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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	2/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			_

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	23328
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Texas-Washington LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Palestine	
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Texas-Washington LLC	23328
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or me identified city.	oblie nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Palestine	ТХ
Community	Elkhart	TX
	Anderson County	ТХ
Add Rows as Necessary		
	การและการการและการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA	
Name	Zito Texas-Washington								2332
Е	SECONDARY TRANSMISSION			-	-				
L	In General: The information in s								
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
Rales	separately for the particular servi							chargeu	
	Rate: Give the standard rate c							ge and the	
	unit in which it is generally billed.	· · ·	,		standar	d rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				of seco	ndary transmis	sion servir	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					in the count un	der "Servi	ce to the	
	Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	ind rates, in the	e right-han	d block. A two-	or three	e-word descripti	on of the s	service is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	• Service to first set		1,347	21.05					
	Service to additional set(s)		1,347	21.95					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIC	ONS: RATES					
F	In General: Space F calls for rat	•	,			, ,			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually bil	ed. If any rates	are cha	arged on a varia	able per-pi	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		no cablo s	ustom for oach	of tho a	policable convic	oc lictod		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	otion and includ	e the rate	for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SERVIC		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			on: Non-reside	ntial				
	• Pay cable	17.50	• Motel,						
	Pay cable—add'l channel		Comn						
	Fire protection		• Pay c						
	•Burglar protection			able-add'l chanr	nei				
	Installation: Residential	E0.00	•	rotection					
	First set Additional set(s)	50.00	-	ar protection					
	Additional set(s) EM radio (if soparate rate)		Other ser			20.00			
	 FM radio (if separate rate) Converter 		 Recor Discor 			30.00			
	- Converter		- Disco						
			 Outlet 	rolocation		20.00			
				relocation to new address		30.00 30.00			

	LEGAL NAME OF OWNER OF			FORM SA1-2E. PA
Name	Zito Texas-Washingto			23
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie 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	t (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDFI	27	l	Dallas TX
	KDFI	27.1	l	Dallas TX
	KDFW	4	Ν	Dallas TX
	KDFW	4.1	Ν	Dallas TX
	KXAS	5	Ν	Fort Worth TX
	KXAS	5.1	N	Fort Worth TX
	KDAF	33,1		Dallas TX
	KDAF KLTV	33.1 7	<u> </u>	
	KLTV	7		Tyler TX
id Rows as Necessary	KLTV KLTV	7 7.1	N	Tyler TX Tyler TX
dd Rows as Necessary	KLTV KLTV KLTV-2	7 7.1 7.2	N I	Tyler TX Tyler TX Tyler TX
ld Rows as Necessary	KLTV KLTV KLTV-2 WFAA	7 7.1 7.2 8	N 	Tyler TX Tyler TX Tyler TX Dallas TX
id Rows as Necessary	KLTV KLTV KLTV-2 WFAA WFAA	7 7.1 7.2 8 8.1	N I N N	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX
id Rows as Necessary	KLTV KLTV KLTV-2 WFAA WFAA KTVT	7 7.1 7.2 8 8.1 11	N I N N N	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX
ld Rows as Necessary	KLTV KLTV-2 WFAA WFAA KTVT	7 7.1 7.2 8 8.1 11 11.1	N I N N N N	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Fort Worth TX
ld Rows as Necessary	KLTV KLTV KLTV-2 WFAA WFAA KTVT KTVT KTXA	7 7.1 7.2 8 8.1 11 11.1 21	N I N N N N I	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Fort Worth TX Fort Worth TX
ld Rows as Necessary	KLTV KLTV-2 WFAA WFAA KTVT KTVT KTXA	7 7.1 7.2 8 8.1 11 11.1 21 21.1	N I N N N N I I I	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Fort Worth TX Fort Worth TX Fort Worth TX
ld Rows as Necessary	KLTV KLTV KLTV-2 WFAA WFAA KTVT KTVT KTVT KTXA KTXA KERA	7 7.1 7.2 8 8.1 11 11.1 21 21.1 13	N I N N N N I I I E	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Dallas TX
1d Rows as Necessary	KLTV KLTV-2 WFAA WFAA KTVT KTVT KTXA KTXA KERA KERA	7 7.1 7.2 8 8.1 11 11.1 21 21.1 13 13.1	N I N N N N I I E W	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Dallas TX Dallas TX
dd Rows as Necessary	KLTV KLTV KLTV-2 WFAA WFAA KTVT KTVT KTVT KTXA KTXA KERA KERA KERA	7 7.1 7.2 8 8.1 11 11.1 21 21.1 21.1 13 13.1 39	N I N N N N N I I E W I	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Fort Worth TX Fort Worth TX Fort Worth TX Dallas TX
dd Rows as Necessary	KLTV KLTV-2 WFAA WFAA KTVT KTVT KTXA KTXA KERA KERA KERA KXTX	7 7.1 7.2 8 8.1 11 11.1 21 21.1 13 13.1 39 39.1	N I N N N N I I E W	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Fort Worth TX Fort Worth TX Fort Worth TX Dallas TX
dd Rows as Necessary	KLTV KLTV KLTV-2 WFAA WFAA KTVT KTVT KTVT KTXA KTXA KERA KERA KERA	7 7.1 7.2 8 8.1 11 11.1 21 21.1 21.1 13 13.1 39	N I N N N N N I I E W I	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Fort Worth TX Fort Worth TX Fort Worth TX Dallas TX
dd Rows as Necessary	KLTV KLTV-2 WFAA WFAA KTVT KTVT KTXA KTXA KERA KERA KERA KXTX	7 7.1 7.2 8 8.1 11 11.1 21 21.1 13 13.1 39 39.1	N I N N N N N I I E W I	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Fort Worth TX Fort Worth TX Fort Worth TX Dallas TX
dd Rows as Necessary	KLTV KLTV-2 WFAA WFAA KTVT KTVT KTXA KTXA KERA KERA KERA KXTX	7 7.1 7.2 8 8.1 11 11.1 21 21.1 13 13.1 39 39.1	N I N N N N N I I E W I	Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Fort Worth TX Fort Worth TX Fort Worth TX Dallas TX

