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	Return completed workbook by email to:		
	ry Transmissions by	DATE RECEIVED	AMOUNT	- coplicsoa@loc.gov	
-	ctions are located	2/24/23	For additional information, contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
A	ACCOUNTING 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 (optional	I - see instructions)		
Accounting Period					
	Instructions:	ha cable system. If the owner is a sub	sidiany of another corneration, give the full of	corporato	
В	title of the subsidiary, not that of the pare		sidiary of another corporation, give the full o	orporate	
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.		
	If there were different owners during the single statement of account and royalty for		the last day of the accounting period should nting period.	d submit a	
	Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	4907	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	1		
	Zito West Holding LLC				
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	T)		
	Zito Media				
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	PO Box 665 (Number, street, rural route, apartment, or suite n	umber)			
	Coudersport, PA 16915 (City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busir names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:				
	¹ Zito Media - Mountain Hom	le			
	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
	Zito West Holding LLC	4907
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, : will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the
-	CITY OR TOWN Mountain Home	STATE
First Community	Mountain Home Air Force Base	ID ID
	Elmore County	ID
ows as Necessary		

	LEGAL NAME OF OWNER OF C								TEM I			
Name		ADLE STOTEIN	•					510	49			
	Zito West Holding LLC											
Е	SECONDARY TRANSMISSION											
L	In General: The information in s system, that is, the retransmission			-		•						
Secondary	about other services (including p											
Fransmission	last day of the accounting period											
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			0,0		•		s charged				
	Rate: Give the standard rate c					•	,	ge and the				
	unit in which it is generally billed	-	-	•				-				
	category, but do not include disc	ounts allowed	for adva	ance payment.								
	Block 1: In the left-hand block											
	systems most commonly provide that applies to your system. Not											
	categories, that person or entity			•		0						
	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	, 0										
	with the number of subscribers a sufficient.	and rates, in th	vo- or thre	e-word descrip	tion of the	service is						
		DCK 1					BLOC	< 2				
		NO. OF					BLOOK	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA			
	Residential:											
	 Service to first set 		109	22.42								
	 Service to additional set(s) 											
	 FM radio (if separate rate) 											
	Motel, hotel											
	Commercial											
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC				9			•	•			
-	In General: Space F calls for rat					Il your cable sy	stem's ser	vices that were				
F	not covered in space E, that is, t											
	service for a single fee. There ar	•			•		• •	,				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur											
Secondary			usualiy	billed. If ally la		larged on a var	iable hei-h	logialii basis,				
ransmissions:	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.											
Rates	Block 2: List any services that	-										
	listed in block 1 and for which a	e form of a										
	brief (two- or three-word) descrip		1									
		BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RA			
	Continuing Services:			ation: Non-resi	idential							
	• Pay cable			tel, hotel								
	Pay cable—add'l channel			nmercial								
	Fire protection		-	/ cable								
	•Burglar protection		-	cable-add'l ch	annel							
	Installation: Residential			e protection								
	First set	30.00		glar protection								
	Additional set(s)	20.00		services:								
	• FM radio (if separate rate)			connect		30.00						
	Converter		• Dis	connect								
			-									
			_	let relocation		30.00 30.00						

	LEGAL NAME OF OWNER OF			SYSTEM I							
Name	Zito West Holding LL			49							
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary ransmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru · Do <i>not</i> list the station here station was carried <i>only</i> on · List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 is 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 (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	t (1) stations carried only on a part-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each							
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	a noncommercial endent), "I-M" onal multicast). is licensed by the							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KAID	4.1	E	Boise ID							
	KAID	4.2	E	Boise ID							
Rows as Necessary	KAID KAID	4.2 4.4	E	Boise ID Boise ID							
Rows as Necessary											
Rows as Necessary	KAID KBOI	4.4 2	E	Boise ID							
Rows as Necessary	KAID KBOI KIVI	4.4 2 6.1	E N N	Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN	4.4 2 6.1 9.1	E	Boise ID Boise ID Nampa ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV	4.4 2 6.1 9.1 12.1	E N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV	4.4 2 6.1 9.1 12.1 12.3	E N N N I I	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1	E N N I I N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Boise ID Nampa ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2	E N N N I I N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3	E N N I I N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Boise ID Nampa ID Boise ID Boise ID Boise ID Boise ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3 35.1	E N N N I I N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3	E N N N I I N N N N N N N N N N N N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3 35.1	E N N N I I N N N N N N N N N N N N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3 35.1	E N N N I I N N N N N N N N N N N N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3 35.1	E N N N I I N N N N N N N N N N N N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3 35.1	E N N N I I N N N N N N N N N N N N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3 35.1	E N N N I I N N N N N N N N N N N N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3 35.1	E N N N I I N N N N N N N N N N N N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3 35.1	E N N N I I N N N N N N N N N N N N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID							
Rows as Necessary	KAID KBOI KIVI KNIN KTRV KTRV KTRV KTVB KTVB KTVB KTVB	4.4 2 6.1 9.1 12.1 12.3 7.1 7.2 7.3 35.1	E N N N I I N N N N N N N N N N N N N N	Boise ID Boise ID Nampa ID Boise ID Nampa ID Nampa ID Boise ID Boise ID Boise ID Boise ID							

