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
		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
		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 Central PA 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 - Snow Shoe
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito Central PA LLC	636
	Instructions: List each separate community served by the cable system. A "community'	
D	"a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor identified city.	ne parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Snow Shoe Borough	PA
Community	Snow Shoe Township	ΡΑ
	Cooper Township	PA
d Rows as Necessary	Karthaus Township	PA
nows as necessary	Wallaceton/Boggs Township	PA
		PA
	Graham Township	
	Burnside Township	PA
	Covington Township	PA
	Girard Township	PA

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1	TEM I
Name	Zito Central PA LLC	ADEE OTOTEM.						010	636
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							hacken	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n	umber of billing	in that	category (the	number o	f persons or org	anizations		
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	subscriber in	each appl	icable category	. Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servic	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	that inc	lude one or me	ore second	dary transmissio	ons), list the	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tv	o- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	CODOCIAD	LING	TUTE	0,111			COBCOTUBEITO	100
	Service to first set		1,331	19.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	-							
F	In General: Space F calls for rat not covered in space E, that is, t	•	,		•				
-	service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually I	oilled. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by the							
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RA
	Continuing Services			tion: Non-res	idential				
	Continuing Services:		 Mot 	el, hotel					
	• Pay cable	17.50		amore:-!					
	• Pay cable • Pay cable—add'l channel	17.50		nmercial					
	Pay cable Pay cable—add'l channel Fire protection	17.50	• Pay	cable	annel				
	• Pay cable • Pay cable—add'l channel	17.50	• Pay • Pay	cable cable-add'l ch	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	50.00	• Pay • Pay • Fire	cable	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Pay • Fire • Burg	cable cable-add'l ch protection	annel				
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay • Pay • Fire • Burg Other s	cable cable-add'l ch protection glar protection	annel	30.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Burg Other s • Rec	cable cable-add'l ch protection glar protection ervices:	annel	30.00			
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Burg Other s • Rec • Disc	cable cable-add'l ch protection glar protection ervices: onnect	annel	30.00			

ccounting Period: 2	2017/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	Zito Central PA LLC			63693
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting to)(2) and (4), or 76.63 (referring to 76.13 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Ilso in space I, if the station was carrien in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the he form. In number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network fring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, 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-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subst the Special Statement and Program Le ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a function (for network multicast), "I" (for independent stations in the paper SA1-2 form. It the community to which the station is the community with which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t 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
	WPSU	3	E	Clearfield PA
	WPSU	3.1	E	Clearfield PA
d Rows as Necessary	WPSU	3.2	E	Clearfield PA
· · · · · · · · · · · · · · · · · · ·	WPSU	3.3	E	Clearfield PA
	WKBS	47	I	Altoona PA
	WJAC	6	Ν	Johnstown PA
	WJAC	6.1	Ν	Johnstown PA
	WATM	23	N	Altoona PA
	WATM	23.1	Ν	Altoona PA
	WATM	23.3	l	Altoona PA
	WWCP	8	Ν	Johnstown PA
	WWCP	8.1	Ν	Johnstown PA
	WTAJ	10	Ν	Altoona PA
	WPCW	19.1	I	Pittsburgh PA

EGAL NAME OF Zito Central		JABLE 51	ISTEM.					SYSTEM I 636
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion'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 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:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, tated 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	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Central PA LLC							63693
	SUBSTITUTE CARRIAGE				^			
I I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					s general mat			2 101111.
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting period 	-	r cable system	carry, on a substitute basi	s, any nonne	work televisio	n program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou mu	ist complete th	ne progran	n
	log in block 2.	,		, ,	, ,	····	1 3	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their m	neaning is	
	clear. If you need more spa							
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							l.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
			lcast live enter	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv		aubatituta pro	arom was carried by your	achla avatam	List the times	accuratel	.,
	to the nearest five minutes.			gram was carried by your				у
	stated as "6:00–6:30 p.m."		i program came		15 p.m. to 0.2	0.50 p.m. sho		
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	as required	d
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	ITE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
	1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						_		
						_	-	
						_		
						_		
						_		
						_		
						_		
						_		
1	1				11			

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SA1-2E. PAGI
Name	Zito Central PA LLC			-	636
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for th (as identified in space E) during the accounting period. For a further explar page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ne system's nation of ho	s secondary tran	smission servi	ce
	during the accounting period			-	31,101.48 ross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,1 • Use block 3 if the amount of gross receipts in space K is more than \$263,8 See page (vi) of the general instructions located in the paper SA1-2 form for mo	00 but less	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 OF	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roy accounting period is \$52.00	alty fee tha	t you must pay fo	r this six-month	
	Line 1. Royalty fee for accounting period				
	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	12		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L			-	
	1. Base amount under statutory formula	. \$	263,800.00	_	
	2. Enter amount of gross receipts from space K	. \$	231,101.48	_	
	3. Subtract line 2 from line 1	\$	32,698.52	-	
	4. Enter the amount of gross receipts from space K		\$	- 231,101.48	
	5. Enter the amount from line 3		\$	32,698.52	
	6. Subtract line 5 from line 4			198,402.96	
	7. Multiply line 6 by .005 (enter figure here)			\$	992.01
	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	3 7 and 8		\$	992.01
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2	63,800 (bi	ut less than \$52	7,600)	
	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			-	
	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		-		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	54, 5, and 6	0		
	FILING FEE AND TOTAL REMITTANCE [DUE			
Filing Fee and			¢	000.04	
otal Remittance Due					
2	2. Filing Fee (See the instructions for more information on filing fee calculations	3)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 .			\$	1,012.01
	Important: Your remittance must be in the form of an electronic pa		-		ghts!
otal Remittance	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 .	s)	yable to the Regi	\$ ster of Copyri	

Accounting Period:	2017/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Central	F OWNER OF CABLE SYSTEM: PA LLC		SYSTEM ID# 63693
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	ers, and (2) the cable system's to otal number of channels on which ed television broadcast stations . otal number of activated channels e cable system carried television I	5	t stations 14 146
N Individual to Be Contacted	we can conta	TO BE CONTACTED IF FURTHI ct about this statement of accoun		Felephone 814-260-0434
for Further Information	Name			1 elephone 014-200-0434
	Address	PO Box 665 (Number, street, rural route, apartn	nent, or suite number)	
		Coudersport PA 1691 (City, town, state, zip)	15	
	Email	teri.mcmullen@	zitomedia.com Fax (optional)	
ο	CERTIFICATIO	DN (This statement of account mu	ist be certified and signed in accordance with Copyright Office re-	gulations)
Certification	• I, the undersi	gned, hereby certify that (Check on	ne, but only one, of the boxes.)	
	(Ov	vner other than corporation or pa	artnership) I am the owner of the cable system as identified in line 1	of space B; or
	(Ag		tion or partnership) I am the duly authorized agent of the owner of t wner is not a corporation or partnership; or	he cable system as identified
	X (Of		a corporation) or a partner (if a partnership) of the legal entity identif	ied as owner of the cable system
	are true, comp		nereby declare under penalty of law that all statements of fact contain knowledge, information, and belief, and are made in good faith.	ied herein
			X /s/James Rigas Enter an electronic signature on the line above to certify this stateme Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nt.
		Typed or printed Title:	President	
		(Title of of Date:	fficial position held in corporation or partnership) 02/28/2018	

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inting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Central PA LLC	6369
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	-
	n
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
	Q Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	L Interest Assessme

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