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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
•	/ Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable System General instructi in the first tab of		2/24/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
	2022/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31	
Accounting			- 588 Instructions)	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		Barcode Data Filing Period (optional - see instructions)
Fellou		
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
		LEGAL NAME OF OWNERNMALING ADDRESS OF GABLE STOTEM
		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)
-	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - McVeytown
		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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Zito West Holding LLC	6383
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	McVeytown Borough, PA	PA
Community	Oliver Twp, PA	PA
	Wayne Twp PA	PA
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C						FORM SA	
Name	Zito West Holding LLC	ADLE STOTEM					510	638
Е	SECONDARY TRANSMISSION							
E	In General: The information in s	•	-		•			
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both					ble systen	n, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the ne		0 ) (				s charged	
	separately for the particular serv 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 advance paymen	t.				
	Block 1: In the left-hand block							
	systems most commonly provide							
	that applies to your system. <b>Not</b> categories, that person or entity		-		-			
	subscriber who pays extra for ca							
	first set" and would be counted of							
	Block 2: If your cable system	-	•					
	printed in block 1 (for example, t							
	with the number of subscribers a sufficient.	and rates, in th	e right-hand block. A	two- or thre	e-word descrip	tion of the	service is	
		DCK 1				BLOCI	< 2	
	BEC	NO. OF				DLOOI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:							
	<ul> <li>Service to first set</li> </ul>		111 36.22					
	<ul> <li>Service to additional set(s)</li> </ul>							I
	<ul> <li>FM radio (if separate rate)</li> </ul>							
	Motel, hotel							I
	Commercial							1
	Converter							1
	Residential							
	<ul> <li>Non-residential</li> </ul>							I
	SERVICES OTHER THAN SEC					otom'o oor	vises that were	
F	In General: Space F calls for rat not covered in space E, that is, t							
-	service for a single fee. There ar				,	,		
Services	furnished at cost or (2) services	or facilities fur	nished to nonsubscril	bers. Rate i	nformation shou	Id include	both the	
Other Than	amount of the charge and the un		usually billed. If any	rates are cl	harged on a var	iable per-p	orogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		the cable system for	each of the	applicable servi	ces listed		
Rates	Block 2: List any services that							
	listed in block 1 and for which a	• •		-	-			
	brief (two- or three-word) descrip	otion and inclue	de the rate for each.					
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE	RVICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installation: Non-re	sidential				
	• Pay cable		<ul> <li>Motel, hotel</li> </ul>					
	Pay cable—add'l channel		Commercial					
	Fire protection		• Pay cable					
	<ul> <li>Burglar protection</li> </ul>		• Pay cable-add'l	channel				
	Installation: Residential		<ul> <li>Fire protection</li> </ul>					
	First set	30.00	Burglar protection	'n				
	<ul> <li>Additional set(s)</li> </ul>	20.00	Other services:					
			1			ſ		- <b>r</b>
	• FM radio (if separate rate)		<ul> <li>Reconnect</li> </ul>		30.00			
	• FM radio (if separate rate) • Converter		Reconnect     Disconnect		30.00			
	· · · ,				30.00 30.00			

				FORM SA1-2E. PAGE
Name				SYSTEM ID
	Zito West Holding LL PRIMARY TRANSMITTERS:			6383
G Primary ansmitters: elevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these te <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, except in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (in a substitute basis. also in space I, if the station was carried on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community 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
	WGAL	8.1	Ν	Harrisburg, PA
	WGAL	8.2	NM	Harrisburg, PA
	14/110	21.1		
Rows as Necessary	WHP	<b>21.1</b>	N	Harrisburg, PA
lows as Necessary	WHP WHP	21.1	N NM	Harrisburg, PA Harrisburg, PA
lows as Necessary				
Rows as Necessary	WHP	21.3	NM	Harrisburg, PA
Rows as Necessary	WHP WHP	21.3 21.2	NM	Harrisburg, PA Harrisburg, PA
tows as Necessary	WHP WHP WHTM	21.3 21.2 27.1	NM NM N	Harrisburg, PA Harrisburg, PA Harrisburg, PA
tows as Necessary	WHP WHP WHTM WHTM	21.3 21.2 27.1 27.3	NM NM N N NM	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
Rows as Necessary	WHP WHP WHTM WHTM WHTM	21.3 21.2 27.1 27.3 27.4	NM NM N NM NM	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
tows as Necessary	WHP WHP WHTM WHTM WHTM WHVL	21.3 21.2 27.1 27.3 27.4 29.1	NM NM N NM NM I	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA
ows as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF	21.3 21.2 27.1 27.3 27.4 29.1 33.1	NM NM N NM NM I	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA
tows as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1	NM NM N NM NM I E I	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA
Rows as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
Rows as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
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Rows as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
Rows as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
Rows as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
Rows as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
Rows as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA
Rows as Necessary	WHP WHP WHTM WHTM WHTM WHVL WITF WLYH WPMT	21.3 21.2 27.1 27.3 27.4 29.1 33.1 49.1 43.1	NM NM N NM NM I I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA

EGAL NAME OF			, С т ЕМТ.					SYSTEM I 638
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei it the Cc sign of e he static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes 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 his point, see pag ed by the cable s he station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se wed by the FC	) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions 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	
		2,2				2.2		

Accounting Perio	od: 2022/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	Zito West Holding LLC	C						63835
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM LO	G			
	In General: In space I, iden	tify every nonne	etwork televi	sion program, broadcast by	a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that must b	be included i	in this log, see page (v) of t	he general ins	structions in	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCERN	ING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting pe</li> </ul>	riod, did your c	cable syster	n carry, on a substitute ba	sis, any nonr	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta	-					YES	× NO
Program Log	-							
	Note: If your answer is "No	o", leave the re	est of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever po	ossible, if t	heir meaning	g is
	clear. If you need more spa			rows to the tables. vision program ("substitute	nrogram") ti	at during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego		es" or "bask	etball." List specific progra	am titles, for e	example, "	Love Lucy"	or
	"NBA Basketball: 76ers vs				(N.L., 2)			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which the		ensed by	the FCC or.	in
	the case of Mexican or Ca						,	
			hen your sy	stem carried the substitute	e program. Us	se numera	ls, with the n	nonth
	first. Example: for May 7 g							
	to the nearest five minutes			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	• •	ologiani can	led by a system norm 0.01	. 15 p.m. to o	.20.30 p.11		
			sted progran	n was substituted for prog	ramming that	your syst	em was <i>requ</i>	iired
	to delete under FCC rules							ogram
	to delete under FCC rules was substituted for program	mming that you						ogram
	to delete under FCC rules	mming that you						ogram
	to delete under FCC rules was substituted for program	mming that you			ler FCC rules	and regu	ations in	
	to delete under FCC rules was substituted for program effect on October 19, 1976	mming that you 3.	ur system w	as permitted to delete und	ler FCC rules WHE	and regul	ations in	7. REASON FOR
	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w	as permitted to delete und	ler FCC rules WHE	and regul	ations in	
	to delete under FCC rules was substituted for program effect on October 19, 1976	UBSTITUTE F	ur system w PROGRAM	as permitted to delete und	ler FCC rules WHE CARRI	and regul	ITUTE	7. REASON FOR
	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w PROGRAM STATION'S	as permitted to delete und	WHE CARRI, 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w PROGRAM STATION'S	as permitted to delete und	WHE CARRI, 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w PROGRAM STATION'S	as permitted to delete und	WHE CARRI, 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w PROGRAM STATION'S	as permitted to delete und	WHE CARRI, 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w PROGRAM STATION'S	as permitted to delete und	WHE CARRI, 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w PROGRAM STATION'S	as permitted to delete und	WHE CARRI, 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w PROGRAM STATION'S	as permitted to delete und	WHE CARRI, 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w PROGRAM STATION'S	as permitted to delete und	WHE CARRI, 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w PROGRAM STATION'S	as permitted to delete und	WHE CARRI, 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules was substituted for program effect on October 19, 1976 S	UBSTITUTE F	ur system w PROGRAM STATION'S	as permitted to delete und	WHE CARRI, 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR

Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63835
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.	nission service amount, see	0,081.34 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00	-	
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount 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	_	
	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 informa		hts!

Accounting Period:	2022/2									FOR	M SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito West Hold	WNER OF CABLE SYSTEM: ing LLC									SYSTEM ID# 63835
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	ou must give (1) the number of , and (2) the cable system's t number of channels on which television broadcast stations number of activated channel able system carried television	total numbers total numbers total numbers to the cable s	ber of activat	ed channels du	uring the ad	ccounting perio			13	
	and nonbroadc	ast services								101	
N Individual to Be Contacted		BE CONTACTED IF FURTH		PRMATION I	S NEEDED (Ide	entify an in	dividual to who	om			
for Further Information	Name	Teri McMullen						Telephone	814-260-0	434	
	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)	915								
	Email	teri.mcmullen@	gzitomedia	lla.com			Fax (optional	al)			
O Certification	I, the undersigned     (Owne     (Agentian     (Agentian     (Affician     in I     X     (Offician     in I     I have examined	(This statement of account m ed, hereby certify that (Check or r other than corporation or p t of owner other than corpor- ine 1 of space B and that the or er or partner) I am an officer ( ine 1 of space B. I the statement of account and e, and correct to the best of my on 1001(1986)]	one, <i>but on!</i> partnership ration or pa owner is no (if a corpora d hereby de	nly one, of the <b>ip</b> ) I am the of <b>partnership</b> ) ot a corporat ration) or a p eclare under	e boxes.) owner of the cab I am the duly au ion or partnersh artner (if a partr penalty of law ti	uthorized au ithorized au ip; or hership) of i hat all state	as identified in l gent of the own the legal entity i ements of fact c	ine 1 of space er of the cable s identified as ow ontained hereir	system as iden ner of the cab		
		Typed or printed	Enter sign		gnature on the lin an "/s/ signature			ement.			
		Title: (Title of o	Presid official position		oration or partners	hip)					
		Date:					02/27/20	)23			

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.

AL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE
	SYSTEM II
West Holding LLC	6383
<ul> <li>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:</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
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 Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
x1%	—
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 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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