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) For additional information, Ś contact the U.S. Copyright 8/25/2023 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2023/1 Barcode Data Filing Period (optional - see instructions) Accounting Period 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 Β 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. 63773 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** nber, street, rural route, apartment, or suite number) Coudersport, PA 16915 City, town, state, zip INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 1 Zito Media - Borrego Springs CA MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)

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(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#							
Name		63773							
	Zito West Holding LLC								
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First	Borrego Springs	СА							
Community									
Add Rows as Necessary									
		T							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1			
Name	Zito West Holding LLC								6377		
Е	SECONDARY TRANSMISSION										
	<b>In General:</b> 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										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission			June 30 or December 31, as the case may be).								
Service: Sub- scribers and											
Rates	each category by counting the nu										
	separately for the particular servi							a and the			
	<b>Rate:</b> Give the standard rate c unit in which it is generally billed.	-	-	•			-				
	category, but do not include disc	· ·	,		Standary		within a p				
	Block 1: In the left-hand block	•		•		•					
	systems most commonly provide that applies to your system. Note										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca					in the count und	der "Servic	e to the			
	first set" and would be counted o Block 2: If your cable system h					service that are	different fr	om those			
	printed in block 1 (for example, ti	-		•							
	with the number of subscribers a	ind rates, in the	e right-ha	nd block. A two	- or three	-word description	on of the s	ervice is			
	sufficient.							<b>/</b> 0			
	BLU	OCK 1 NO. OF					BLOC	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		117	33.45							
	• Service to additional set(s)										
	• FM radio (if separate rate) Motel, hotel								+		
	Commercial										
	Converter										
	Residential										
	Non-residential										
	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 un enter only the letters "PP" in the		usually b	olled. If any rate	es are cha	arged on a varia	ible per-pr	ogram basis,			
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<b>Block 2:</b> 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 1										
	CATEGORY OF SERVICE	RATE		ORY OF SERVI	ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT		
	Continuing Services:			tion: Non-resid			0,1120				
	• Pay cable		• Mote	el, hotel							
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Corr	mercial							
	Fire protection		• Pay						ļ		
	•Burglar protection		-	cable-add'l cha	nnel						
	Installation: Residential			protection							
	<ul> <li>First set</li> <li>Additional set(s)</li> </ul>	30.00		lar protection							
	<ul> <li>ADDITIONAL SET(S)</li> </ul>	20.00	louner s	ervices:							
			• Poo	onnect		20.00					
	• FM radio (if separate rate)		-	onnect		30.00					
			• Disc	onnect onnect et relocation		<u>30.00</u> 30.00					

nting Period:	2023/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID 6377				
	Zito West Holding LLC							
	PRIMARY TRANSMITTERS: TELEVISION							
G	<b>n General:</b> 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 i	n effect on June 24, 1981, permitting th	he carriage of certain network program	ms [sections				
Primary ansmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain station	ons carried on a				
elevision	Substitute Basis Stations	With respect to any distant stations ca	arried by your cable system on a subs	stitute program				
		iles, regulations, or authorizations: e in space G—but do list it in space I (tl	he Special Statement and Program L	.og)—if the				
	station was carried only on		d beth on a substitute besis and slas					
		also in space I, if the station was carrie n concerning substitute basis stations,						
	Column 1: List each station	n's call sign. Do not report origination p	program services such as HBO, ESPI	N, etc. Identify each				
	"WETA-2" as the same on t	I with a station according to its over-the he form.	e-air designation. For example, repo	rt multistream				
		el number the FCC assigned to the tele	evision station for broadcasting over t	he air in its community				
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a	noncommercial				
		ring the letter "N" (for network), "N-M" (						
		"E" (for noncommercial educational), or rms, see page (iv) of the general instru		onal multicast).				
		n of each station. For U.S. stations, list		s licensed by the				
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	he community with which the station i	is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KFMB	8.1	Ν	San Diego, CA				
	KFMB	8.2	N-M	San Diego, CA				
ows as Necessary	KGTV	20.1	Ν	San Diego, CA				
	KNSD	39.1	Ν	San Diego, CA				
	KPBS	15.1	E	San Diego, CA				
	KSWB	69.1	N	San Diego, CA				
	KZSD	20.1	1	San Diego, CA				

