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

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT 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)	
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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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 - Brave 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name		
	Zito NCTNWVPAOH LLC	300
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated control discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Brave	PA
Community	Mooresville	WV
	Pentress	WV
dd Rows as Necessary	Blacksville	WV
	Daybrook	WV
	Wadestown	WV
	Wana	WV
	Fairview	WV

	LEGAL NAME OF OWNER OF CA								-2E. PAGE
Name								515	3003
	Zito NCTNWVPAOH LLC	,							
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed				ny standa	rd rate variations	within a p	articular rate	
	category, but do not include disc				ion of oon	andor transmis	ion con <i>i</i> io	a that apple	
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. <b>Note</b>								
	categories, that person or entity	should be coun	ted as a	a subscriber in	each appl	licable category.	Example:	a residential	
	subscriber who pays extra for ca					d in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					convice that are	difforont fr	om thoso	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		-		1				
	BLO	DCK 1 NO. OF					BLOCK	2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		52	22.41					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemie		2				
-	In General: Space F calls for rat	-				Il your cable sys	em's servi	ces that were	
F	not covered in space E, that is, th	•	,		•				
• ·	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		uouuny	billed. If dify fd				gram basis,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip	1 0			sned. List	these other serv	ices in the	form of a	
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER		RATE	CATECO	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-res		NATE	CATEGO	DRT OF SERVICE	IVA I
	Pay cable	17.50		tel, hotel	uentiai				
	Pay cable—add'l channel			nmercial					
	Fire protection			/ cable					
	•Burglar protection			/ cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	50.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		30.00			
	Converter			connect					
	30110101		010						
			• Out	let relocation		30.00			
				tlet relocation ve to new addre	ess	30.00 30.00			

	T			FORM SA1-2E. PAGE 3
Name				SYSTEM ID# 30032
	Zito NCTNWVPAOH L			
G rimary smitters: levision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t 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 te Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried in 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-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community the air in its community i noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA	2	N	Pittsburgh PA
	WTAE	4	Ν	Pittsburgh PA
vs as Necessary	WDTV	5	Ν	Weston WV
	WTOV	9.1	Ν	Steubenville OH
	WNPB	24	E	Morgantown WV
	WQED	13	E	Pittsburgh PA
	WVFX	10.1	N	Clarksburg WV
		······		
	WPNT	22.1	I	Pittsburgh PA
		22.1 22.2	I	Pittsburgh PA
	WPNT	22.2	I 	Pittsburgh PA Pittsburgh PA
			     	Pittsburgh PA
	WPNT	22.2	     	Pittsburgh PA Pittsburgh PA
	WPNT	22.2	     	Pittsburgh PA Pittsburgh PA
	WPNT	22.2		Pittsburgh PA Pittsburgh PA
	WPNT	22.2	     	Pittsburgh PA Pittsburgh PA
	WPNT	22.2		Pittsburgh PA Pittsburgh PA
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	WPNT	22.2		Pittsburgh PA Pittsburgh PA
	WPNT	22.2		Pittsburgh PA Pittsburgh PA
	WPNT	22.2		Pittsburgh PA Pittsburgh PA

EGAL NAME OI Lito NCTNW			ISTENI.					SYSTEM I 300
	t every radio	station ca	arried on a separate and disc nerally receivable by your cal					н
ecceivable if (1) n the basis of or detailed info aper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> C	) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl 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	at the system's he system's FM anto this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AM or FM	-				C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<b> </b>						
					l		l	

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito NCTNWVPAOH LL	_C						30032
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi		-		-	ion, that your o	cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or auth	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonnet	twork televisio		
Program Log	broadcast by a distant star	tion?					YES	X NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete t	he prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their r	neaning is	
				ision program ("substitute	orogram") tha	t, during the a	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of a	nother stat	tion
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.		vies of baske	toall. List specific program		ample, i Love	Lucy OI	
	Column 2: If the program	n was broad		r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nood by the E	CC or in	
	the case of Mexican or Can						CC or, in	
	Column 5: Give the mon	th and day		tem carried the substitute			th the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your of a system from 6:01:				ly
	stated as "6:00–6:30 p.m."	Example: c	i program oann		10 p.m. to 0.2	0.00 p.m. 010		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulation.	5 111	
	s	UBSTITUT	E PROGRAM	I		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES TO	DELETION
		100 01 110	ONEE OIGH				10	
						_		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	YSTEM ID# 30032
			30032
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 9,838.07
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$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	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 \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		DF OWNER OF CABLE SYSTEM: VVPAOH LLC	SYSTEM ID# 30032
M Channels	<ul> <li>to its subscrib</li> <li>1. Enter the to system carr</li> <li>2. Enter the to on which the</li> </ul>	: You must give (1) the number of channels on which the cable system carried television broadcast stations 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 otal number of activated channels e cable system carried television broadcast stations adcast services	10 67
N Individual to Be Contacted		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 Telephone 814-26	60-0434
	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersi      (Ov     (Ag     X     (O      I have exami are true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations) igned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as i in line 1 of space B and that the owner is not a corporation or partnership; or of space B. in line 1 of space B. ind the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ection 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: <b>President</b> (Title of official position held in corporation or partnership)	
		Date: 02/28/18	

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unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 300
NCTNWVPAOH LLC	300
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.	P Special Statemer Concerning Gros Receipts Exclusio
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 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
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment 

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