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

			Return completed workbook
STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	2/24/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERI	ED BY THIS STATEMENT: (Y	YYY/(Period))	
2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period			
Instructions:	of the coble system. If the owner is a subs	idiary of another corporation, give the full co	morato
<b>B</b> title of the subsidiary, not that of the			nporate
Owner List any other name or names under	which the owner conducts the business of t	the cable system.	
	the accounting period, only the owner on Ity fee payment covering the entire accoun	the last day of the accounting period should ting period.	submit a
Check here if this is the system's first	filing. If not, enter the system's ID number	assigned by the Licensing Division.	63839
LEGAL NAME OF OWNER/MAI	LING ADDRESS OF CABLE SYSTEM		
Zito West Holding LLC			
BUSINESS NAME(S) OF OWNER	R OF CABLE SYSTEM (IF DIFFERENT	Γ)	

		bosiness name(s) of owner of cable storem (if birterent)
		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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Juniata
		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.

	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 "community" is the	
D	"a separate and distinct community served by the cable system. A community is the "a separate and distinct community or municipal entity (including unincorporated community discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s as the "first community." Please use it as the first community on all future filings.	ties within unincorporated areas and including singl
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home paidentified city.	arks should be reported in parentheses below the
First	CITY OR TOWN Bloomfield Borough, PA	STATE PA
First Community	Bratton Twp, PA	PA
Community	Bratton Twp, FA Burnham Borough, PA	PA
Add Rows as Necessary	Centre Twp, PA	PA
	Delaware Twp, PA	PA
	Derry Twp, PA	PA
	Fayette Twp, PA	PA
	Fermanagh Twp, PA	PA
	Granville Twp, PA	PA
	Ickesburg/Saville Twp, PA	PA
	Lewistown Borough, PA	PA
	Mifflin Borough	PA
	Mifflintown Borough PA	PA
	Milford Twp, PA	PA
	Monroe TWP PA	PA
	Nittany PA	PA
	Port Royal Borough, PA	PA
	Saville Twp, PA	PA
	Susquehana Twp, PA	PA
	Thompsontown Borough, PA	PA
	Turbett Twp	PA PA
	Tuscarora Twp, PA	PA
	Walker Twp, PA	PA
	Walker Twp, FA	FA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							1-2E. PAG
Name	Zito West Holding LLC							U.	638
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
—	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the n								
Rates	separately for the particular serv	•	,	0 , (			<i>,</i>	scharged	
	Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed				ny standa	rd rate variatior	is within a	particular rate	
	category, but do not include disc				ing of any			as that as bla	
	<b>Block 1:</b> In the left-hand block systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to	additior	nal sets would b	e include	d in the count ur	nder "Serv	ice to the	
	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.		e ngin-i	Hand DIOCK. A W	vo- or time			Service is	
		DCK 1					BLOCH	٢2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	<ul> <li>Service to first set</li> </ul>		676	36.22					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATE	s				
F	In General: Space F calls for rate								
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	, <u>,</u>		5		5 ,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip		,		sneu. Lisi	these other ser	vices in th	e ionn or a	
							T		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	E RA
	Continuing Services:	INTE		ation: Non-resi		INAIL	CAILG	OIT OF SEITIGE	- 100
	• Pay cable			otel, hotel					
	• Pay cable—add'l channel			mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	30.00		rglar protection					
	Additional set(s)	20.00		services:					
	• FM radio (if separate rate)	20.00		connect		30.00			
	• Converter			sconnect		55.00			
	COnverter			Itlet relocation		30.00			
			-	ove to new addre	200	30.00			