Accounting Period:	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Zito Texas-Washingto	on LLC		23328
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t	ot (1) stations carried only on a part-tin	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations	 (2) and (4), or 76.63 (referring to 76.1) s explained in the next paragraph. With respect to any distant stations of ules, regulations, or authorizations: 	61(e)(2) and (4))]; and (2) certain station	ons carried on a
	• Do not list the station her station was carried only on	e in space G—but do list it in space I (a substitute basis.		
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tel (RC is channel 4 in Washington, D.C. a case whether the station is a network rring the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of	, see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor- evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME O			/STEM:					SYSTEM I 233
	at every radio s	station ca	arried on a separate and disc nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the call State whether if f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can œrtain s general i eparate	be expected, rated 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	
	+							
	+	+						
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Name LECAL NAME OF DWIRE OF CALLE SYSTEM. SYSTEM US SYSTEM US 23328 June Jio To Taxas-Vashington LLC 23328 23328 23328 June SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space 1. Identify werey nonsector kinkwisch program. broadcast by a distart station, that your cable system cande on a space instruction in the paper SA-1-2 form. Substitute Substit	Accounting Perio	od: 2017/2						FORM SA1-2E. PAGE 5.
Substitute SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you nead more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Gen vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the erund station's location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian station's location (the community with which the station is licen	Nama			TEM:				SYSTEM ID#
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program In General: Instructions in the paper SA1-2 form. • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program Program Log • During the accounting period, did your cable system carried on a substitute basis. One of the program system substituted for your cable system substituted for the programming of another station is locker. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program." Under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "bask teal." List specific program. Compare title, See State ascio Mexico on Canadian station, lieve, the com	Name	Zito Texas-Washingto	n LLC					23328
Substitute Carriage: Special Statement and Program Lo 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE "During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Time State Stat		SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
Substitute Carriage: Special statement and Program Log SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program "substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute program") that, during the accounting period, was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Colum 4: Give the month and day when your system carried the substitute program. Column 5: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substitute for gram must solut add and you hen your system from 6:0:115 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substitute for gramming that your system was required to delete under FCC rules and regulations in effect during the accounting period, enter the lister 'F' if the listed program was substituted for programming that your system was permitted to	I	In General: In space I, ident	ify every noi	nnetwork televis	ion program, broadcast by	a distant stat	ion, that your cable s	system carried on a
Carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Special Sp								
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Construction of the state						e general instr	uctions in the paper	SA1-2 form.
Statement and Program Log bundle the accounting period, out your date system carry, on a substitute basis, any nonnetwork relevision program broadcast by a distant station? Image: State								
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: T6ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: Slate the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programmin			-	ir cable system	carry, on a substitute bas	s, any nonne		-
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: The program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed	Program Log	broadcast by a distant sta	tion?				YE	S NO
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the titlle of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect on October 19, 1976. 2. LIVE? 3. STATION'S VHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S T. REASON FOR DELETION </th <th></th> <th>Note: If your answer is "No</th> <th>", leave the</th> <th>rest of this pag</th> <th>e blank. If your answer is</th> <th>"Yes," you mu</th> <th>ist complete the pro</th> <th>ogram</th>		Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the pro	ogram
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Name Zito Texas-Washington LLC 233 K Gross Receipts GROSS RECEIPTS Instructions: The flag resugges in this space determines the form you file and the amount you pay. Enter the total of all anonching ignores needed paid to your cable system by subcriters to the system is subcriters. The system is subcriters to the system is subcriters to the system is subcriters. The system is subcriters to the system is subcriters to the system is subcriters. Subcriters is subcriters to the system is subcriters to the system is subcriters. The system is subcriters to the system is subcriters. The complete is subternet in space P concerning gross neededs. Subcriters is subserved. Subs	Accounting Period:	2017/2			FORM S	A1-2E. PAGE 6
Key Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the build of amounts (grows receipts) paid to you cable system (you cable system) subscripts as security present security and the amounts, see (grows receipts) paid to you cable system (you cable system) to the paper SA 12 form. Grows receipts from subscripts or security in the amount of grows receipts in space P concerning gross receipts. S 223,731.00 L COPYRENT ROYALTY FEE Status of the system of the regults in space P concerning gross receipts in space P concerning gross receipts in space P concerning gross receipts in the second present grows receipts in space P concerning gross receipts in the amount of gross receipts in space K is \$137,100 to less S 223,200 Le block 11 file amount of gross receipts in space K is \$137,100 or less - Complete block 1, block 2, or block 3. - Complete block 1, block 2, or block 3. Regards free - Use block 11 file amount of gross receipts in space K is \$137,100 or less. - Complete grows free second present second present for the second present for the second present second present second present for the second present second present second present for the second present second present second present second present second present present second prese	Name				<u> </u>	3YSTEM ID# 23328
