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						

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	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В	G	nstructions: 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 itle of the subsidiary, not that of the parent corporation.						
Owner	L	ist any other name or names under which the owner conducts the business of the cable system.						
		f 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						
	z	Zito West Holding LLC						
	E	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	Z	Zito Media						
	N	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 665 Number, street, rural route, apartment, or suite number)						
	Ò	Coudersport, PA 16915						
	i	City, town, state, zip)						
С	names a	JCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 1	DENTIFICATION OF CABLE SYSTEM:						
		Zito Media - Elko MAILING ADDRESS OF CABLE SYSTEM:						
	2	Number, street, rural route, apartment, or suite number)						
	Ö	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.

		FORM SA1-2E. PAG								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM								
Name	Zito West Holding LLC 638									
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule								
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.									
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese									
Served	identified city.									
	CITY OR TOWN	STATE								
First	Elko	NV								
Community										
Rows as Necessary										
nows as necessary										

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63806

Zito West Holding LLC

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	52	22.29					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
				I			

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: 2022/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63806

Zito West Holding LLC

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

KUED Salt Lake City UT 7.1 Ε KAUZ 6.1 I Wichita Falls TX 3 KCRA Sacramento, CA **KSTU** 13.1 Salt Lake City UT KOLO 8.1 Ν Reno NV **KBYU** 11.1 Salt Lake City UT

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

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

SYSTEM ID#

63806

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
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A	-1-2022/2									FOR	101105 01055
Accounting Perio	od: 2022/2 LEGAL NAME OF OWNER OF	CARLESVS	TEM:							FOR	SYSTEM ID#
Name	Zito West Holding LL		o i ∟ivi.								63806
											00000
 Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programr	tify every no accounting p	nnetwork telev period, under sp	<i>isioi</i> oeci	n program, broadcast by fic present and former F	a <i>distant</i> s CC rules, r	egu	ılations, d	or auth	orizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TIT	UTE CARRIAGE						
Special Statement and Program Log	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 										ram X NO
Program Log	Note: If your answer is "No		e rest of this pa	age	blank. If your answer is	s "Yes," yo	u m	nust com		_	
	log in block 2.										
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp. Column 1: Give the tittle period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tirr 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 prograil effect on October 19, 1976	stitute prograce, please of every not a distant state gulations, ories like "mo. Bulls." m was broasign of the adcast statination and day live "5/7." les when th . Example: ter "R" if the and regulatemming that	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask adcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pro a program car e listed prograr ions in effect of	evision vous evision vous evisions. A cetbo eer "ceast the eer coorsteer cogressee er cogressee	ws to the tables. on program ("substitute cable system substitut See page (v) of the ger all." List specific progra Yes." Otherwise enter " ing the substitute progr community to which the manity with which the manity with substitute am was carried by your by a system from 6:01 as substituted for progr g the accounting perio	e program' ed for the neral instru m titles, for No." eam. e station is e program. cable sys :15 p.m. to ramming ti	by the production of the produ	ensed by entified). List the 28:30 p.1 your sysetter "P" i	g the ang of a urther in Love if Love if the Fals, wind the limited in the lift the lift in the lift the lift in t	account nother informate Lucy" FCC or, with the result of the properties of the pro	ing station tion. or in nonth ately
		I IBSTITI IT	E PROGRAM	4				N SUBST			7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S			5. MONT	ТН	6.	TIMES	3	DELETION
		Yes or No	CALL SIGN	4.	STATION'S LOCATION	AND DA	Y	FROM	_	ТО	
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	2022/2 FORM S	A1-2E. PAGE								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	SYSTEM II 6380								
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.									
		34,781.54 ross receipts)								
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 \$263,800 • 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.	. ,								
	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	0.00								
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2									
	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)									
	6. Interest charge. Enter the amount from line 4, space Q, page 8									
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)									
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)									
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00								

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER O				SYSTEM ID# 63806
M Channels	 to its subscribers, and (2 Enter the total number system carried television Enter the total number on which the cable systems. 	t) the cable system's to r of channels on which on broadcast stations . r of activated channels tem carried television b	the cable		6 81
N Individual to Be Contacted for Further	we can contact about this			RMATION IS NEEDED (Identify an individual to whom	phone 814-260-0434
Information	(Number	30x 665 r, street, rural route, apartm dersport PA 1691 wn, state, zip)		number)	
	Email	teri.mcmullen@:	zitomedia	a.com Fax (optional)	
0	CERTIFICATION (This sta	atement of account mu	ust be certi	ified and signed in accordance with Copyright Office regula	ions)
Certification	• I, the undersigned, hereb	by certify that (Check or	ne, <i>but onl</i> y	v one, of the boxes.)	
	(Owner other t	than corporation or pa	artnership	o) I am the owner of the cable system as identified in line 1 of	space B; or
		•		rtnership) I am the duly authorized agent of the owner of the t a corporation or partnership; or	cable system as identified
	X (Officer or pain in line 1 of s		f a corpora	ation) or a partner (if a partnership) of the legal entity identifie	as owner of the cable system
		orrect to the best of my		clare under penalty of law that all statements of fact contained e, information, and belief, and are made in good faith.	herein
				/s/James Rigas	
				ature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	I name:	James Rigas	
		Title: (Title of off	Preside ficial position	ent held in corporation or partnership)	
		Date:		02/27/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o West Holding LLC	63806
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	
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
To all explanation of interest assessment, see page (viii) of the general instituctions located in the paper GAT-2 form.	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x <u> </u>	
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	_
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 \$	
(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.	
Owner	
Address	
ID average and the second seco	
ID number First community served	
Accounting period	

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