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					
2/24/23	\$ ALLOCATION NUMBER					
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	Barcode Data Filing Period (optional - see instructions)						
Accounting Period							
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner	List any other name or names under which the owner conducts the business of the cable system.						
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Zito West Holding LLC						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	Zito Media						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	PO Box 665 (Number, street, rural route, apartment, or suite number)						
	Coudersport, PA 16915 (City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:						
	Zito Media - Julian CA						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 Number, street, rural route, apartment, or suite number)						
	(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 suffciency of the fling, a determination that would be made by a court of law.

Name Zito West Holding LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC real "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sin			FORM SA1-2E. PAG							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC r "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sin discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Community  CITY OR TOWN  CITY OR TOWN  CA  COMMUNITY  CA  CA  CA  COMMUNITY  CA  CA  CA  CA  CA  CA  CA  CA  CA  C	Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC r "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sin discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter has the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Julian  CA	Name	Zito West Holding LLC	637							
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sind discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter has the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Community  CITY OR TOWN CA			y" is the same as a "community unit" as defined in FCC rule							
Area Served identified city.  CITY OR TOWN STATE  First Julian CA  Community	D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Served identified city.  CITY OR TOWN STATE  First Community CITY OR TOWN CA	Area									
First Julian CA Community		identified city.								
First Julian CA Community										
First Julian CA Community										
Community Commun		CITY OR TOWN								
	First	Julian	CA							
	Community									
Rosa sitectors    Comparison										
	Powe as Necessary									
	nows as inecessary									

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID# 63770

# 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	19	35.50			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63770

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
KGTV	20.1	N	San Diego, CA
KNSD	39.1	N	San Diego, CA
KPBS	15.1	<b>E</b>	San Diego, CA
KSWB	69.1	N	San Diego, CA
KFMB	8.1	N	San Diego, CA
KFMB	8.2	N-M	San Diego, CA

Accounting Period: 2022/2	FORM SA1-2E. PAGE 4
---------------------------	---------------------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63770

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.

H

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
						[	
						ļ	
						[	
						<del> </del>	
						ļ	
						l	
		<del> </del>					

od: 2022/2 LEGAL NAME OF OWNER OF						FOR	M SA1-2E. PAGE 5
		TEM:				. 31	SYSTEM ID#
Zito West Holding LL	С						63770
SUBSTITUTE CARRIAGE In General: In space I, idensubstitute basis during the explanation of the program.  1. SPECIAL STATEMEN.  • During the accounting period broadcast by a distant standard st	BE: SPECIA  Intify every no. accounting p ming that mu IT CONCEF  Priod, did you ation?  o", leave the  E PROGRA  Stitute progra ace, please a of every no a distant sta egulations, or ies like "mo bulls."	eriod, under syst be included RNING SUBS ar cable system rest of this paramon a separadd additional and that yor authorizatio ovies" or "bask	pecific present and former F in this log, see page (v) of the CTITUTE CARRIAGE In carry, on a substitute bath age blank. If your answer is rate line. Use abbreviations I rows to the tables. Posision program ("substitute your cable system substitute ins. See page (v) of the ge setball." List specific program	y a distant state CC rules, regulate general instructions as is, any nonnes "Yes," you rule s wherever possessions and instructions in titles, for each content instructions and its content in the content instructions and its content instructions are selected for the program of the content instructions are selected for the program of the content instructions are selected for the program of the content instructions are selected for the program of the content instructions are selected for the program of the content in the conten	ulations, or structions in the structions for full the structions in the struction	reauthorization the paper stevision progression progression progression progression progression and the progression progressio	stem carried on a ons. For a further SA1-2 form.  gram  X NO  gram  gram  ting station ation.
Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra	padcast stati nadian station onth and day ive "5/7." nes when the s. Example: tter "R" if the and regulat mming that	on's location ( ons, if any, the when your sy e substitute pr a program car listed prograi ons in effect o	the community to which the community with which the community with which the estem carried the substitute rogram was carried by you ried by a system from 6:01 m was substituted for progduring the accounting period	e station is lide e station is lide program. Use reable system 1:15 p.m. to 6 ramming that od; enter the leder FCC rules	entified). se numera m. List the :28:30 p.n your syste etter "P" if	times accu n. should be em was <i>req</i> the listed p lations in	month rately uired
S	SUBSTITUT	E PROGRAM	1				7. REASON FOR
TITLE OF PROGRAM	2. LIVE?			5. MONTH	6.	TIMES	DELETION
	1. SPECIAL STATEMEN  During the accounting period broadcast by a distant stands and stands are supported by a distant stands and stands are supported by a distant stands are supported by a distands are supported by a distands are supported by a s	1. SPECIAL STATEMENT CONCER  During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant star under certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statifuthe case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when that the nearest five minutes. Example: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulatifus was substituted for programming that the effect on October 19, 1976.	1. SPECIAL STATEMENT CONCERNING SUBS  • During the accounting period, did your cable syste broadcast by a distant station?  Note: If your answer is "No", leave the rest of this palog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separatel clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork tele period, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bash" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadd Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your syfirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program can stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute be broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer i log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accounting period delete under FCC rules and regulations in effect during the accou	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonr broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever periodicar. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program did creating the continuation of the program of	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork tell broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fu Do not use general categories like "movies" or "basketball." List specific program titles, for example, ""NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numera first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.n.  Column 7: Enter the letter "R" if the listed program was substituted for programming that your syst to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if was subst	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progradicast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prolog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information to use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: Toers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the first. Example: for May 7 give "Sf7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accur to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was req. to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your syste

