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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:				
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov			
General instru	ems (Short Form) uctions are located of this workbook	2/29/2024	\$ ALLOCATION NUMBER	CODICSO and INC. POV For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150			
A Accounting Period	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	Period 2 = July 1 - December 31				
B Owner	the subsidiary, not that of the parent corpo	oration.					
	If there were different owners during the a statement of account and royalty fee paym Check here if this is the system's first filing	nent covering the entire accounting per		25530			

		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	25530
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito NCTNWVPAOH 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)	
	INCTO	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	loss those
		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	-	Zito Media - Bryson City	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	1	\mathbf{b} , , , , , ,	

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 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:	2023/2	FORM SA1-2E. PAGE 1b.
Name		SYSTEM ID#
D	Zito NCTNWVPAOH LLC Instructions: List each separate community served by the cable system. A "communication of the separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	communities within unincorporated areas and including single, discrete
Area Served	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mol city.	bile home parks should be reported in parentheses below the identified
First Community	CITY OR TOWN Bryson City Swain County	STATE NC NC
Add Rows as Necessary		
,		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE					
Name	Zito NCTNWVPAOH LLC								2553					
Е	SECONDARY TRANSMISSION													
	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		blocks in space E call for the number of subscribers to the cable system, broken r transmission service. In general, you can compute the number of subscribers in												
Rates	each category by counting the n													
	separately for the particular serv	ice at the rate i	ndicated	-not the numb	er of sets	receiving servi	ce).	C C						
	Rate: Give the standard rate c													
	unit in which it is generally billed. category, but do not include disc	· · ·	,		standar	d rate variations	within a p	articular rate						
	Block 1: In the left-hand block				s of seco	ondary transmiss	sion servic	e that cable						
	systems most commonly provide													
	that applies to your system. Note			-		-								
	categories, that person or entity subscriber who pays extra for ca													
	first set" and would be counted o													
	Block 2: If your cable system I	-		•										
	printed in block 1 (for example, t													
	with the number of subscribers a sufficient.	ind rates, in the	e right-ha	nd block. A two	- or three	-word descriptio	n of the se	ervice is						
		DCK 1					BLOC	< 2						
		NO. OF		DATE	0.47			NO. OF						
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT					
	Service to first set		59	20.72										
	Service to additional set(s)			20.72										
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial													
	Converter													
	Residential													
	Non-residential													
			1	11					I					
	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	amount of the charge and the un		usually b	oilled. If any rate	s are cha	arged on a varia	ble per-pro	ogram basis,						
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for each	n of the a	pplicable servic	es listed							
Rates	Block 2: List any services that			•				were not						
	listed in block 1 and for which a s				ed. List t	hese other servi	ces in the	form of a						
	brief (two- or three-word) descrip	tion and includ	e the rat	e for each.										
		BLO	CK 1					BLOCK 2						
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT					
	Continuing Services:			tion: Non-resid	lential									
	• Pay cable			el, hotel										
	Pay cable—add'l channel		-	nmercial										
	Fire protection Burglar protection		· ·	cable add'l cha	nnel									
	•Burglar protection Installation: Residential			cable-add'l cha	mei									
	First set	30.00		protection plar protection										
	Additional set(s)	20.00		ervices:										
	• FM radio (if separate rate)	20.00		onnect		30.00								
						00.00								
	Converter		 Disc 	onnect										
	• Converter			onnect et relocation		30.00								
	• Converter		• Outl	connect et relocation e to new addres	25	30.00 30.00								

ing Period: 2				FORM SA1-2E. PAGE							
lame				SYSTEM II 2553							
	Zito NCTNWVPAOH			235							
G		entify every television station (including t									
G		m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	.,								
imary	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61									
smitters: evision	1 0 /	as explained in the next paragraph. : With respect to any distant stations ca	rried by your cable system on a sub	ostitute program							
		ules, regulations, or authorizations: e in space G—but do list it in space I (th	e Special Statement and Program	Log)—if the							
	station was carried only or	a substitute basis.									
	basis. For further informati	also in space I, if the station was carried on concerning substitute basis stations,	see page (v) of the general instruct	ions.							
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the									
	"WETA-2" as the same on	the form.									
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	vision station for broadcasting over	the air in its community							
	Column 3: Indicate in eacl	n case whether the station is a network s	· · · ·								
		ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), o									
	For the meaning of these t	erms, see page (iv) of the general instru	ctions in the paper SA1-2 form.	,							
		on of each station. For U.S. stations, list idian stations, if any, give the name of th									
			·								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	WYFF	4	N	Greenville SC							
	WSPA	7									
as Necessary	WLOS	13.1	Ν	Asheville NC							
	WUNE	17	E	Linville NC							
		24.4									
	WHNS	21.1	N	Greenville SC							
	WHNS WLOS	13.2	N-M	Greenville SC Asheville NC							

