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 workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/27/2018	\$ ALLOCATION NUMBER	For additional information, 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	
		2018/1 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 Texas-Washington 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	
_	name	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 - Palestine MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Texas-Washington LLC	23328
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate 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	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	
Control		
-	CITY OR TOWN	STATE TX
First Community	Palestine Elkhart	
-	Anderson County	TX
dd Rows as Necessary		
		กลางสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถกา

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	
Name	Zito Texas-Washington							2332
Е	SECONDARY TRANSMISSION							
-	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both	•						
scribers and Rates	down by categories of secondary each category by counting the nu							
Rales	separately for the particular servi						chargeu	
	Rate: Give the standard rate c						ge and the	
	unit in which it is generally billed.	•	,		dard rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				econdary transmis	sion servic	re that cable	
	systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca first set" and would be counted o					der "Servio	ce to the	
	Block 2: If your cable system I					different fi	rom those	
	printed in block 1 (for example, ti							
	with the number of subscribers a	ind rates, in the	e right-hand I	block. A two- or th	ree-word descripti	on of the s	service is	
	sufficient.	DCK 1				BLOC	< 2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS F	RATE CA	TEGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	• Service to first set		1,223	21.05				
	Service to additional set(s)		1,223	21.95				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	IS: RATES				
F	In General: Space F calls for rat	•	,		, ,			
•	not covered in space E, that is, the service for a single fee. There are							
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the un		usually billed	d. If any rates are	charged on a varia	able per-pr	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		no cablo eve	tom for each of th	o applicable convic	oc lictod		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a s							
	brief (two- or three-word) descrip	otion and includ	e the rate fo	r each.		-		
		BLOO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE			OF SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			: Non-residentia				
	• Pay cable	19.06	• Motel, h					
	Pay cable—add'l channel		• Comme					
	Fire protection		• Pay cab					
	•Burglar protection		,	le-add'l channel				
	Installation: Residential	E0.00	Fire prot					
	First set	50.00	• Burglar					
	Additional set(s) EM radio (if separate rate)		• Reconn		20.00			
	FM radio (if separate rate) Converter		 Reconne Disconn 		30.00			
	- Converter		- Disconn	CUL				
				location	20.00			
			Outlet re Move to	elocation new address	30.00 30.00			

