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 COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first tab of this workbook	DATE RECEIVED	AMOUNT \$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	/ YY /(Period)) Period 2 = July 1 - December 31]

		2022/2 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 sulte 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	1	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Walnut Bottom PA
		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. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito West Holding LLC	63
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	t will serve as a form of system identification hereafter kn
Area Served	identified city.	me parks should be reported in parentileses selow the
	CITY OR TOWN	STATE
First	Walnut Bottom PA	PA
Community	Newburg PA	PA
	Orrstown PA	PA
Add Rows as Necessary	Perry County PA	PA
Aug nows come	Blos & BN 1 PA	PA
	Blos & BN 1 PA Blos & BN 2 PA	PA
		PA
	South Newton Twp PA	PA
	SH/Cumberland PA	PA
	SH/Franklin PA	PA
	Shippensburg Twp PA	PA
	Green Ridge Village PA	PA
	Green Riuye Villaye FA	ΓA.
		1
		1
		1
		1

	LEGAL NAME OF OWNER OF C								1-2E. PAG		
Name											
	Zito West Holding LLC										
Е	SECONDARY TRANSMISSION										
L	In General: The information in s system, that is, the retransmission	-		-		•					
Secondary	about other services (including p										
Fransmission	last day of the accounting period	• • •			-						
Service: Sub-	Number of Subscribers: Both	•									
scribers and	down by categories of secondary										
Rates	each category by counting the ne separately for the particular serv	•	,	0,(<i>,</i>	s charged			
	Rate: Give the standard rate c					•	,	ge and the			
	unit in which it is generally billed	-	-					-			
	category, but do not include disc										
	Block 1: 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										
	first set" and would be counted o										
	Block 2: If your cable system	-									
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in the	e right-	hand block. A tw	vo- or thre	e-word descript	tion of the	service is			
		DCK 1					BLOC	< 2			
		NO. OF					BLOOK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA		
	Residential:										
	 Service to first set 		1,618	19.45							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel								ľ		
	Commercial										
	Converter										
	Residential										
	Non-residential										
									<u> </u>		
	SERVICES OTHER THAN SEC										
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										
Other Than											
Secondary	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.										
ransmissions:											
Rates	listed in block 1 and for which a	• •			-	-					
	brief (two- or three-word) descrip		,				1000 111 11				
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	E RA		
	Continuing Services:	INTE		ation: Non-resi		INAIL	CAILG	OIT OF SERVICE	- 100		
	• Pay cable			tel, 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			tlet relocation		30.00					
			-	iner relocation		30.00					

	LEGAL NAME OF OWNER O	E CARLE SYSTEM		SYSTEM							
Name	Zito West Holding LLC										
	ZITO WEST HOIDING LLC PRIMARY TRANSMITTERS: TELEVISION										
G Primary	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, <i>except</i> (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										
elevision	substitute program basis, a	s: With respect to any distant stations of									
	basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and	ules, regulations, or authorizations: e in space G—but do list it in space I (i a substitute basis. also in space I, if the station was carrie	the Special Statement and Program	Log)—if the							
	Column 1: List each statio multicast stream associate "WETA-2" as the same on	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 tel	program services such as HBO, ESF e-air designation. For example, repo	PN, etc. Identify each ort multistream							
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast)	/RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational),	station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educati	noncommercial endent), "I-M"							
	Column 4: Give the location	erms, see page (iv) of the general instr on of each station. For U.S. stations, lis idian stations, if any, give the name of t	t the community to which the station								
	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							
ows as Necessary	WHP	21.1	N	Harrisburg, PA							
	WHP	21.3	NM	Harrisburg, PA							
	WHP WHP	21.3 21.2	NM NM	Harrisburg, PA Harrisburg, PA							
	WHP	21.2	NM	Harrisburg, PA							
	WHP WHTM	21.2 27.1	NM N	Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM	21.2 27.1 27.4	NM N NM	Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF	21.2 27.1 27.4 33.1	NM N NM E	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF	21.2 27.1 27.4 33.1 33.2	NM N NM E	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH	21.2 27.1 27.4 33.1 33.2 49.1	NM N NM E E I	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH WPMT	21.2 27.1 27.4 33.1 33.2 49.1 43.1	NM N NM E E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH WPMT	21.2 27.1 27.4 33.1 33.2 49.1 43.1	NM N NM E E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH WPMT	21.2 27.1 27.4 33.1 33.2 49.1 43.1	NM N NM E E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH WPMT	21.2 27.1 27.4 33.1 33.2 49.1 43.1	NM N NM E E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH WPMT	21.2 27.1 27.4 33.1 33.2 49.1 43.1	NM N NM E E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH WPMT	21.2 27.1 27.4 33.1 33.2 49.1 43.1	NM N NM E E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH WPMT	21.2 27.1 27.4 33.1 33.2 49.1 43.1	NM N NM E E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH WPMT	21.2 27.1 27.4 33.1 33.2 49.1 43.1	NM N NM E E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH WPMT	21.2 27.1 27.4 33.1 33.2 49.1 43.1	NM N NM E E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							
	WHP WHTM WHTM WITF WITF WLYH WPMT	21.2 27.1 27.4 33.1 33.2 49.1 43.1	NM N NM E E I I N	Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA Harrisburg, PA							

EGAL NAME O								SYSTEM I 638
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: Column 4: Colum 4: Column 4:	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the statior	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral ir eparate a	be expected, ated intervals. hstructions 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	
						<u> </u>		
						 		
						 		
						 		
						 		
						 		
