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	ACC	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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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		IDENTIFICATION OF CABLE SYSTEM:								
	1	Zito Media - McClure								
		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.

		FORM SA1-2E. PAGE 1						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID: 6383						
	Zito West Holding LLC							
	Instructions: List each separate community served by the cable system. A							
D	"a separate and distinct community or municipal entity (including unincor							
_	discrete unincorporated areas)." 47 C.F.K. 76.5(dd). The first community that you list will serve as a form of system id							
	as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums,							
Area	identified city.	or mobile nome parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	McClure Borough, PA	PA						
Community	module Bolough, 1 A							
d Rows as Necessary								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito West Holding LLC

SYSTEM ID# 63837

# 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:						
<ul> <li>Service to first set</li> </ul>	24	36.22				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	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		
	Move to new address		30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63837

### **Zito West Holding LLC**

G

### Primary Transmitters: Television

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
WBRE	28.1	N	Scranton PA
WBRE	28.2	NM	Scranton PA
WHVL	29.1	<u> </u>	State College, PA
WITF	33.1	E	Harrisburg, PA
WLYH	49.1	<u> </u>	Harrisburg, PA
WNEP	16.1	N	Scranton PA
WNEP	16.2	NM	Scranton PA
WOLF	56.1	N	Scranton PA
WPSU	3.1	E	Clearfield, PA
WQMY	53.1	<u> </u>	Williamsport PA
WSWB	38.1	<u> </u>	Scranton PA
WSWB	38.2	<u> </u>	Scranton PA
WVIA	44	E	Scranton PA
WYOU	22.1	N	Scranton PA
WYOU	22.4	NM	Scranton PA
	•		

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

SYSTEM ID#

63837

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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Accounting Perio	Dd: 2022/2 LEGAL NAME OF OWNER OF	CARLE SVS	TEM:						FOR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	Zito West Holding LL		OI EIVI.							63837
	End Woot Holding EE									03037
Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the programm	tify every no accounting p ning that mu	nnetwork televi period, under sp est be included	rision pecif in th	program, broadcast by ic present and former F is log, see page (v) of the	a distant sta CC rules, reg	gulations	, or a	uthorizatio	ns. For a further
Carriage: Special	1. SPECIAL STATEMEN	_								
Statement and Program Log	<ul> <li>During the accounting per broadcast by a distant state</li> </ul>	•	ur cable systei	m ca	arry, on a substitute ba	sis, any non	network	telev	YES	X NO
	Note: If your answer is "No	o", leave the	rest of this pa	age	blank. If your answer is	s "Yes," you	must co	mplet	e the pro	gram
	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, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tire 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 prograi effect on October 19, 1976	stitute prograce, please of every not a distant state egulations, ories like "mo. Bulls." m was broad sign of the eadcast statination and day live "5/7." nes when the Example:  ter "R" if the and regulate mming 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	al roverside round and a control of the control of	vs to the tables. on program ("substitute cable system substitute See page (v) of the ger all." List specific progra Yes." Otherwise enter " ng the substitute progra community to which the munity with which the in carried the substitute arm was carried by your by a system from 6:01 as substituted for prograg the accounting perio	e program") ed for the program titles, for "No." es attation is le e station is le program. Le r cable syste :15 p.m. to le ramming tha id; enter the	that, dur rogramm tions for example icensed dentified Jse num em. List 1 6:28:30 at your si letter "P	ing the ing of further, "I Look by the ling p.m. system" if the	e account fanother er information fanother er information for the er for the	ting station ation. or in month rately
	9	:I IRSTITI IT	E PROGRAM	л			EN SUB			7. REASON FOR
	TITLE OF PROGRAM	1	3. STATION'S			5. MONTH		6. TIM		DELETION
		Yes or No	CALL SIGN	4.	STATION'S LOCATION	AND DAY	FROM	1 —	ТО	
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Accounting Period:	2022/2 FORM	SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC	SYSTEM II
	<u> </u>	030
V	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of	
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission servic (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see	е
	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	8,325.75
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of	gross receipts)
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:	
Copyright Royalty Fee	<ul> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> </ul>	
,,	<ul> <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> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> </ul>	
	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	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) \$ 1,319.00	=
	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	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
	TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	

Accounting Period:	2022/2						FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O Zito West Hold	WNER OF CABLE SYSTEM: ing LLC					SYSTEM ID# 63837
M Channels	1. Enter the total system carried to 2. Enter the total on which the carried to	, and (2) the cable system's to number of channels on which	the cable		counting period.	tions	15
N Individual to Be Contacted		BE CONTACTED IF FURTHI		TION IS NEEDED (Identify an inc	dividual to whom		
for Further Information	Name	Teri McMullen			Telep	phone 81	4-260-0434
	Address	PO Box 665 (Number, street, rural route, apartm	nent, or suite num	ber)			
		Coudersport PA 1691 (City, town, state, zip)	15				
	Email	teri.mcmullen@	zitomedia.coı	m	Fax (optional)		
0	CERTIFICATION (	This statement of account mu	st be certified	and signed in accordance with C	Copyright Office regulat	tions)	
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, <i>but only one</i>	e, of the boxes.)			
	(Owner	r other than corporation or pa	artnership) l a	m the owner of the cable system a	as identified in line 1 of	space B; o	or
		of owner other than corpora ine 1 of space B and that the o	•	rship) I am the duly authorized agorporation or partnership; or	gent of the owner of the	cable syst	tem as identified
		er or partner) I am an officer (ine 1 of space B.	f a corporation)	) or a partner (if a partnership) of t	he legal entity identified	d as owner	of the cable system
		e, and correct to the best of my		under penalty of law that all state formation, and belief, and are mad		d herein	
				James Rigas	certify this statement.		
			Enter signature	e using an "/s/ signature" (e.g., /s/ .	John Smith)		
		Typed or printed	name: <b>Ja</b>	mes Rigas			
		Title: (Title of of	President ficial position held	in corporation or partnership)			
		Date:			02/27/2023		

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63837 Zito West Holding LLC 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 fol-"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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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? 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. **Interest Assessment** 1% davs 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 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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