L Instructions: To compute the royably fee you ove: Copyright Royably Fee - Compate block 11 the amount of gross receipts in space K is first than \$137,100 or less Use block 21 the amount of gross receipts in space K is more than \$127,100 or less - Use block 21 the amount of gross receipts in space K is more than \$127,100 or less Instructions: As a cable system thirts/ctool boards of the space X-12 term for more information.		Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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.	ystem's s	econdary trans to compute this	mission servi s amount, see \$ 29	03,731.00
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this sik-month accounting period is \$32,20 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space 0, page 8 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 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 form line 4. 5. Enter the amount of gross receipts from space K 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 0, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, space 0, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		 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 l Use block 3 if the amount of gross receipts in space K is more than \$263,800 l 	but less th	nan \$527,600	\$263,800	
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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. 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. \$ 293,731.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1. \$ 29,931.00 4. Multiply line 3 by .01 \$ 29,931.00 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 \$ 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 \$ 1,618.31 FILING FEE AND TOTAL REMITTANCE DUE FILING FEE AND TOTAL REMITTANCE DUE FILING FEE COUNTING PERIOD. Add lines 2 and 3 \$ 1,618.31 20.00 \$ 1,618.31 \$ 20.00 \$ 1,618.31 \$ 1,618.31		-				
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7. Multiply line 6 by .005 (enter figure here) 0.00 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 0.00 10. Enter the amount of gross receipts from space K \$ 293,731.00 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 299.31 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 \$ 1,618.31 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,618.31 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 \$ 1,618.31 FILING FEE AND TOTAL REMITTANCE DUE FILING FEE AND TOTAL REMITTANCE DUE \$ 20.00 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,638.31 Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!						
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.			-			
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4. Multiply line 3 by .01 \$ 299.31 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 \$ 1,618.31 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) \$ 1,618.31 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,638.31 Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!		2. Base amount under statutory formula	\$	263,800.00		
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 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 \$ 1. ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1. Inportant: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!		3. Subtract line 2 from line 1	\$	29,931.00		
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7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 1,618.31 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) \$ 1,618.31 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,638.31 Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!		5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
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) \$ 1,618.31 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,638.31 Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!		6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
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Total Remittance 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)						
2. Filing Fee (See the instructions for more information on filing fee calculations)	Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · · · · · ·	\$	1,618.31	
Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!	Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	•••••	\$	20.00	
		3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,638.31
				-		ghts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		DF OWNER OF CABLE SYSTEM: Washington LLC	SYSTEM ID# 23328
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 	: You must give (1) the number of channels on which the cable system carried television broadcast statio bers, 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	ns 21
N Individual to Be Contacted	we can conta	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom act about this statement of account.)	
for Further Information	Name	Teri McMullen Telepho	one 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)	
•	CERTIFICATIO	ON (This statement of account must be certified and signed in accordance with Copyright Office regulatio	ns)
O Certification	• I, the undersi	igned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ov	wner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	ce B; or
	(Ac	gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab	le system as identified
		in line 1 of space B and that the owner is not a corporation or partnership; or	,
	<u> </u>	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B.	owner of the cable system
	are true, comp	ined the statement of account and hereby declare under penalty of law that all statements of fact contained her plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ection 1001(1986)]	ein
		Enter an electronic signature on the line above to certify this statement.	_
		Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: James Rigas	
		Title: President (Title of official position held in corporation or partnership)	
		Date: 02/28/2018	

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 the 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 telephon 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 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 t 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 lay

unting Period: 2017/2		FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
Texas-Washington LLC		233
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Coplowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	oyright Act by adding the fol- cable system for the basic e system shall not include sub- is pursuant to section 119." general instructions	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a la	te payment or underpayment.	•
For an explanation of interest assessment, see page (viii) of the general instructions locate		Q
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions locate Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form.	Q Interest Assessme
	ed in the paper SA1-2 form. x <u>1%</u>	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form. x 1% 	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form. x 1% x 1% x days x 0.00274	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	ed in the paper SA1-2 form. x 1% x 1% x days x 0.00274 \$ -	Q Interest Assessme
 Line 1 Enter the amount of late payment or underpayment 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i>. 	ed in the paper SA1-2 form. x 1% x days x days x 0.00274 \$ - (interest charge)	Q
 Line 1 Enter the amount of late payment or underpayment	x 1% x 1% x and ays x 0.00274 x 0.00274 x 0.00274 x 0.00274	Q
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