EGAL NAME OF Lito West Ho			ISTEM:					SYSTEM I	
								637	
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.									
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	<b>Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC	) it can b ertain sta eneral in parate a	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
CALL OIGH		5,0		O, LE OION		5,0			
·									
· · · · · · · · · · · · · · · · · · ·									

Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#	
Name	Zito West Holding LLC							63773	
1	SUBSTITUTE CARRIAGE								
•	In General: In space I, identities substitute basis during the action of the second se								
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televis	ion program	1 <u> </u>	
Program Log	broadcast by a distant stat	ion?					YES	× NO	
	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is	"Ves " vou mi	ust complete			
	log in block 2.		rest of this pay	e blank. If your answer is	res, you mu	usi complete	the program		
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is		
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.					
	<b>Column 1:</b> Give the title period, was broadcast by a								
	under certain FCC rules, reg								
	Do not use general categori	ies like "mo							
	"NBA Basketball: 76ers vs. Column 2: If the program		least live onto	"Vaa " Othanuiga aptar "	lo "				
	Column 3: Give the call s								
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	station is lice		FCC or, in		
	the case of Mexican or Can						vith the mean		
	<b>Column 5:</b> Give the mon first. Example: for May 7 giv	•	when your sys		program. Use	e numerais, w	vith the mor	101	
	Column 6: State the time	es when the						ly	
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. sh	ould be		
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	amming that v	our system v	vas require	d	
	to delete under FCC rules a								
	was substituted for program		our system wa	s permitted to delete unde	er FCC rules a	and regulation	ns in		
	effect on October 19, 1976.								
			WHE	EN SUBSTIT	UTE				
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCCL		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. TI FROM –		DELETION	
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM =	- 10		
					-		-		
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		+						<u> </u>	

Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	¥STEM ID# 63773						
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you parall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tr (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ansmission service this amount, see	6,283.63 pss receipts)						
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 See page (vi) of the general instructions located in the paper SA1-2 form for more information.								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay accounting period is \$52.00	for this 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 \$137,100)								
	1. Base amount under statutory formula \$ 263,800	0.00							
	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 \$ 263,800	0.00							
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	·····							
	FILING FEE AND TOTAL REMITTANCE 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 See page i of the general instructions in the paper SA1-2 form for more info		nts!						

Accounting Period:	2023/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito West Hold	WNER OF CABLE SYSTEM: ing LLC					SYSTEM ID 63773
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's	total num	mber able	n which the cable system carried television bro- of activated channels during the accounting pe	riod.	7
	on which the	I number of activated channe cable system carried televisio dcast services	on broadc		stations		. 111
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accou		FORI	IATION IS NEEDED (Identify an individual to wi	nom	
for Further Information	Name	Teri McMullen				Telephone	814-260-0434
moniation	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)		suite n	umber)		
	Email	teri.mcmullen@	zitomedi	dia.c	om Fax (optic	onal	
O Certification	• I, the undersigne	d, hereby certify that (Check o	ne, <i>but on</i>	only o			
	(Agent X (Offic • I have examined	of owner other than corpora in line 1 of space B and that th er or partner) I am an officer ( in line 1 of space B. the statement of account and te, and correct to the best of m	ation or p ne owner is (if a corpor hereby de	parti is no oratic	am the owner of the cable system as identified in <b>hership)</b> I am the duly authorized agent of the own t a corporation or partnership; or n) or a partner (if a partnership) of the legal entity e under penalty of law that all statements of fact c information, and belief, and are made in good faith	er of the cable s identified as ow	system as identified mer of the cable system
		Typed or printed Title:	Enter sig d name: <b>Presic</b>	in elec ignati	s/James Rigas tronic signature on the line above to certify this stat re using an "/s/ signature" (e.g., /s/ John Smith) ames Rigas It	ement.	_
		Date:			08/28/:	2023	

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unting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
West Holding LLC	63773
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         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         Name       Mailing Address	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	<b>Q</b> Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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