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	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	1	IDENTIFICATION OF CABLE SYSTEM:						
	1	Zito Media - Susanville						
		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. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
	Zito West Holding LLC	75						
	Instructions: List each separate community served by the cable system. A "com							
D	"a separate and distinct community or municipal entity (including unincorporate							
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification h							
	as the "first community." Please use it as the first community on all future filing							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	Susanville	CA						
Community	Susanville/Janesville	CA						
	Lassen County	CA						
d Rows as Necessary								
	0.0000							

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 7592

# Zito West Holding LLC

Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	170	30.45			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
<ul> <li>Residential</li> </ul>					
<ul> <li>Non-residential</li> </ul>					
					<b>f</b>

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   RA	ATE
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		
		<ul> <li>Move to new address</li> </ul>	30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 7592

Zito West Holding LLC

PRIMARY TRANSMITTERS: TELEVISION

## G

#### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KNPB	5.1	E	Reno NV
KNSN	21.1	<u> </u>	Reno NV
KOLO	8.1	N	Reno NV
KOLO	8.3	<u>l</u>	Reno NV
KOLO	8.4	<u> </u>	Reno NV
KRNV	4	N	Reno NV
KRXI	11	N	Reno NV
KTVN	2	N	Reno NV
WATM	23.3		Altoona PA

Accounting Period: 2022/2	FORM SA1-2E. PAGE 4.
---------------------------	----------------------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### Zito West Holding LLC

759

#### 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.

Н

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
						[	
	<b></b>						
	<del> </del>						
	ļ						
	T						
	<del> </del>						
						L	
	T						
	<del> </del>						
						<del> </del>	
						ļ	
						L	
	<del> </del>					<del> </del> -	

od: 2022/2						FOR	M SA1-2E. PAGE 5
	F CABLE SYS	STEM:					SYSTEM ID#
Zito West Holding LL	С						7592
SUBSTITUTE CARRIAGE In General: In space I, idensubstitute basis during the explanation of the programs  1. SPECIAL STATEMEN  • During the accounting period broadcast by a distant standard sta	GE: SPECIA  accounting p  ming that mu  IT CONCEF  eriod, did you  ation?  o", leave the  stitute prograce, please  e of every no  a distant sta  egulations, ories like "mo  is. Bulls."  mw was broa  I sign of the  badcast stati  andian stati  onth and day  give "5/7."  nes when th	erest of this paragraph and that you authorization broadd on's location (ons, if any, the when your syles beingt and that you authorization broadd on's location (ons, if any, the when your syles being and that you authorization broadd on's location (ons, if any, the when your syles substitute properties of the proper	ision program, broadcast by precific present and former F in this log, see page (v) of the intribute carry, on a substitute based age blank. If your answer is trate line. Use abbreviations I rows to the tables. It is is program ("substitute your cable system substitute ins. See page (v) of the generated by the community to which the community with which they stem carried the substitute program was carried by you	a a distant state CC rules, regular cCC rules, regular comments and rules, any nonress "Yes," you rules wherever possible program") the deformation of the program titles, for each comments and titles, for each commen	ulations, or structions in tructions in tructions in tructions in the tructions in the truction of truction of the truction of tructions of truction of truction of truction of truction of tructions of truction of	evision prog YES plete the pro their meaning of another ther information Love Lucy'	stem carried on a ons. For a further SA1-2 form.  gram  X NO  gram  g is  ting  station ation. or  in  month
Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	tter "R" if the and regulat mming that 5.	ions in effect o	during the accounting perion as permitted to delete und	ed; enter the leter FCC rules	etter "P" if and regul	the listed polations in	rogram
				CARRIAGE OCCURRED  5. MONTH 6. TIMES		7. REASON FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
	LEGAL NAME OF OWNER OF Zito West Holding LL  SUBSTITUTE CARRIAGE In General: In space I, ider substitute basis during the explanation of the programs  1. SPECIAL STATEMEN.  During the accounting period broadcast by a distant standard by a dis	Zito West Holding LLC  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu  1. SPECIAL STATEMENT CONCEF  • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRAIN General: List each substitute progreclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant statunder certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statisthe case of Mexican or Canadian statistic Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	Zito West Holding LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under sexplanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable syste broadcast by a distant station?  Note: If your answer is "No", leave the rest of this palog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separal clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broaded Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systems. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program of the earest five minutes. Example: a program car stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of t  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter ' Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peric was substituted for programming that your system was permitted to delete under effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stat substitute basis during the accounting period, under specific present and former FCC rules, regiexplanation of the programming that must be included in this log, see page (v) of the general instance).  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any none broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever potear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the broadcast station's location (the community to which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations, if any, the community of which the station is lic the case of Mexican or Canadian stations in effect during the accounting period; enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules effect on Oct	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that ys substitute basis during the accounting period, under specific present and former FCC rules, regulations, or explanation of the programming that must be included in this log, see page (v) of the general instructions in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork telebroadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comploin block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fund to not use general categories like "movies" or "basketball." List specific program titles, for example, "In "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numera first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.n. to 4:20 p.m."  Column 7: Enter the letter	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sysubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatic explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper State of the special system carry, on a substitute basis, any nonnetwork television programdacast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaninclear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accoun period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informs Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: 76ers vs. Bulls."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 6: State the times when the substitute program was carried by your cable system. List the times accur to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "

