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 COPYRIGE	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2-26-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
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A	ACCO	JNTING PERIOD COVE	RED BY THIS STATEMENT: (YYYY/(Period))	
		2024/2	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 own the subsidiary, not that of the pare	ner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate ent corporation.	e title of
Owner		ist any other name or names und.	er which the owner conducts the business of the cable system.	
			ing the accounting period, only the owner on the last day of the accounting period should submit fee payment covering the entire accounting period.	a single
		Check here if this is the system's f	rst filing. If not, enter the system's ID number assigned by the Licensing Division.	2640
		LEGAL NAME OF OWNER/N	AILING ADDRESS OF CABLE SYSTEM	
		Zito West Holding LLC		
	I	BUSINESS NAME(S) OF OWN	IER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media		
		MAILING ADDRESS OF OWN	ER OF CABLE SYSTEM	
		PO Box 665 Number, street, rural route, apartment, o	or suite number)	
		Coudersport, PA 1691 City, town, state, zip)	5	
С			y business or trade names used to identify the business and operation of the sys In line 2, give the mailing address of the system, if different from the address giv	
System	1 1	DENTIFICATION OF CABLE SYS		
	-	Zito Media - Frazier Pa		
		MAILING ADDRESS OF CABLE S	TSTEM:	
	2	Number, street, rural route, apartment,	or suite number)	
	(	City, town, state, zip code)		
L				

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 suffciency of the filing, a determination that would be made by a court of law.

Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Indifie	Zito West Holding LLC 2640					
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 separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, di 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 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 ide city.					
	CITY OR TOWN	STATE				
First	Frazier Park	СА				
Community	Pine Mountain Club	CA				
Add Rows as Necessary						
,						

NameZito WESECONDSecondary Transmission Service: Sub- scribers and RatesSECONDIn General system, til about oth last day of Own by de each cate; subscriber first set" a Block 2 printed in with the n sufficient.CATEC Resident · Service · Service · Service · Reside · Non-resF Services Other Than Secondary Transmissions: RatesSERVICE In General systems r that applie categorie: subscribe first set" a Block 2 printed in with the n sufficient.CATEC Resident · Service · Service · Service · Service · Service · Service for furnished amount o enter only Block 2	BL GORY OF SERVICE tial: se to first set se to additional set(s) dio (if separate rate) otel cial	I SERVICE: SU space E should on of television bay cable) in sp d (June 30 or Du h blocks in space y transmission umber of billing rice at the rate i charged for eacc . (Example: "\$2 counts allowed to in space E, the e to their subsc e: Where an ind should be cour able service to a ponce again undu has rate catego iers of services	cover all and radi ace F, no ecember ce E call service. Is in that ndicated h catego 20/mth"). for advar e form lis ribers. G dividual on the d as a additiona er "Servi- pries for s that incle e right-ha	categories of a o broadcasts b ot here. All the 31, as the cas for the number In general, you category (the r —not the numi ry of service. In Summarize an nce payment. Its the categori ive the number or organization subscriber in o I sets would be ce to additional secondary tran ude one or mo	secondary by your sys a facts you se may be or of subsci u can comp number of sber of subsci nor of subsci nor of subsci nor of subsci nor of subsci nor of subsci nor of subsci e ach appli e included al set(s)."	stem to subscrib state must be the pribers to the cab pute the number f persons or orga s receiving servit th the amount of d rate variations ondary transmiss ribers and rate for ng service that fa- icable category. in the count unc service that are dary transmission	ers. Give i nose existin le system, of subscr anizations ce). the charg within a p sion servic or each lis alls under Example: der "Servic different fr ns), list the on of the s <u>BLOCI</u>	ne cable information ing on the broken ibers in charged e and the articular rate e that cable ted category different a residential e to the om those em, together ervice is	
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<ul> <li>Servic</li> <li>Servic</li> <li>Servic</li> <li>FM rad</li> <li>Motel, ho</li> <li>Commerciant</li> <li>Converte</li> <li>Reside</li> <li>Non-re</li> <li>Reside</li> <li>Non-re</li> <li>Services</li> <li>Other Than</li> <li>Secondary</li> <li>ransmissions:</li> <li>Rates</li> </ul>	e to first set e to additional set(s) dio (if separate rate) otel cial		15	69.22					
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F Services Other Than Secondary ransmissions: Rates									
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• Non-re     • Non-re     • Non-re     • Services     Other Than     Secondary ransmissions:     Rates     Rates     · Non-re     • Non-re									
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Services     not cover service for furnished amount o enter only       Other Than Secondary ransmissions:     Block 1 Block 2 listed in b	ES OTHER THAN SEC al: Space F calls for rat					l vour cablo syst	om's convi	cos that woro	
Services Other Than Secondary ransmissions: Rates Service for furnished amount o enter only Block 1 Block 2 listed in b	ed in space E, that is, t	•	,		•	• •			
Other Than Secondary ransmissions: Rates listed in b	or a single fee. There ar								
Secondary ransmissions: Rates Block 2 Block 2 listed in b	at cost or (2) services								
ransmissions: Block 1 Rates Block 2 listed in b	f the charge and the ur		usually b	oilled. If any rat	tes are cha	arged on a varial	ble per-pro	ogram basis,	
listed in b	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								
Driet (two-	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.								
	- or three-word) descrip	ption and includ	the the rat	e for each.			1		
0.175.0.01		BLO				DATE	0.750	BLOCK 2	
		RATE		ORY OF SERV tion: Non-resi		RATE	CATEG	ORY OF SERVIC	E RAT
• Pay ca	ng Services:			el, hotel	sidential				
-	able—add'l channel			nmercial					
-	rotection			cable					
	r protection			cable-add'l ch	nannel	••••••			
°	on: Residential			protection					
• First s		30.00		glar protection					
	onal set(s)	20.00	· ·	ervices:					
	dio (if separate rate)			onnect		30.00			
• Conve	· · /		• Disc						
	erter	L		Johneel					
	erter		Out	let relocation		30.00			