				FORM SA1-2E. PA
Name				SYSTEM
	Zito Texas-Washingto			23
G Primary Transmitters: Television	carried by your cable syster 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 t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-ti the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ims [sections ions carried on a postitute program log)—if the p on some other ons. N, etc. Identify each rt multistream the air in its community 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
	KDFI	27	I	Dallas TX
	KDFI	27.1	l	Dallas TX
	KDFW	4	N	Dallas TX
	KDFW	4.1	N	Dallas TX
	KXAS	5	N	Fort Worth TX
	KXAS	5	N	Fort Worth TX
	KXAS KXAS	5 5.1	N N	Fort Worth TX Fort Worth TX
	KXAS KXAS KDAF	5 5.1 33.1	N N I	Fort Worth TX Fort Worth TX Dallas TX
d Rows as Necessary	KXAS KXAS KDAF KLTV	5 5.1 33.1 7	N N I N	Fort Worth TX Fort Worth TX Dallas TX Tyler TX
dd Rows as Necessary	KXAS KXAS KDAF KLTV KLTV	5 5.1 33.1 7 7.1	N N I N N	Fort Worth TX Fort Worth TX Dallas TX Tyler TX Tyler TX
ld Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV-2	5 5.1 33.1 7 7.1 7.2	N N I N N I	Fort Worth TX Fort Worth TX Dallas TX Tyler TX Tyler TX Tyler TX
ld Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV-2 WFAA	5 5.1 33.1 7 7.1 7.2 8	N N I N N I N N	Fort Worth TX Fort Worth TX Dallas TX Tyler TX Tyler TX Dallas TX
ld Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV-2 WFAA WFAA	5 5.1 33.1 7 7.1 7.2 8 8 8.1	N N I N N I N N	Fort Worth TX Fort Worth TX Dallas TX Tyler TX Tyler TX Tyler TX Dallas TX Dallas TX
ld Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV-2 WFAA WFAA KTVT	5 5.1 33.1 7 7.1 7.2 8 8 8.1 11	N N I N N I N N N	Fort Worth TX Fort Worth TX Dallas TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX
łd Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV-2 WFAA WFAA KTVT KTVT	5 5.1 33.1 7 7.1 7.2 8 8 8.1 11 11 11.1	N N I N N N N N N	Fort Worth TX Fort Worth TX Dallas TX Tyler TX Tyler TX Dallas TX Dallas TX Fort Worth TX Fort Worth TX Fort Worth TX
ld Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV KLTV-2 WFAA WFAA KTVT KTVT KTXA	5 5.1 33.1 7 7.1 7.2 8 8 8.1 11 11.1 21	N N I N N I N N N N N N N I	Fort Worth TXFort Worth TXDallas TXTyler TXTyler TXDallas TXDallas TXDallas TXFort Worth TXFort Worth TXFort Worth TX
ld Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV-2 WFAA WFAA KTVT KTVT KTXA	5 5.1 33.1 7 7.1 7.2 8 8 8.1 11 11.1 21 21.1	N N N I N N N N N N N N N N N N N I I N N N N I	Fort Worth TXFort Worth TXDallas TXTyler TXTyler TXTyler TXDallas TXDallas TXFort Worth TXFort Worth TXFort Worth TXFort Worth TXFort Worth TX
id Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV-2 WFAA WFAA WFAA KTVT KTVT KTXA KTXA KTXA	5 5.1 33.1 7 7.1 7.2 8 8 8.1 11 11.1 11.1 21 21.1 21.1 13	N N I N N I N N N N N N N I I I I E	Fort Worth TX Fort Worth TX Dallas TX Tyler TX Tyler TX Dallas TX Dallas TX Dallas TX Fort Worth TX Dallas TX
id Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV-2 WFAA WFAA KTVT KTVT KTVT KTXA KTXA KERA KERA	5 5.1 33.1 7 7.1 7.2 8 8 8.1 11 11.1 21 21.1 21.1 13 13.1	N N N I N N N N N N N I I I I I I E W	Fort Worth TXFort Worth TXDallas TXTyler TXTyler TXDallas TXDallas TXDallas TXDallas TXDallas TXDallas TXDallas TXFort Worth TXFort Worth TXFort Worth TXFort Worth TXDallas TXDallas TX
Id Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV-2 WFAA WFAA WFAA KTVT KTVT KTXA KTXA KERA KERA KERA KERA	5 5.1 33.1 7 7.1 7.2 8 8 8.1 11 11.1 21 21.1 21.1 13 13.1 39	N N N I N N N N N N N I I I I E W	Fort Worth TXFort Worth TXDallas TXTyler TXTyler TXTyler TXDallas TXDallas TXDallas TXFort Worth TXFort Worth TXFort Worth TXFort Worth TXDallas TX
id Rows as Necessary	KXAS KXAS KXAS KDAF KLTV KLTV KLTV KLTV-2 WFAA WFAA WFAA KTVT KTVT KTXA KTXA KERA KERA KERA KXTX KXTX	5 5.1 33.1 7 7.1 7.2 8 8 8.1 11 11.1 21 21.1 21.1 21.1 13 13.1 39 39.1	N N N I N N N N N N N I I I I E W	Fort Worth TXFort Worth TXDallas TXTyler TXTyler TXDallas TXDallas TXDallas TXDallas TXDallas TXFort Worth TXFort Worth TXFort Worth TXFort Worth TXDallas TX
1d Rows as Necessary	KXAS KXAS KDAF KLTV KLTV KLTV KLTV-2 WFAA WFAA WFAA KTVT KTVT KTXA KTXA KERA KERA KERA KERA KERA KXTX KXTX KXTX	5 5.1 33.1 7 7.1 7.2 8 8 8.1 11 11.1 11.1 21 21.1 21.1 13 13.1 39 39.1 68.1	N N N N I N N N N N N N N I I I I N N N N I	Fort Worth TXFort Worth TXDallas TXTyler TXTyler TXTyler TXDallas TXDallas TXDallas TXFort Worth TXFort Worth TXFort Worth TXFort Worth TXDallas TXDallas TXDallas TXArlington TX