Description (Proposition of Proposition of Proposit	than or equal to \$: than \$527,600 on. R LESS t you must pay for  263,800.00	ter the total of hission service amount, see  \$ 60 (Amount of grown)  263,800  this six-mon  \$ 1000)	75: 75: 75: 75: 75: 75: 75: 75: 75: 75:
DSS RECEIPTS ructions: The figure you give in this space determines the form you file and the an mounts (gross receipts) paid to your cable system by subscribers for the system's dentified in space E) during the accounting period. For a further explanation of how a (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.  ORTANT: You must complete a statement in space P concerning gross receipts.  RIGHT ROYALTY FEE ctions: To compute the royalty fee you owe: a plete block 1, block 2, or block 3.  block 1 if the amount of gross receipts in space K is \$137,100 or less block 2 if the amount of gross receipts in space K is more than \$137,100 but less block 3 if the amount of gross receipts in space K is more than \$263,800 but less is ge (vi) of the general instructions located in the paper SA1-2 form for more information of gross receipts of \$137,100 or less, the royalty fee than aunting period is \$52.00  1. Royalty fee for accounting period  2. Interest charge. Enter the amount from line 4, space Q, page 8  3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but in the amount of gross receipts from space K  asse amount under statutory formula  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but in the amount of gross receipts from space K	than or equal to \$: than \$527,600 on. R LESS t you must pay for  263,800.00	sission service amount, see  \$ 60 (Amount of grown of gro	52.00 0.00
ructions: The figure you give in this space determines the form you file and the an mounts (gross receipts) paid to your cable system by subscribers for the system's dentified in space E) during the accounting period. For a further explanation of hove (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.  ORTANT: You must complete a statement in space P concerning gross receipts.  RIGHT ROYALTY FEE  ctions: To compute the royalty fee you owe: splete block 1, block 2, or block 3.  block 1 if the amount of gross receipts in space K is \$137,100 or less block 2 if the amount of gross receipts in space K is more than \$137,100 but less: ge (vi) of the general instructions located in the paper SA1-2 form for more information of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 Or less, the royalty fee tha sunting period is \$52.00  1. Royalty fee for accounting period	than or equal to \$: than \$527,600 on. R LESS t you must pay for  263,800.00	sission service amount, see  \$ 60 (Amount of grown of gro	52.00 0.00
during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.  RIGHT ROYALTY FEE  citions: To compute the royalty fee you owe:  plete block 1, block 2, or block 3.  block 1 if the amount of gross receipts in space K is \$137,100 or less  block 2 if the amount of gross receipts in space K is more than \$137,100 but less is  block 3 if the amount of gross receipts in space K is more than \$263,800 but less is  ge (vi) of the general instructions located in the paper SA1-2 form for more informati  BLOCK 1: GROSS RECEIPTS OF \$137,100 or  uctions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha  sunting period is \$52.00  1. Royalty fee for accounting period  2. Interest charge. Enter the amount from line 4, space Q, page 8  3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but in the amount of gross receipts from space K  asse amount under statutory formula  \$ the amount of gross receipts from space K  abtract line 2 from line 1	than or equal to \$: than \$527,600 on.  R LESS t you must pay for  12	(Amount of grown (Amoun	52.00 0.00
RIGHT ROYALTY FEE  ctions: To compute the royalty fee you owe:  piplete block 1, block 2, or block 3.  block 1 if the amount of gross receipts in space K is \$137,100 or less  block 2 if the amount of gross receipts in space K is more than \$137,100 but less  block 3 if the amount of gross receipts in space K is more than \$263,800 but less  ge (vi) of the general instructions located in the paper SA1-2 form for more informati  BLOCK 1: GROSS RECEIPTS OF \$137,100 OI  uctions: As a cable system with gross receipts of \$137,100 or less, the royalty fee tha  bunting period is \$52.00  1. Royalty fee for accounting period	than \$527,600 on.  R LESS  t you must pay for  12	263,800  this six-mon'  \$\$\$	52.00
