This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	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

Α	ACCOUNTING PERIOD COVERED 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 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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	1 IDENTIFICATION OF CABLE SYSTEM: Zito Media - Haywood County, NC
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding, LLC	SYSTEM ID# 63909				
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 Community	Haywood County	NC				
Add Rows as Necessary						

	LEGAL NAME OF OWNER OF CA							-	SA1-2E. PAGI		
Name	Zito West Holding, LLC	ADEL OTOTEM.						0	6390		
Е	SECONDARY TRANSMISSION		-	-		transmission	nuice of th				
-	In General: The information in s system, that is, the retransmission			-	-						
Secondary	about other services (including p										
Transmission	last day of the accounting period										
Service: Sub- scribers and	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										
Rates	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 c	-					-				
	unit in which it is generally billed. category, but do not include disc				tandard	rate variations	within a pa	articular rate			
	Block 1: In the left-hand block				of seco	ndary transmiss	sion servic	e that cable			
	systems most commonly provide	to their subsc	ribers. Giv	e the number of	f subscr	ibers and rate for	or each lis	ted category			
	that applies to your system. Note			-		-					
	categories, that person or entity subscriber who pays extra for ca					• • •	•				
	first set" and would be counted of										
	Block 2: If your cable system I										
	printed in block 1 (for example, ti										
	with the number of subscribers a sufficient.	nd rates, in the	e right-han	d block. A two-	or three	-word description	on of the se	ervice is			
		DCK 1					BLOC	< 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF		NO. OF SUBSCRIBER	s RA		
	Residential:	SUBSCRIB	ERS	RATE	CATE	GORT OF SEP	VICE	SUBSCRIBER	5 KA		
	Service to first set		286	24.73							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial			·····							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC				-4411			41 4			
F	In General: Space F calls for rat not covered in space E, that is, the	•	,	•		• •					
-	service for a single fee. There ar										
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the un		usually bil	ed. If any rates	are cha	rged on a varial	ble per-pro	gram basis,			
Secondary ransmissions:	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.										
Rates	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) descrip										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		RY OF SERVIC		RATE	CATEG	ORY OF SERVIC	CE RAT		
	Continuing Services:			on: Non-reside	ntial						
	• Pay cable		• Motel								
	Pay cable—add'l channel		Comr								
	Fire protection		• Pay c		nal						
	•Burglar protection		· ·	able-add'l chani	IEI						
	Installation: Residential	20.00	· ·	rotection							
	First set Additional set(s)	30.00	• Burgla	ar protection							
	Additional set(s) EM radio (if separate rate)	20.00	• Reco			30.00					
	 FM radio (if separate rate) 		1			30.00					
	Converter		• 1 1/2000	nnect							
	Converter		Disco Outle			30.00					
	• Converter		• Outle	nnect t relocation to new address		30.00 30.00					

nting Period:	-			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER			SYSTEM II				
	Zito West Holding, L			6390				
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, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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. <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 "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 multicast), "I' (for independent), "I-M" (for independent), "I-M" (for independent), "I-M" (for independent multicast), "E' (for noncommercial educational), or "E-M" (for noncommercial educational m							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WHNS	21.1	N	Greenville SC				
	WLOS	13.1	N	Asheville NC				
Necessary	WUNE	12	Е	Chapel Hill, NC				
	WSPA	7.1	N	Asheville NC				
	WMYA	40.1	I	Asheville NC				
	WYFF	4.1	N	Greenville SC				

Accounting F			YSTEM-					FORM	I SA1-2E. PAGE 4
Zito West H			STEW.						SYSTEM ID: 6390
all-band basis v	t every radio s whose signals	station ca were gei	arried on a separate and disc nerally receivable by your cal I-Band FM Carriage: Under	ble	system during	the accountin	g period		H
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Co) it is carried b monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Sive the station	y the sys be recein at the Co sign of a the static ion's sign g a chech n's locati	tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	at f sy thi	the system's he rstem's FM ante is point, see par d by the cable s station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/0		Ħ	CALL SIGN	AMOTIM	5/0		
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Accounting Perio	d: 2024/2					FC	DRM SA1-2E. PAGE 5.			
Nome	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#			
Name	Zito West Holding, LLC						63909			
1	SUBSTITUTE CARRIAGE					an that your achie ave	tom comiad on a			
•	In General: In space I, identi substitute basis during the a									
Substitute	explanation of the programm									
Carriage:	1. SPECIAL STATEMENT	I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	oadcast by a distant station?									
	Note: If your answer is "No	". leave the	rest of this pa	ge blank. If vour answer is	s "Yes." vou m	nust complete the prod	oram			
	log in block 2.	,		,			5			
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each subst				s wherever po	ossible, if their meanin	g is			
	clear. If you need more spa			rows to the tables. rision program ("substitute	orogram") th	at during the accoun	tina			
	period, was broadcast by a									
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the ge	neral instructi	ons for further information of the second	ation.			
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for e	xample, "I Love Lucy"	or			
			dcast live, ente	er "Yes." Otherwise enter "	No."					
				asting the substitute progr			i			
	the case of Mexican or Can			he community to which the community with which the			in			
	Column 5: Give the mor	nth and day		stem carried the substitute			nonth			
	first. Example: for May 7 giv		a aubatituta pro	arom was corriad by your	achla avatam	. List the times easur	otoly			
	to the nearest five minutes.			ogram was carried by your ied by a system from 6:01						
	stated as "6:00–6:30 p.m."									
	Column 7: Enter the lett to delete under FCC rules a			was substituted for progr						
	was substituted for program						ografii			
	effect on October 19, 1976.		, ,			0				
						EN SUBSTITUTE				
	s	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO				
						_				
						_				
					-					
			<u>+</u>		-					
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Accounting Period:	2024/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding, LLC	SY	STEM ID# 63909
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	,415.88 ss 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 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	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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		
	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		s!

Accounting Period:	2024/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF ON Zito West Holdin	NER OF CABLE SYSTEM: g, LLC			SYSTEM ID# 63909
M Channels	 to its subscribers Enter the total system carried Enter the total on which the c 	must give (1) the number of channels on whic and (2) the cable system's total number of acti number of channels on which the cable television broadcast stations	vated channels during the a	ccounting period.	6 89
N Individual to		BE CONTACTED IF FURTHER INFORMATION out this statement of account.)	N IS NEEDED (Identify an in	ndividual to whom	
Be Contacted for Further Information	Name	Feri McMullen		Telephone 814-2	60-0434
	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	I, the undersigned (Owner (Agent i X (Office i · I have examined t	his statement of account must be certified and hereby certify that (Check one, <i>but only one</i> , of th other than corporation or partnership) I am the f owner other than corporation or partnership) line 1 of space B and that the owner is not a corpo or partner) I am an officer (if a corporation) or a p line 1 of space B. e statement of account and hereby declare under and correct to the best of my knowledge, informat 1001(1986)]	e boxes.) owner of the cable system as I am the duly authorized ager oration or partnership; or artner (if a partnership) of the penalty of law that all stateme	identified in line 1 of space B; or nt of the owner of the cable system as ic legal entity identified as owner of the ca nts of fact contained herein	
		Enter an electronic : Enter signature usin Typed or printed name: James Title:	es Rigas signature on the line above to g an "/s/ signature" (e.g., /s/ . 5 Rigas d in corporation or partnership)		

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L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	6390
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- 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-	P 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	
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.	
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmer
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	Q Interest Assessmen
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C	Cal Woi	ble rksheet	Total amount of remittance	Number of SAs re	c'd Initials
			Date of remittance	Check EFT	FILING FEES
Cable ID #					Amount Initials
Examined 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		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	