EGAL NAME O								SYSTEM I 49
	t every radio s	tation ca	arried on a separate and disconnerally receivable by your cal					н
eceivable if (1) on the basis of or detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: Column 4: Colum 4: Column 4	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on 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	at the system's I system's FM ar this point, see p sed by the cable he station is lice	neadend, and (2 ntenna, during c page (v) of the <u>c</u> e system as a se nsed by the FC	2) it can ertain st jeneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
C. ILL DIGIN		0,0		CALL GION		0,0		
						 		
								
						<u> </u>		
						<u> </u>		
						 		
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Accounting Perio	od: 2022/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito West Holding LLC	2						4907
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every noi	nnetwork televi	<i>ision program</i> , broadcast by	, a <i>distant</i> sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	st 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 syster	n carry, on a substitute ba	isis, any nonr	network tel	evision prog	ram
Statement and	broadcast by a distant sta	•	,	,	, ,			× NO
Program Log	-						YES	
	Note: If your answer is "No	o", leave the	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	their meaning	g is
	clear. If you need more spa							
	Column 1: Give the title 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 '				
				asting the substitute prog				
				the community to which th			the FCC or,	IN
	the case of Mexican or Car			stem carried the substitute			ls with the r	nonth
	first. Example: for May 7 gi	,	when your sy		e program. O			nonun
	, , , ,		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."							
				n was substituted for prog				
				шппо тпе ассонтнот репс	or enier ine i		the listed br	ooram
	to delete under FCC rules a was substituted for program							09.0
	was substituted for program	nming that y						-9
		nming that y						- <u> </u>
	was substituted for program	nming that y			ler FCC rules		lations in	
	was substituted for prograr effect on October 19, 1976	mming that y		as permitted to delete und	der FCC rules	and regu	lations in	7. REASON FOR
	was substituted for prograr 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	
	was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	as permitted to delete und	ler FCC rules WHE CARRI	and regul	Iations in ITUTE CURRED	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	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
	was substituted for prograr effect on October 19, 1976 S	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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	was substituted for prograr effect on October 19, 1976 S	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
	was substituted for prograr effect on October 19, 1976 S	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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	was substituted for prograr effect on October 19, 1976 S	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
	was substituted for prograr effect on October 19, 1976 S	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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	was substituted for prograr effect on October 19, 1976 S	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

Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 4907
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	1,569.73 Dss 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 \$2 • 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	this six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	Ψ	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		
	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		<u> </u>
	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		hts!

Accounting Period:	2022/2											FORM	/I SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF OWNER												SYSTEM ID: 4907
M Channels	CHANNELS Instructions: You must to its subscribers, and (2 1. Enter the total number system carried television 2. Enter the total number on which the cable syst and nonbroadcast servi-) the cable system's to of channels on which n broadcast stations of activated channel em carried television	total numb ch the cabl s els n broadcas	nber of ble 	of activated cha	nnels during	g the acc	ounting per	iod.	ons		13 107	
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about this			ORMA	ATION IS NEEI	DED (Identif	ify an indi	ividual to wh	nom				
for Further Information	Name Teri I	McMullen							Teleph	none 814	-260-043	34	
	(Numbe	ox 665 r, street, rural route, apart lersport PA 169 vn, state, zip)		suite num	mber)								
	Email	teri.mcmullen@	@zitomedi	dia.co	om			Fax (optio	nal)				
O	(Agent of own in line 1 of	ey certify that (Check of han corporation or p er other than corpor space B and that the of truer) I am an officer (space B. ement of account and prect to the best of my 1986)] Typed or printer Title: (Title of of	one, but on partnershi ration or p owner is no (if a corpor d hereby da hy knowledg X Enter an Enter sig	partne not a co poration) declare dge, inf . /s/. an electr ignature . Ja	me, of the boxes am the owner o ership) I am the corporation or p n) or a partner (re under penalty nformation, and s/James Rigas ames Rigas	s.) of the cable s e duly author partnership; c (if a partnershi y of law that a l belief, and a as on the line al signature" (e	system as orized age or ship) of the all statem are made	s identified in ent of the ow e legal entity nents of fact e in good fait	n line 1 of s y identified a contained I th.	pace B; or able syste			
		Date:						02/27/	2023				

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.

bunting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o West Holding LLC	4907
 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? 	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name 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	-
xdays	
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 \$ -	
(interest charge)	_
* 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.	
	m
Owner Address	
Address	

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