCK 2	RAT				
	Continuing Services:	RAIE		tion: Non-res		RAIE	CATEG	ORT OF SERVICE	RA				
	• Pay cable			el, hotel	aonnaí								
	Pay cable—add'l channel			nmercial									
	Fire protection		• Pay	cable									
	•Burglar protection		• Pay	v cable-add'l ch	nannel								
	Installation: Residential			protection									
	• First set	30.00		glar protection									
	• Additional set(s)	20.00		services:		00.00							
	• FM radio (if separate rate)			connect		30.00							
	Converter		<ul> <li>DIS</li> </ul>	connect									
			• • • • •	let relocation		20.00							
			_	let relocation /e to new addr		30.00 30.00							

arried by your cable system CC rules and regulations in 6.59(d)(2) and (4), 76.61(e ubstitute program basis, as <b>ubstitute Basis Stations</b> : asis under specific FCC ru Do <i>not</i> list the station here tation was carried <i>only</i> on List the station here, and a asis. For further informatio <b>column 1:</b> List each station hulticast stream associated WETA-2" as the same on the <b>column 2:</b> Give the channe f license. For example, Wi <b>column 3:</b> Indicate in each ducational station, by enter or independent multicast), or the meaning of these te <b>column 4:</b> Give the location	TELEVISION entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (ti a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain si arried by your cable system on a si the Special Statement and Program ed both on a substitute basis and al , see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, re- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the statio	t-time basis under grams [sections stations carried on a substitute program m Log)—if the lso on some other lctions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
<b>n General:</b> In space G, ide arried by your cable system CC rules and regulations in 6.59(d)(2) and (4), 76.61(e ubstitute program basis, as <b>substitute Basis Stations:</b> asis under specific FCC ru Do <i>not</i> list the station here tation was carried <i>only</i> on List the station here, and a asis. For further informatio <b>column 1:</b> List each station nulticast stream associated WETA-2" as the same on the <b>column 2:</b> Give the channel f license. For example, Wil <b>column 3:</b> Indicate in each ducational station, by enter for independent multicast), or the meaning of these te <b>column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>excep</i> ) in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele rRC is channel 4 in Washington, D.C. acase whether the station is a network wring the letter "N" (for network), "N-M" "E" (for noncommercial educational), or erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t (1) stations carried only on a part he carriage of certain network prog 51(e)(2) and (4))]; and (2) certain si arried by your cable system on a si the Special Statement and Program ed both on a substitute basis and al , see page (v) of the general instru- program services such as HBO, ES e-air designation. For example, re- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the statio	t-time basis under grams [sections stations carried on a substitute program m Log)—if the lso on some other lctions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
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or the meaning of these te column 4: Give the location	erms, see page (iv) of the general instru n of each station. For U.S. stations, list	uctions in the paper SA1-2 form. t the community to which the statio	on is licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
СРТ	19	E	Kansas City MO
сти	5	N	Kansas City MO
CWE	29	<u>I</u>	Kansas City MO
(MBC	9	N	Kansas City MO
(MBC	9.1	N	Kansas City MO
			Lawrence KS
(PXE		······	Kansas City MO
		N	Kansas City MO
			Kansas City MO
	ľ	N	Kansas City MO
<b>VDAF</b>			
	CCPT CCTV CCWE MBC MBC	Image: CPT     19       Image: CTV     5       Image: CWE     29       Image: CWE     29       Image: CWE     9       Image: CWE     9.1       Image: CWE     9.1       Image: CWE     38       Image: PXE     50       Image: SMO     62	CCPT         19         E           iCTV         5         N           iCWE         29         I           iMBC         9         N           iMBC         9.1         N           iMCI         38         I           iSHB         41         N           iSMO         62         I