counting Period:	<b>2022/2</b> F	ORM SA1-2E. PAGI						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I						
	Zito West Holding LLC	637						
1.7	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the t	otal of						
K Bross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount,	ervice						
oroco recocipio	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	6,866.91						
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amo	unt of gross receipts)						
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:							
Copyright	Complete block 1, block 2, or block 3.							
Royalty Fee	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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</li> </ul>							
	<ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>							
	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-accounting period is \$52.00	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 \$137,100)							
	1. Base amount under statutory formula							
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
	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)	9.00_						
	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 otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2.00						
Due	Filing Fee (See the instructions for more information on filing fee calculations)	5.00						
	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 Register of C	opyrights!						
	See page i of the general instructions in the paper SA1-2 form for more information.							

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN Zito West Holding	ER OF CABLE SYSTEM: LLC			SYSTEM ID# 63770
<b>M</b> Channels	to its subscribers, ar     Enter the total nur     system carried tele     Enter the total nur     on which the cable	d (2) the cable system's total number of channels on which the cable	stations	counting period.	50
N Individual to Be Contacted		CONTACTED IF FURTHER INFOFt this statement of account.)	RMATION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name <b>T</b>	eri McMullen		Telephone 8	14-260-0434
		D Box 665 mber, street, rural route, apartment, or suite	e number)		
		y, town, state, zip)			
	Email	teri.mcmullen@zitomedia	a.com	Fax (optional)	
0	CERTIFICATION (Thi	s statement of account must be cert	ified and signed in accordance with C	opyright Office regulations)	
Certification	• I, the undersigned, I	ereby certify that (Check one,but onl	y one, of the boxes.)		
	(Owner of	ner than corporation or partnership	o) I am the owner of the cable system a	s identified in line 1 of space B;	or
		owner other than corporation or pa of space B and that the owner is no	artnership) I am the duly authorized agont a corporation or partnership; or	ent of the owner of the cable sys	stem as identified
		r <b>partner)</b> I am an officer (if a corporal of space B.	ation) or a partner (if a partnership) of th	ne legal entity identified as owne	er of the cable system
		d correct to the best of my knowledg	clare under penalty of law that all stater e, information, and belief, and are made		
		X	/s/James Rigas		
			electronic signature on the line above to o ature using an "/s/ signature" (e.g., /s/ Jr	•	
		Typed or printed name:	James Rigas		
		Title: Presid (Title of official position	ent  n held in corporation or partnership)		
		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 fling, 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	63770
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."	P Special Statement Concerning Gross
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.	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	<del> </del> 
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
× 1%	-
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	-
(interest charge)  * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	

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 th 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.