counting Period: 2	2024/2			FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF			SYSTEM ID			
	Zito West Holding LL			264			
G Primary Transmitters: Television	<ul> <li>PRIMARY TRANSMITTERS: TELEVISION</li> <li>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</li> <li>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections</li> <li>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.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis stations, see page (v) of the general instructions.</li> <li>Column 1: List each station's call sign. <i>Do not</i> 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</li> <li>"WETA-2" as the same on the form.</li> <li>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.</li> <li>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).</li> <li>For the meaning of these terms, see page (w) of the general instructions in the paper SA1-2 form.</li> <li>Column 4: Give the location of each station. For U.S. stations, list the community with which the station is licensed by the FCC.</li></ul>						
			-				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
dd Rows as Necessary							
-							

-	Period: 2024/						FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF Zito West He		ABLE SY	STEM:					SYSTEM ID# 2640
PRIMARY TRA In General: Lis	<b>NSMITTERS:</b> t every radio s	tation ca	rried on a separate and discre					Н
Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If signal, indicate Column 4: G	ctions Concern it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Give the station	rning All 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 a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office re t the system's he system's FM ante his point, see par ed by the cable s he station is licens	egulations, an adend, and (2 anna, during c ge (v) of the g system as a se sed by the FC	FM sign 2) it can ertain st general in eparate a	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	+			·				
						+		

Accounting Perio	d: 2024/2					FC	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		TEM:				SYSTEM ID#
Name	Zito West Holding LLC						2640
1	SUBSTITUTE CARRIAGE	-	-				
I I	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT				<u> </u>		
Special	<ul> <li>During the accounting per</li> </ul>				sis, any nonn	etwork television prog	ram
Statement and Program Log	broadcast by a distant stat	-	2			YES	×NO
Program Log	-		wast of this was	na blank l <b>f</b> uaun anauran is	"Maa"		
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, you m	iust complete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTE	DDOCDA	MS				
	In General: List each subs			ate line. Use abbreviations	s wherever po	ssible. if their meanin	a is
	clear. If you need more spa	ce, please	add additional	rows to the tables.			-
				vision program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ies like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	xample, "I Love Lucy"	or
	"NBA Basketball: 76ers vs.				( <b>L</b>		
				er "Yes." Otherwise enter ' asting the substitute progr			
				he community to which the		ensed by the FCC or,	in
	the case of Mexican or Car						
	first. Example: for May 7 give		when your sys	stem carried the substitute	e program. Us	e numerals, with the r	nonth
			e substitute pro	ogram was carried by your	<sup>-</sup> cable svstem	n. List the times accur	atelv
	to the nearest five minutes.						,
	stated as "6:00-6:30 p.m."	"D" :f 4	1				in a
	to delete under FCC rules a			n was substituted for programing the accounting period			
	was substituted for program						ogram
	effect on October 19, 1976						
					WHE	N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
	I. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
			[			_	
			+		-		
			<u>+</u>		-		
					-		
					-		
						-	
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Accounting Period:	2024/2	FORM S	A1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC	S	YSTEM ID# 2640					
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	<b>3,272.41</b> oss receipts)					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$ • 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							
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
	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:	2024/2		FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF Zito West Ho	OWNER OF CABLE SYSTEM: Iding LLC	SYSTEM ID# 264(			
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which th	You must give (1) the number of channels on which the cable system carried television broadca ers, and (2) the cable system's total number of activated channels during the accounting period otal number of channels on which the cable ried television broadcast stations	i. <b>O</b>			
N Individual to		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	n			
Be Contacted 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				
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 the cable system in line 1 of space B.</li> </ul>					
	are true, comp	ed the statement of account and hereby declare under penalty of law that all statements of fact contain lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	ed herein			
		Enter an electronic signature on the line above to certify this statem Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nent.			
		Typed or printed name: James Rigas				
		Title: President (Title of official position held in corporation or partnership)				
		Date: 02/272025	5			

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.

NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
West Holding LLC	2640
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
II INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
	$\frown$
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	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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Cable Worksheet		ble rksheet	Total amount of remittance	c'd Initials		
			Date of remittance	Check EFT	FILING FEES	
Cable ID #					Amount Initials	
Examined by Reviewed by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Janu	ary 1 - June 30, 2017	[	July 1 - December 31, 2017		
	Lette	er sent	[	Information received		
	Acce	pted		Phone call/Date/Contact		
Space B Owner						
	Lette	er sent	Information received			
	Acce	epted		Phone call/Date/Contact		
Space D Area Served						
	Lette	er sent	Γ	Information received		
	Acce	epted		Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	Lette	er sent		Information received		
and Rates	Acce	epted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Lette	er sent		Information received		
	Acce	pted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Acce	pted	Γ	Phone call/Date/Contact		

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	