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))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		Instructions:
В		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		IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Denmark
		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 suffciency of the fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Zito NCTNWVPAOH LLC	401
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including singl u list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	le home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Denmark Township	ОН
Community	Monroe Township	ОН
	Jefferson Township	ОН
d Rows as Necessary	Sheffield Township	ОН
	Plymouth Township	ОН
	Pierpoint Township	ОН
	Dorset Township	ОН
	ากการการการการการการการการการการการการกา	
		******

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM I
Name								515	4011
	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 service							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.				ny standa	rd rate variations	s within a p	articular rate	
	category, but do not include disc				ion of oon	andon transmis		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 app	licable category.	Example:	a residential	
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				1		<b>D</b> 1 0 01		
	BLC	DCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		91	21.71					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS		s				
-	In General: Space F calls for rat	-			-	ll your cable syst	tem's servi	ces that were	
F	not covered in space E, that is, th								
Services	service for a single fee. There ar furnished at cost or (2) services (								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		· g · · · · · · ,	
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				SHEG. LIST				
		BLOO						BLOCK 2	
		BLUC					CATEC	DRY OF SERVICE	DAT
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE			RAL
	CATEGORY OF SERVICE Continuing Services:			ORY OF SER		RATE	CAILO		RAI
	CATEGORY OF SERVICE Continuing Services: • Pay cable		Installa	ORY OF SER Ition: Non-res el, hotel		RATE	CATEGO		RAI
	Continuing Services: • Pay cable		Installa • Mot	tion: Non-res		RATE			RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mot • Cor	t <b>ion: Non-res</b> el, hotel nmercial		RATE			RAT
	Continuing Services: • Pay cable		Installa • Mot • Con • Pay	tion: Non-res	idential	RATE			RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa • Mot • Con • Pay • Pay	t <b>ion: Non-res</b> el, hotel nmercial <sup>r</sup> cable	idential	RATE			RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial <sup>r</sup> cable r cable-add'l cl	<b>idential</b> nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	17.50 50.00	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	<b>idential</b> nannel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	17.50 50.00	Installa • Mot • Con • Pay • Pay • Fire • Bure	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection	<b>idential</b> nannel	RATE			RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.50 50.00	Installa • Mot • Cor • Pay • Pay • Fire • Bury Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services:	<b>idential</b> nannel				RAI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	17.50 50.00	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services: connect	<b>idential</b> nannel				RAI

ounting Period: 2	2017/2			FORM SA1-2E. PAGE 3.
Name				SYSTEM ID# 40113
	Zito NCTNWVPAOH L PRIMARY TRANSMITTERS:			40113
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channed of license. For example, With <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	n during the accounting period, except n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carried in concerning substitute basis stations s's call sign. <i>Do not</i> report origination d with a station according to its over-th he form. el number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rrms, see page (iv) of the general instri- n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of s, see page (v) of the general instruction program services such as HBO, ESPN ne-air designation. For example, report evision station for broadcasting over the s station, an independent station, or a r (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education ructions in the paper SA1-2 form. Is the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). e licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKYC	3.1	Ν	Cleveland OH
	wviz	25.1	E	Cleveland OH
Rows as Necessary	WEWS	5.1	N	Cleveland OH
	WUAB	43.1	I	Lorain OH
	WVPX	23.1	I	Akron OH
	WJW	8.1	N	Cleveland OH
	WBNX	55.1	Е	Akron OH
	WOIO	19	N	Shaker Heights OH
I				
1				

EGAL NAME OF			ISTEM:					SYSTEM II 401
								401
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable 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> G	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check 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	t the system's he system's FM ante 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 general i eparate	be expected, ated 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	
	+							

Accounting Perio	od: 2017/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito NCTNWVPAOH LI	_C						40113
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, identi		-			ion that your cat	nle syster	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the pap	per SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	
Program Log	broadcast by a distant sta	tion?					YES	X NO
r rogram Log	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is '			-	
		, leave life	rest of this pag	e blank. Il your answer is	res, you mu	ist complete the	program	1
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their me	aning is	
	clear. If you need more spa					,	<b>J</b>	
				sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							-
	"NBA Basketball: 76ers vs.	Bulls."					, .	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the EC(	Cor in	
	the case of Mexican or Can						5 01, 111	
	Column 5: Give the mon	th and day		tem carried the substitute p			the mon	th
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."		i program came		5 p.m. to 0.2	0.50 p.m. should	u be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulations in	n	
						N SUBSTITUT		
	S		E PROGRAN			AGE OCCURF		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	TO	511211011
						_		
						_		
								·
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	*STEM ID 40113
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E         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 service s amount, see	f ∋ 7,060.51
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	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	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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		nts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: VPAOH LLC	SYSTEM ID 40113
<b>M</b> 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 whic ers, and (2) the cable system's total number of act atal number of channels on which the cable ed television broadcast stations	65
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATIO	I IS NEEDED (Identify an individual to whom
for Further Information	Name	Teri McMullen	Telephone 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)
O Certification	I, the undersi     (Ov     (Ag     X     (O     I have exami are true, comp	gned, hereby certify that (Check one, <i>but only one</i> , of <b>orner other than corporation or partnership)</b> I am the <b>ent of owner other than corporation or partnership</b> in line 1 of space B and that the owner is not a corpo <b>ficer or partner</b> ) I am an officer (if a corporation) or a in line 1 of space B. hed the statement of account and hereby declare und- lete, and correct to the best of my knowledge, informa- ction 1001(1986)]	owner of the cable system as identified in line 1 of space B; or ) I am the duly authorized agent of the owner of the cable system as identified ation or partnership; or partner (if a partnership) of the legal entity identified as owner of the cable system r penalty of law that all statements of fact contained herein tion, and belief, and are made in good faith.
		Enter an electronic	nes Rigas signature on the line above to certify this statement. Ig an "/s/ signature" (e.g., /s/ John Smith)
		Typed or printed name: Jame Title: President (Title of official position held in	s Rigas

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Inting Period: 2017/2	
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
NCTNWVPAOH LLC	401
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence:     "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic     service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers 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?	
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
	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	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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