ctions: To compute the royalty fee you owe:  plete block 1, block 2, or block 3.  block 1 if the amount of gross receipts in space K is \$137,100 or less  block 2 if the amount of gross receipts in space K is more than \$137,100 but less:  block 3 if the amount of gross receipts in space K is more than \$263,800 but less:  block 3 if the amount of gross receipts in space K is more than \$263,800 but less:  ge (vi) of the general instructions located in the paper SA1-2 form for more informati  BLOCK 1: GROSS RECEIPTS OF \$137,100 Of  uctions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that  bunting period is \$52.00  1. Royalty fee for accounting period  2. Interest charge. Enter the amount from line 4, space Q, page 8  3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but in the same amount under statutory formula  \$ the same amount under statutory formula  characteristic promitine 1  butter the amount of gross receipts from space K.	than \$527,600 on.  R LESS  t you must pay for  12	this six-mon'  . \$\$	0.00
uctions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that sunting period is \$52.00  1. Royalty fee for accounting period	t you must pay for	\$ <u>\$</u>	0.00
1. Royalty fee for accounting period	d 2	\$ <u>\$</u>	0.00
1. Royalty fee for accounting period 2. Interest charge. Enter the amount from line 4, space Q, page 8 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but it asse amount under statutory formula  \$ there amount of gross receipts from space K.  Libtract line 2 from line 1.	d 2more than \$137,1 263,800.00	\$ (100)	0.00
2. Interest charge. Enter the amount from line 4, space Q, page 8	d 2more than \$137,1 263,800.00	\$ (100)	0.00
3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but nase amount under statutory formula	263,800.00	\$ (100) 	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but it asse amount under statutory formula	263,800.00		52.00
sase amount under statutory formula	263,800.00	-	
nter amount of gross receipts from space K		- - -	
ubtract line 2 from line 1		-	
ubtract line 2 from line 1		-	
·		- 	
·			
nter the amount from line 3			
ubtract line 5 from line 4			
ultiply line 6 by .005 (enter figure here)			
			0.00
, , , , , , , , , , , , , , , , , , ,			
OTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	ut less than \$527	,600)	
star the amount of average requiret from angul			
		=	
	•	-	
		=	
terest charge. Enter the amount from line 4, space Q, page 8		0.00	
OTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	6		
FILING FEE AND TOTAL REMITTANCE DUE			
oyalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	52.00	
ling Fee (See the instructions for more information on filing fee calculations)	\$	15.00	
OTAL AMOUNT DUE FOR ACCOUNTING BERIOD. Add lines 2 and 2		e	67.00
OTAL AMOUNT DOE TON ACCOUNTING FERIOD. AND IMES 2 did 3		_ <del>V</del>	57.00
t .	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but the second of gross receipts from space K	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527 atter the amount of gross receipts from space K  see amount under statutory formula  bibtract line 2 from line 1  cutiply line 3 by .01  cyalty due on the first \$263,800 of gross receipts (under statutory formula)  see amount from line 4, space Q, page 8  DTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  FILING FEE AND TOTAL REMITTANCE DUE  system of the instructions for more information on filling fee calculations)  \$  STAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3  Important: Your remittance must be in the form of an electronic payment payable to the Register.	sise amount under statutory formula

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito West Holding LLC	SYSTEM ID# 7592
<b>M</b> Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations	9
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Teri McMullen Telephone 814-	260-0434
	Address PO Box 665 (Number, street, rural route, apartment, or suite number)  Coudersport PA 16915 (City, town, state, zip)	
	Email teri.mcmullen@zitomedia.com Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: James Rigas  Title: President  (Title of official position held in corporation or partnership)	
	(Title of official position held in corporation or partnership)	

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 fling, a determination that would be made by a court of law.

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 7592 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

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 th 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 fling, a determination that would be made by a court of law.