unting Period:												
Name	LEGAL NAME OF OWNER OF			SYSTEM 32								
	PRIMARY TRANSMITTERS:											
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>excep</i>	t (1) stations carried only on a part-tim	ne basis under								
Primary nsmitters:	76.59(d)(2) and (4), 76.61(e	n effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.										
elevision	Substitute Basis Stations:	With respect to any distant stations c	arried by your cable system on a subs	titute program								
		les, regulations, or authorizations: a in space G—but do list it in space I (t	he Special Statement and Program Lo	og)—if the								
	station was carried <i>only</i> on a											
		also in space I, if the station was carrie n concerning substitute basis stations,										
	Column 1: List each station	i's call sign. <i>Do not</i> report origination p	program services such as HBO, ESPN	l, etc. Identify each								
	"WETA-2" as the same on the	with a station according to its over-the he form.	e-all designation. For example, report	t multistream								
	Column 2: Give the channe	el number the FCC assigned to the tele	evision station for broadcasting over th	ne air in its community								
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a r	noncommercial								
	educational station, by enter	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indeper	ndent), "I-M"								
		"E" (for noncommercial educational), or rms, see page (iv) of the general instru		nal multicast).								
		n of each station. For U.S. stations, list		licensed by the								
	FCC. For Mexican or Canad	lian stations, if any, give the name of t	the community with which the station is	s identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
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		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								
		2. B'CAST CHANNEL NUMBER		4. LOCATION OF STATION								
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		2. B'CAST CHANNEL NUMBER		4. LOCATION OF STATION								
		2. B'CAST CHANNEL NUMBER										
		2. B'CAST CHANNEL NUMBER										

EGAL NAME O Zito West H								SYSTEM I 32
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stati this by placing Give the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's location	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	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 c ge (v) of the g ystem as a se sed by the FC	) it can l ertain st eneral ir eparate 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	
	1							
		+						

Accounting Perio	d: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	2						3258
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	-	-			tion that w	our cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the program							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting pe	-			eie anv nonr	network tel	evision nroa	ram
Statement and		•		fically, on a substitute ba	1313, any 11011			
Program Log	broadcast by a distant sta	auon?				l	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	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter				
		0		asting the substitute prog				•
	the case of Mexican or Cal			the community to which th			the FCC or,	IN
				stem carried the substitute			ls with the r	month
	first. Example: for May 7 gi		When you by		program. or			
	Column 6: State the tim	es when the	e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes	. Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m."	د						ine el
	to delete under FCC rules			n was substituted for prog				
							the noted pr	ogram
	was substituted for program	mming that v					ations in	
	was substituted for programe ffect on October 19, 1976			as permitted to delete unc			ations in	
							ations in	T
	effect on October 19, 1976	i.	your system w	as permitted to delete und	ler FCC rules WHE	and regul	ITUTE	
	effect on October 19, 1976	UBSTITUT	your system w	as permitted to delete und	ler FCC rules WHE CARRI	and regul	ITUTE CURRED	7. REASON FOR
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S`	YSTEM ID# 3258
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 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	2,073.85 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,	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more information		nts!

Accounting Period:	2022/2													FC	ORM SA1-2E. PAGE
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: ding LLC													SYSTEM ID 325
M Channels	to its subscribers 1. Enter the tota system carried	ou must give (1) the number o s, and (2) the cable system's t I number of channels on which I television broadcast stations I number of activated channels	total numb	nber of ble	of activat	ted chann	iels durin	ng the a	ccounting	period.	st station	s		10	
		able system carried television												111	
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		ORMA	IATION I	IS NEEDE	ED (Ident	ify an ir	ndividual t	to whom					
for Further Information	Name	Teri McMullen									Telepho	ne <b>814</b>	-260-04	434	
	Address	PO Box 665 (Number, street, rural route, aparth Coudersport PA 169 (City, town, state, zip)		suite nun	umber)										
	Email	teri.mcmullen@	zitomedi	dia.co	com				Fax (o	optional)					
O Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     I have examined	(This statement of account m red, hereby certify that (Check of er other than corporation or p at of owner other than corpora- line 1 of space B and that the of cer or partner) I am an officer ( line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	one, <i>but on</i> partnershi ation or p owner is no (if a corpor hereby de	<b>hip)</b> I a <b>partne</b> not a c poration declare	one, of the I am the o nership) a corporat on) or a p are under	le boxes.) owner of th l am the d tion or part partner (if a	he cable duly autho tnership; a partners f law that	system orized a or ship) of t all state	as identifi igent of the the legal of ements of	ied in line e owner entity ide	e 1 of spa of the cab	ce B; or ole system owner o			
				in electi	ectronic sig	gnature on an "/s/ sig	the line a				ient.	-			
		Typed or printed	d name:	: Ja	James	Rigas									
		Title: (Title of o	Presic fficial position			oration or pa	artnership)	)							
		Date:							02	2/27/2023	3				

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.

ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o West Holding LLC	3258
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.	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
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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