						 		
		+				1		
						 		

Accounting Perio	od: 2022/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC							63892
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	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	pecific present and former F	CC rules, reg	ulations, o	r authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of t	he general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did you	ur cable syster	m 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	" leave the	rest of this na	age blank. If your answer is	s "Yes " vou r	nust comr		
	log in block 2.			ige blank. If your answer is	5 103, you i	nust com		Jian
	2. LOG OF SUBSTITUT							
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego	ries like "mo	ovies" or "bask	etball." List specific progra	im titles, for e	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs.	. Bulls."				1 /	,	
				er "Yes." Otherwise enter "				
		0		asting the substitute progr the community to which the		concod by	the ECC or	in
	the case of Mexican or Cal						THE FCC OI,	
				stem carried the substitute			als, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a program can	ned by a system nom 0.01	. 15 p.m. to 0	.20.30 p.i		
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syst	em was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
	ellect off October 19, 1970	•						
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCO	CURRED	7. REASON FOR
	S	UBSTITUT 2. LIVE? Yes or No	3. STATION'S		CARRI 5. MONTH	AGE OCO		7. REASON FOR DELETION
		2. LIVE?		4. STATION'S LOCATION	CARRI	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.		
		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	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC		S	63892
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation or 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	em's secondary transm f how to compute this a	ission service amount, see	7,957.97
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 but I • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more infor	less than \$527,600 mation.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	0 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	, , ,		
	Line 1. Royalty fee for accounting period			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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	· · · · · · · · <u> </u>		
	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	18		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	0 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	437,957.97		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	174,157.97		
	4. Multiply line 3 by .01	\$	1,741.58	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \ldots .	\$	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	\$	3,060.58
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	3,060.58	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \ldots	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	3,080.58
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 fo			ghts!

Accounting Period:	2022/2									FOR	M SA1-2E. PAGE 7.
Name	LEGAL NAME OF O' Zito West Holdi	WNER OF CABLE SYSTEM: ing LLC									SYSTEM ID# 63892
M Channels	to its subscribers, 1. Enter the total system carried t	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	total numbe	ber of activa le	ated channels	during the	accounting peri			12	
		ble system carried television ast services								176	
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		RMATION	IS NEEDED ((Identify an	individual to wh	iom			
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)		ite number)							
	Email	teri.mcmullen@	@zitomedia	lia.com			Fax (optior	nal)			
O Certification	I, the undersigne (Owner (Agent	This statement of account m rd, hereby certify that (Check of r other than corporation or p of owner other than corpor- ne 1 of space B and that the of er or partner) I am an officer (ne 1 of space B. the statement of account and e, and correct to the best of my in 1001(1986)]	one, <i>but onl</i> partnership ration or pa owner is no (if a corpora d hereby de hy knowledg X Enter an e Enter sign	nly one, of t ip) I am the partnership not a corpora ration) or a eclare unde ge, informat /s/Jam	the boxes.) e owner of the output of a mathe duly ation or partner partner (if a pa ar penalty of lan ttion, and belief tes Rigas	cable system authorized rship; or artnership) o w that all sta f, and are m	n as identified ir agent of the ow of the legal entity atements of fact ade in good fait	n line 1 of space ner of the cable r identified as ov contained herei h.	system as ide vner of the cab		
		Title: (Title of o	Presid official positio		rporation or partn	ership)					
		Date:					02/27/2	2023			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

o West Holding LLC 638 Net Holding LLC 638 Section 111(d)(1)(A), of the Copyright Act by adding the following sentence: Image: Section Section Section 111(d)(1)(A), of the Copyright Act by adding the following sectondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Image: Section Section 111(d)(1)(A), of the Copyright Act by adding the following secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Image: Section Section 111(d)(1)(A), of the Gopyright Act by adding the following secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Image: Section Section 111(d)(1)(A), of the Gopyright Act by adding the following secondary transmissions pursuant to section 119." Image: Section Section 111(d)(1)(A), of the Gopyright Act by adding the following section 119." Image: Section Section 111(d)(1)(A), of the Gopyright Act by adding the following section 119." Image: Section Section 111(d)(1)(A), of the Gopyright Act by adding the following section 119." Image: Section Section 111(d)(1)(A), of the Gopyright Act by adding the following section 119." Image: Section Section 119." Im		FORM SA1-2E. PAGE
SPECIAL STATEMENT To Satellite home Viewer Act of 1988 amended "The 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence. In determining the total number of subscribers and the gross amounts paid to the cable system for the basic sectors and amount solution for mutual statement sectors and amount solution for mutual statement coated in the paper SA1-2 form. In determining the total number of subscribers and the gross amounts of gross receipts for secondary transmissions made by satellite carriers to satellite data owners? NO VES. Enter the total here and list the satellite carrier(s) below. Sectors and compare Solution NOTEMENT You must complete this worksheet for these royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest rate" and enter the sum here x 1% Line 1 Enter the amount of late payment or underpayment is a booker of toxic late and enter the sum here x 0.00274 Line 3 Multiply line 1 by the interest rate" and enter the sum here x 0.00274 Line 4 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 the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter the su	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: In determining the total number of subscribers and the gross amounts paid to the cable system for the basis scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. ^o For more information on when to exclude these amounts, see the nole on page (vii) of the general instructions located in the pager 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 dath owners? Wing Address Name Maning Address Name N	West Holding LLC	6389
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. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2 form. Image: SA1-2	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub-	Special Statement Concerning Gross
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below		
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maling Address Marine 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 Line 1 Enter the amount of late payment or underpayment.	made by satellite carriers to satellite dish owners?	
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(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 number First community served	Line 4 Multiply line 3 by 0.00274** and enter here	
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