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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) Ś For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER 8/25/2023 Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31

		2023/1
Accounting Period		Barcode Data Filing Period (optional - see instructions)
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)
		(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915
		(City, town, state, zip)
С		<b>RUCTIONS:</b> 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 - Niland CA
		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.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito West Holding LLC	63769
D Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commur unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	ities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
First	CITY OR TOWN Niland	CA
Community		
Add Rows as Necessary		

									1-2E. PAGE STEM IC
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						513	6376
	Zito West Holding LLC								0370
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RAT	ES				
E	In General: The information in s			-	-	transmission s	ervice of th	ne cable	
_	system, that is, the retransmission								
Secondary	about other services (including p						nose existii	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu	umber of billing	s in that	category (the n	umber of	persons or orga	anizations		
	separately for the particular servi								
	<b>Rate:</b> Give the standard rate cl unit in which it is generally billed.								
	category, but do not include disc				/ Stanuar		wiunin a p		
	<b>Block 1:</b> In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity s subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h	nas rate catego	ories for s	secondary trans	mission :				
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	e right-ha	ind block. A two	- or three	e-word description	on of the s	ervice is	
	sufficient.	OCK 1					BLOC	<2	
		NO. OF		DATE	0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		3	29.75					
	Service to additional set(s)			29.15					
	• FM radio (if separate rate)			-					
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
				·····					•
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
F	In General: Space F calls for rat	e (not subscrib	er) infor	mation with resp	pect to all	your cable syst	em's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of	•					• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		5 ,	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip							Ionn of a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:		Installa	tion: Non-resid	dential				
	• Pay cable		• Mot	el, hotel					
	• Pay cable—add'l channel		• Con	nmercial					1
	Fire protection		• Pay	cable					1
	•Burglar protection			cable-add'l cha	annel				1
	Installation: Residential			protection					1
	• First set	30.00		' glar protection					1
	Additional set(s)	20.00		ervices:					
				onnect		30.00			1
	<ul> <li>FM radio (if separate rate)</li> </ul>						l		
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>		• Disc	connect					
						30.00			
			• Out	connect	ss	30.00 30.00			

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM ID#
Name	Zito West Holding LL			63769
	PRIMARY TRANSMITTERS:			
G rimary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-til ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi rogram services such as HBO, ESP i-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for independent r "E-M" (for noncommercial educatio ctions in the paper SA1-2 form. the community to which the station	me basis under ims [sections ions carried on a ions carried on a ions)—if the ion some other ons. N, etc. Identify each int multistream the air in its community noncommercial indent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KECY	9.1	N	El Centro CA
	KECY	9.3	I	El Centro CA
Vecessary	KESQ	42.1	N	Palm Springs, CA
	KSWT	13.1	N	Yuma, AZ
	KYMA	11.1	Ν	Yuma, AZ

Accounting P								FORM	I SA1-2E. PAGE 4
Zito West He		JADLE OY	OTEIVI.						SYSTEM ID# 63769
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cat						Н
Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: Co	ctions Conce it is carried by monitoring, to ormation about rm. dentify the call state whether to the radio state this by placing Give the station	rning All y the sys be recein the Co sign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the	Cop at the sys this sed	byright Office re ne system's he stem's FM ante s point, see pag by the cable s station is licens	egulations, an adend, and (2 mna, during c ge (v) of the g ystem as a se sed by the FC	FM sigr 2) it can ertain st eneral ir eparate a	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
				11			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				┥┝╌					
		<u> </u>							
	<b>-</b>								
				[					
				┥┝╌					
		t		1					

Accounting Perio	d: 2023/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#
Name	Zito West Holding LLC	;					63769
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG	;		
Substitute	In General: In space I, ident substitute basis during the a explanation of the programn	ccounting pe	eriod, under spe	ecific present and former FC	CC rules, regu	lations, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMEN	CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did yoι	ur cable system	n carry, on a substitute ba	sis, any nonn	etwork television progra	m
Program Log	broadcast by a distant sta	tion?				YES	NO
	Note: If your answer is "No	o", leave the	rest of this pag	ge blank. If your answer is	s "Yes," you n	nust complete the progra	am
	log in block 2.		M0				
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs <b>Column 2:</b> If the progra <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Ca <b>Column 5:</b> Give the mo first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the let to delete under FCC rules was substituted for program	titute progra ace, please of every no distant stat egulations, of ries like "mo Bulls." m was broa sign of the adcast station nadian station nth and day ve "5/7." res when the . Example: a ter "R" if the and regulation nming that y	am on a separa add additional onnetwork telev- tion and that yco or authorization ovies" or "baske dcast live, enter station broadca on's location (th ons, if any, the when your syste e substitute pro- a program carri- listed program ons in effect du	rows to the tables. rision program ("substitute our cable system substitute is. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra he community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01 in was substituted for progra uring the accounting perio	e program") the ed for the pro- neral instruction in titles, for e No." e station is lice e station is lice e station is lice e station is de program. Us cable system :15 p.m. to 6 ramming that d; enter the li	hat, during the accounting orgamming of another stations for further information example, "I Love Lucy" of entified). The numerals, with the model in List the times accurate 28:30 p.m. should be your system was <i>require</i> etter "P" if the listed prog	g ation on. r onth ely ed
	effect on October 19, 1976				WHI	EN SUBSTITUTE	
			E PROGRAM	 		IAGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
		1			]	_	
		1			]	_	
		1			]	_	
						_	
		1			]	_	
		1			]	_	
						_	
						_	
						_	
						_	
						_	
						_	
						_	
		1			]	_	

Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 63769
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	1,122.12
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 less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	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		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		ts!

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Zito West Ho	OWNER OF CABLE SYSTEM:		SYSTEM ID# 63769
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	bers, and (2) the cable system's otal number of channels on which ried television broadcast station otal number of activated channe he cable system carried television	ns	5
N Individual to Be Contacted		ct about this statement of accou		
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665		
		(Number, street, rural route, apart Coudersport PA 169		
		(City, town, state, zip)		
	Email	teri.mcmullen@	zitomedia.com Fax (optional	
O Certification	I, the undersig     (Own     (Age     X     (Off     I have examinare true, comp	ned, hereby certify that (Check or ner other than corporation or p int of owner other than corpora in line 1 of space B and that the <b>icer or partner)</b> I am an officer (i in line 1 of space B. ed the statement of account and h	ust be certified and signed in accordance with Copyright Office regulations) he, <i>but only one</i> , of the boxes.) <b>artnership)</b> I am the owner of the cable system as identified in line 1 of space B; <b>tion or partnership)</b> I am the duly authorized agent of the owner of the cable syste e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified as owner hereby declare under penalty of law that all statements of fact contained herein y knowledge, information, and belief, and are made in good faith.	tem as identified
		Typed or printed Title: (Ti Date:	X /s/James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Iname: James Rigas President te of official position held in corporation or partnership) 08/28/2023	

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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

_ NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
West Holding LLC	637
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- 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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here         x	Interest Assessme
x       1%         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       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here	Interest Assessme
x       1%         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       0.00274	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       1%         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x	Interest Assessm
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessme

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.