EGAL NAME OF			ISTEM.					SYSTEM I 255
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether to the radio stati this by placing ive the station	y the sys be receint t the Co sign of e he station ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the supyright Office regulations on the each station carried. In is AM or FM. In al was electronically processes k mark in the "S/D" column. In the community to which the the community with which the the tem the tem the tem tem the tem tem tem tem tem tem tem tem tem te	the system's heary system's FM anten nis point, see page 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. Instructions 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	
GALL SIGN		3/0	LUCATION OF STATION	GALL SIGN		310	LOCATION OF STATION	
I								

	d: 2023/2						FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	Zito NCTNWVPAOH LI	_C						25530
I	SUBSTITUTE CARRIAGE							
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm	• • •		•				
Carriage:	1. SPECIAL STATEMENT		NING SUBST		-			
Special	 During the accounting per 				s, any nonnet	work telev	ision progran	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No		reat of this nea	o blonk. If your onowor is "		uat aamalai		
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist comple	e the program	m
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subsi			te line. Use abbreviations v	wherever pos	sible, if the	ir meaning is	5
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.				
	Column 1: Give the title period, was broadcast by a			sion program ("substitute p				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo						
	"NBA Basketball: 76ers vs.		lagat live anto	r "Vaa " Othanuiga antar "N				
				r "Yes." Otherwise enter "N sting the substitute program				
	Column 4: Give the broa	adcast statio	n's location (th	e community to which the	station is lice	,	e FCC or, in	
	the case of Mexican or Can							- 41-
	first. Example: for May 7 give		when your syst	tem carried the substitute p	orogram. Use	numerais,	with the mor	าถา
	1 9 0		substitute pro	gram was carried by your c	able system.	List the tir	nes accurate	ly
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulat	ons in	
	effect on October 19, 1976.							
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM					
					CARRI	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No		4. STATION'S LOCATION				
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6.	TIMES	

Accounting Period:	2023/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	YSTEM ID# 25530
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute th 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.	smission service is amount, see	7,781.24 poss 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 accounting period is \$52.00	r 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 \$13	57,100)	
	1. Base amount under statutory formula \$ 263,800.0		
	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	··· <u>·</u>	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$5	527,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	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 Due	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 Re See page i of the general instructions in the paper SA1-2 form for more inform		nts!

Accounting Period:	2023/2																													F	ORM \$	SA1-2	2E. P	AGE
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: AOH LLC																														SY		M ID 2553
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the o	ou must give (1) the numbe s, and (2) the cable system' I number of channels on wh d television broadcast static I number of activated chanr cable system carried televis Icast services	s total num nich the cab ons nels nion broadc	able 	ber o ble 	r of	of a	acti tion	iva 		I ch:	ann	els (durii	ng t	the 	acc	cou	ıntir	ng (oeric	od.								6 89				
N Individual to		BE CONTACTED IF FUR about this statement of acco		FORI	DRM/	MA	ИАТ	ΓΙΟΙ	NI	IS I	NEE	DE	D (I	dent	tify	an	indi	ivid	lual	l to	who	m												
Be Contacted for Further Information	Name	Teri McMullen																				Т	elep	hon	e 8 ′	14-2	260	-04	34					
	Address	PO Box 665 (Number, street, rural route, apa Coudersport PA 16: (City, town, state, zip)		suite r	ite nun	iumi	umb	ber)																										
	Email	teri.mcmullen@	@zitomedi	dia.c	a.cor	on	om	I										F	ax	(op	otion	al												
O Certification	• I, the undersigned	This statement of account r d, hereby certify that (Check r other than corporation or	one, <i>but on</i>	only c	ly one	one	ne,	oft	the	e bc	oxes	.)							-			_		-		r								
	X (Office	of owner other than corpo in line 1 of space B and that if or or partner) I am an officer in line 1 of space B. the statement of account and e, and correct to the best of it on 1001(1986)]	the owner is (if a corpored) d hereby de	oratio	anot a ation)	ota on) reu	otac on)c reur	corp or a nde	por por	ratio artn ena	on o er (i alty o	rpa fap ofla	rtne oartr w th	ershij nersi nat a	p; o hip) Ill st	or) of tate	the	e leg	gal e of t	enti fact	ty ide ∶con	entif	ied a	IS OV	/ner					em				
		Typed or printe Title:	Enter an Enter sig ed name: Presid Title of officia	in ele lignat	Ja Ja	ctro ure	ctror ure u lam	nic s usin	sigi ng a	nat an "	ure (/s/ s	on th Signa	ature	e" (e	è.g.,	. /s/					tater	ment	<u>.</u>		_									
		Date:																	0	2/2	7/20)24												

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ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
NCTNWVPAOH LLC	25530
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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x 1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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 \$ -	
(interest charge)	_
* 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	•••• [
Owner Address	
Address	

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