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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2/28/2018	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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 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)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 - Littleton MAILING ADDRESS OF CABLE SYSTEM:
		INALING ADDICEGG OF GABLE STOTEM.
	2	(Number, street, rural route, apartment, or suite number)
		(City, lown, 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 Zito Instr D "a se discr as th Area Note	AL NAME OF OWNER OF CABLE SYSTEM: NCTNWVPAOH LLC uctions: List each separate community served by the cable system. A "eparate and distinct community or municipal entity (including unincorporete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to e"first community." Please use it as the first community on all future: Entities and properties such as hotels, apartments, condominiums, or tified city. CITY OR TOWN Littleton Burton Hundred	porated communities within unincorporated areas and including sing that you list will serve as a form of system identification hereafter k e filings.
D Instr "a se discr as th Note iden" First Community	uctions: List each separate community served by the cable system. A " eparate and distinct community or municipal entity (including unincorporate and distinct community or municipal entity (including unincorporate areas)." 47 C.F.R. 76.5(dd). The first community to e "first community." Please use it as the first community on all future at Entities and properties such as hotels, apartments, condominiums, or tified city. CITY OR TOWN Littleton Burton	"community" is the same as a "community unit" as defined in FCC ruporated communities within unincorporated areas and including sing that you list will serve as a form of system identification hereafter kerilings. or mobile home parks should be reported in parentheses below the STATE WV WV
Area Served iden	eparate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community to the "first community." Please use it as the first community on all future at Entities and properties such as hotels, apartments, condominiums, on the city. CITY OR TOWN Littleton Burton	porated communities within unincorporated areas and including sing that you list will serve as a form of system identification hereafter ket illings. or mobile home parks should be reported in parentheses below the STATE WV WV
Area Served iden	ete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the "first community." Please use it as the first community on all future to the state of the	that you list will serve as a form of system identification hereafter keefilings. or mobile home parks should be reported in parentheses below the STATE WV WV
Served iden	city or town Littleton Burton	STATE WV WV
Served iden	CITY OR TOWN Littleton Burton	WV
Community	Littleton Burton	WV
Community	Burton	WV
d Rows as Necessary	Hundred	
d Rows as Necessary		

Accounting Period: 2017/2 FORM SA1-2E. PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3009

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Zito NCTNWVPAOH LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

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 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 charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
 Service to first set 	42	22.95						
Service to additional set(s)								
• FM radio (if separate rate)								
Motel, hotel								
Commercial								
Converter								
Residential								
Non-residential								
	[*************************************	T		1	T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.50	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3009

Zito NCTNWVPAOH LLC

G

Primary Transmitters: Television

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, *except* (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. *Do not* 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), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDKA	2.1	N	Pittsburgh PA
WDTV	5.1	N	Weston WV
WTOV	9.1	N	Steubenville OH
WNPB	24	E	Morgantown WV
WQED	13	E	Pittsburgh PA
WVFX	10.1	N	Clarksburg WV
WPNT	22	l	Pittsburgh PA
WPNT	22.1		Pittsburgh PA
WPCW	19.1	N	Pittsburgh PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito NCTNWVPAOH LLC