				SYSTEM I						
Name	LEGAL NAME OF OWNER OF Zito West Holding LL			638						
	PRIMARY TRANSMITTERS: TELEVISION									
<b>G</b> Primary nsmitters: elevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann	entify every television station (including m during the accounting period, <i>excep</i> 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 c ules, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tele	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub the Special Statement and Program I of both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo	ime basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream						
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	(RC is channel 4 in Washington, D.C. in case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, lis dian stations, if any, give the name of t	(for network multicast), "I" (for indepo or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station	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						
WC as Nocossan	WHP	21.1	Ν							
Rows as Necessary	Γ	.1		Harrisburg, PA						
wws as inecessary	WHP	21.3	NM	Harrisburg, PA						
ws as necessary										
wo as ivecessary	WHP	21.3	NM	Harrisburg, PA						
wa aa inelessary	WHP WHP	21.3 21.2	NM	Harrisburg, PA Harrisburg, PA						
WO OD INCLESSORY	WHP WHP WHTM WHTM	21.3 21.2 27.1 27.3	NM NM N NM	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
wa as inelessary	WHP WHP WHTM WHTM WHTM	21.3 21.2 27.1 27.3 27.4	NM NM N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
ws 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						
ws 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	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA						
ws 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 I I E I	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA						
wys as neuessary	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	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA						
ws 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 I I E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA State College, PA Harrisburg, PA Harrisburg, PA						
in a 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 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						
ws 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 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						
in a 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 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						
ws 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 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						
in a 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 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						
wys as neuessary	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 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						
in a 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 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						
wys as neuessary	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 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 O			I U I LIVI.					SYSTEM   638
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	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 e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	) it can l ertain st eneral ir eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0	LOOKHON OF STATION			5,0		
		+						

Accounting Perio	d: 2022/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	C						63839
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
I	In General: In space I, ident	tify every no.	nnetwork telev	<i>ision program,</i> broadcast by	a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a	accounting p	period, under sp	becific present and former F	CC rules, reg	ulations, o	r authorizatio	ns. For a further
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of the set of the	he general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network te	levision prog	ram
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust comp	plete the prog	gram
	log in block 2.				-			
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa			l rows to the tables. vision program ("substitute	orogram") ti	hat during	the account	ina
	period, was broadcast by a							
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ger	neral instruct	ions for fu	rther informa	tion.
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
			dcast live. ent	er "Yes." Otherwise enter "	'No."			
				asting the substitute progr				
				the community to which the			the FCC or,	in
	the case of Mexican or Car Column 5: Give the mo			stem carried the substitute			als with the r	nonth
	first. Example: for May 7 gi		, which your by		program. o			
				ogram was carried by your				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	e listed program	n was substituted for progr	ramming that	vour svst	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
	effect on October 19, 1976							
					WHE	N SUBST	ITUTE	
	S	1	E PROGRAM	1	CARRI	AGE OCO	CURRED	7. REASON FOR
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCO		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		

Accounting Period:	2022/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC			Ş	63839
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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 receipting	ystem's se on of how to	condary transm o compute this a	ission service amount, see \$ 24	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 l • Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more i	out less that	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula				
	2. Enter amount of gross receipts from space K	\$	245,238.74		
	3. Subtract line 2 from line 1	\$	18,561.26		
	4. Enter the amount of gross receipts from space K		. \$ 2	245,238.74	
	5. Enter the amount from line 3		. \$	18,561.26	
	6. Subtract line 5 from line 4		\$ 2	226,677.48	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,133.39
	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		\$	1,133.39
	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	\$	263,800.00		
	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,133.39	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,153.39
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

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# 63839
M Channels	to its subscribers 1. Enter the total system carried the second s	u must give (1) the number o , and (2) the cable system's t number of channels on which television broadcast stations number of activated channel uble system carried television	total numbers the cable	ber of activate	ed channels du	uring the a	ccounting perio			13	
	and nonbroadca	ast services								101	
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accourt		PRMATION IS	S NEEDED (Id	entify an ir	ndividual to who	om			
for Further Information	Name	Teri McMullen						Telephone	814-260-04	34	
	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)	915				Fox (option)	al)			
	Email	teri.mcmullen@	wzitomedia				Fax (optiona	ar)			
O Certification	I, the undersigne     (Owner     (Agent     in li     X     (Office     in li     I have examined	(This statement of account m ed, hereby certify that (Check or r other than corporation or p c of owner other than corpor- ine 1 of space B and that the of 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 onl</i> partnership ration or pa owner is no (if a corpora d hereby de	nly one, of the <b>ip)</b> I am the o <b>partnership)</b> I ot a corporati ration) or a pa eclare under	e boxes.) owner of the cal l am the duly au ion or partnersh artner (if a partn penalty of law t	ble system uthorized a hip; or nership) of that all state	as identified in Igent of the own the legal entity ements of fact c	line 1 of space er of the cable s identified as ow	system as identi ner of the cable		
		Typed or printed	Enter sign		nature on the li an "/s/ signature		o certify this statu ' John Smith)	ement.			
		Title: (Title of o	Presid official position		oration or partners	ship)					
		Date:					02/27/20	023			

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.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	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:             "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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Mailing Address         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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
	_
× 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
x       days         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       \$	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	
x	
x	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       -         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.	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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