ccounting Period:	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
Name	Zito Texas-Washingt	on LLC		2332
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tin	me basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain station	ons carried on a
	• Do not list the station her station was carried only or			
		also in space I, if the station was carrie on concerning substitute basis stations		
	Column 1: List each statio multicast stream associate	n's call sign. <i>Do not</i> report origination d with a station according to its over-th	program services such as HBO, ESPN	N, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann	the form. el number the FCC assigned to the tele	evision station for broadcasting over th	he air in its community
	of license. For example, W	/RC is channel 4 in Washington, D.C. n case whether the station is a network	-	
	educational station, by ente	ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepen	ndent), "I-M"
	For the meaning of these to	, "E" (for noncommercial educational), erms, see page (iv) of the general instr	uctions in the paper SA1-2 form.	,
		on of each station. For U.S. stations, lis idian stations, if any, give the name of t	5	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:						SYSTEM I
Zito Texas-V	Vashingtor	n LLC							233
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						Н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether if the radio stat this by placing tive the station	y the sys be recein at the Co I sign of a the static ion's sign g a chech n's locati	I-Band FM Carriage: Under stem whenever it is received wed 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 th the community with which th	at the sys system's this poin sed by th he statio	stem's he s FM ante it, see pay ne cable s n is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CAL	LSIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CAL			3/D	LOCATION OF STATION	
									1

	od: 2018/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Texas-Washingto	n LLC						23328
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	3			
	In General: In space I, ident	ify every noi	nnetwork televis	ion program, broadcast by	a <i>distant</i> stati	on, 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, regula	ations, or auth	orizations.	For a further
Substitute	explanation of the programm				e general instru	uctions in the p	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	work televisio		
Program Log	broadcast by a distant sta	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	st complete t	he prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			ka lina. I laa akkuu viatiana v		ailala ifithainn		
	In General: List each subst clear. If you need more spa				vherever pos	sidle, if their n	neaning is	
				sion program ("substitute p	program") tha	t, during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	 See page (v) of the gene tball " List specific program 	titles for exa	ns for further i ample "I I ove	nformatior	1.
	"NBA Basketball: 76ers vs.	Bulls."					2009 0.	
				"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nsed by the F	CC or. in	
	the case of Mexican or Can	adian statio	ons, if any, the	community with which the	station is iden	tified).		
			when your sys	tem carried the substitute p	program. Use	numerals, wi	th the mor	nth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	able system	List the times	s accurate	lv
	to the nearest five minutes.							. ,
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	our ouctors un	oo roquiro	d
	to delete under FCC rules a			was substituted for progra				
	was substituted for program	nming that y						
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	s	UBSTITUT	E PROGRAM	l				
						AGE OCCU		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. TIM FROM –	IES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	IES	1

Accounting Period:	2018/1			FORM S	GA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			2	SYSTEM ID#
	Zito Texas-Washington LLC				23328
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 the (as identified in space E) during the accounting period. For a further explana 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	e system's s	secondary trans to compute this	mission servi s amount, sec \$ 33	се
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$13	0 but less t e informatio	han \$527,600 on.	\$263,800	
				41-i	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ity lee that y	ou must pay for	unis six-monu	1
	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 I	ines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	336,298.44		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	72,498.44		
	4. Multiply line 3 by .01		\$	724.98	
	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 .	·····	\$	2,043.98
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,043.98	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[\$	2,063.98
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name		DF OWNER OF CABLE SYSTEM: Washington LLC	SYSTEM ID# 23328
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which the	: You must give (1) the number of channels on which the cable system carried television broadcast 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	22 183
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 814-2	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	ON (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 a in line 1 of space B and that the owner is not a corporation or partnership; or or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. indet 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: President (Title of official position held in corporation or partnership)	
		Date: 08/27/2018	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Texas-Washington LLC	2332
 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 Mailing Address Mailing Address	
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.	0
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Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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