3009

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	d: 2017/2						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#			
Name	Zito NCTNWVPAOH LL	_C						3009			
1	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.										
Substitute Carriage:		xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. . SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special					oio any nanna	twork tolowic	ion nroaron	•			
Statement and	During the accounting peri	-	i cable system	carry, orr a substitute ba	sis, arry norme	twork televis					
Program Log	broadcast by a distant stat						YES	X NO			
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust complete	the prograr	m			
	log in block 2.										
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broadthe case of Mexican or Canthe case of Mexican or Canthe state the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s dcast static adian statio th and day he "5/7." es when the Example: a er "R" if the nd regulation	m on a separa add additional ranetwork televition and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the get tball." List specific program "Yes." Otherwise enter string the substitute program community to which the community with which the tem carried the substitute gram was carried by you led by a system from 6:01 was substituted for progring the accounting period	e program") that led for the program titles, for ex "No." Tam e station is lice e station is idea to program. Use r cable system 1:15 p.m. to 6:2 ramming that yeld; enter the legistration is less than the station is lice to program. Use r cable system 1:15 p.m. to 6:2 ramming that yeld; enter the legistration is the station is lice to program.	eat, during the gramming of ons for furthe cample, "I Lo ensed by the ntified). e numerals, vol. List the time 28:30 p.m. si vour system tter "P" if the	e accounting another star rinformation ve Lucy" or FCC or, in with the more accurate nould be was require listed progr	tion n. nth ly			
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	c	LIDOTITLIT	E PROGRAM	•		EN SUBSTI LIAGE OCC		7. REASON FOR			
		2. LIVE?	3. STATION'S	I	5. MONTH		IMES	DELETION			
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM -	_ TO				
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Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S'	YSTEM ID# 3009								
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 trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission servicenis amount, see	e 7,342.53								
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.										
	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 fo 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										
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137										
	1. Base amount under statutory formula	<u> </u>									
	Enter amount of gross receipts from space K										
	3. Subtract line 2 from line 1	_									
	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)										
	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)										
	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	_									
	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										
	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	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa	•	hts!								

Name	Accounting Period:	2017/2									FORM SA1-2E. PAGE 7
Instructions: You must goe (1) the number of channels on which the cable system carried belevision broadcast stations to its subscribers, and (2) the cable system is not all number of activated channels during the accounting ported. 1. Enter the total number of activated channels on which the cable system carried tolevision broadcast stations. 2. Enter the total number of activated channels on which the cable system carried tolevision broadcast stations and nonbroadcast stations. 67 **No provided to the statement of account.** **No provided about the statement of account must be certified and signed in accordance with Cappright Office regulations) **Certification** **Certificat	Name										SYSTEM ID# 3009
Individual to Be Contacted for Further Information Address PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, term state, sp) Email Enter immortaling@zitomedia.com Fex (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - I, the undersigned, hereby certify that (Check one, but only one, or the boxes.) (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, or (Agent of owner other than corporation or partnership) am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, or (Officer or partner) I am an officer (if a corporation or partnership) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. - I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Enter an electronic signature on the line above to certify this statement. Enter signature using an "1/s signature" (e.g., /s/ John Smith) Title: President (Title of official position had in corporation or partnership).		Instructions: You me to its subscribers, and 1. Enter the total num system carried telev 2. Enter the total num on which the cable s	d (2) the cable system's to aber of channels on which vision broadcast stations. aber of activated channels system carried television I	otal numb the cable s broadcas	nber of	of activated chann	els during the a	accounting perio	od.		
Address PO Box 665 (**United street invitation of subtrainment or subtrainment or subtrainment) Countersport PA 16915 (**Only, from, sate, rip*) Email teri.mcmullen@zitomedia.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (**Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (**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; or (**Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; or (**Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; or (**Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; or (**Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B; or **A line 1 of space B; or a space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B; or a space	Individual to				ORMA	ATION IS NEEDE	D (Identify an i	ndividual to who	om		
Coudersport PA 16915		Name Te	ri McMullen						Telephone	814-260-043	34
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (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 (Officer or partner) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/James Rigas 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 heed in corporation or partnership)		(Nui	mber, street, rural route, apartn		suite nur	ımber)					
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (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 X (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. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/James Rigas 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)		(City	y, town, state, zip)								
I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (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 (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. 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X		Email	teri.mcmullen@:	zitomedi	dia.co	om		Fax (option	al)		
(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 (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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/James Rigas 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)	_	·				-	cordance with	Copyright Offic	e regulations)		
X (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. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/James Rigas 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)		(Agent of o	wner other than corporat	tion or pa	partne	ership) I am the du	ly authorized ag				d
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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)		are true, complete, and	d correct to the best of my l						ntained herein		
Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)						-	the line above to	o certify this stat	ement.		
Title: President (Title of official position held in corporation or partnership)			Typed or printed				nature" (e.g., /s,	/ John Smith)			
Date: 02/28/2018			Title:	Presid	ident	t	artnership)				
			Date:					02/28/20	018		

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 lav

ounting Period: 2017/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o NCTNWVPAOH LLC	3009
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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