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 COPYRIGHT OFFICE USE ONLY Return complet<br>by email to: |                      |   |  |
|--|--|----------------------|---|--|
| for Secondary Transmissions by<br>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,<br>contact the U.S. Copyright<br>Office Licensing Division at:<br>Tel: (202) 707-8150 |  |
|  |  |                      |   |  |

| Α                    | ACC | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |
|----------------------|-----|---|
|                      |     |   |
|                      |     | 2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31   |
|                      |     |   |
|                      |     | Barcode Data Filing Period (optional - see instructions)  |
| Accounting<br>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.   |
|                      |     | 1   |
|                      |     | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM   |
|                      |     | Zito Graham LLC   |
|                      |     | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  |
|                      |     | Zito Media  |
|                      |     | MAILING ADDRESS OF OWNER OF CABLE SYSTEM  |
|                      |     | PO Box 665<br>(Number, street, rural route, apartment, or suite number)   |
|                      |     | Coudersport, PA 16915   |
|                      |     | (City, town, state, zip)  |
| С                    |     | <b>RUCTIONS:</b> 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 - Graham   |
|                      |     | 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.

| Name                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|----------------------|--|--|
| Name                 | Zito Graham LLC  | 24541  |
| D                    | Instructions: List each separate community served by the cable system. A "d" a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community thas the "first community." Please use it as the first community on all future f | community" is the same as a "community unit" as defined in FCC rules:<br>wrated communities within unincorporated areas and including single,<br>hat you list will serve as a form of system identification hereafter known<br>ilings. |
| Area<br>Served       | Note: Entities and properties such as hotels, apartments, condominiums, or identified city.  | mobile home parks should be reported in parentheses below the  |
|                      | CITY OR TOWN   | STATE  |
| First                | Graham   | TX   |
| Community            | Cranam   |  |
|                      |  |  |
| dd Rows as Necessary |  |  |
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|  |   |   |   |  |   |   |   | FORM SA1   |                |
|--|---|---|---|--|---|---|---|--|----------------|
| Name   | LEGAL NAME OF OWNER OF CA   | ABLE SYSTEM:  |   |  |   |   |   | 515  | TEM IC<br>2454 |
|  | Zito Graham LLC   |   |   |  |   |   |   |  | 2454           |
| E<br>Secondary<br>Transmission<br>Service: Sub-<br>scribers and<br>Rates | SECONDARY TRANSMISSION<br>In General: The information in sp<br>system, that is, the retransmissic<br>about other services (including p<br>last day of the accounting period<br>Number of Subscribers: Both<br>down by categories of secondary<br>each category by counting the nu<br>separately for the particular servi  | bace E should<br>on of television<br>ay cable) in sp<br>(June 30 or D<br>blocks in space<br>transmission<br>umber of billing  | cover a<br>and rac<br>ace F, r<br>ecembe<br>ce E cal<br>service.<br>js in tha                 | Il categories of<br>lio broadcasts<br>not here. All the<br>or 31, as the ca<br>I for the numbe<br>In general, yo<br>t category (the                      | secondary<br>by your system<br>facts you<br>se may be<br>r of subsc<br>u can com<br>number of       | stem to subscrib<br>state must be th<br>).<br>ribers to the cab<br>pute the numbe<br>persons or org                 | oers. Give<br>nose existi<br>ele system,<br>r of subscr<br>anizations               | information<br>ing on the<br>, broken<br>ibers in                              |                |
|  | Rate: Give the standard rate of<br>unit in which it is generally billed.<br>category, but do not include disc<br><b>Block 1:</b> In the left-hand block<br>systems most commonly provide<br>that applies to your system. <b>Note</b><br>categories, that person or entity<br>subscriber who pays extra for ca   | (Example: "\$2<br>ounts allowed<br>in space E, the<br>to their subsc<br>Where an ind<br>should be cour  | 20/mth")<br>for adva<br>e form li<br>ribers. 0<br>dividual<br>nted as                         | Summarize a<br>ince payment.<br>sts the categor<br>Give the numbe<br>or organizatior<br>a subscriber in  | ny standar<br>ies of seco<br>r of subsc<br>i is receivit<br>each appl                               | d rate variations<br>ondary transmiss<br>ribers and rate f<br>ng service that f<br>icable category.                 | s within a p<br>sion servic<br>or each lis<br>alls under<br>Example:                | particular rate<br>te that cable<br>ted category<br>different<br>a residential |                |
|  | first set" and would be counted o<br>Block 2: If your cable system h<br>printed in block 1 (for example, ti<br>with the number of subscribers a<br>sufficient.  | nas rate catego<br>ers of services<br>nd rates, in the  | ories for<br>that inc   | secondary tran   | nsmission<br>pre second   | lary transmissio  | ns), list the   | em, together<br>ervice is  |                |
|  | BLU   | OCK 1<br>NO. OF   |   |  |   | NO. OF  |   |  |                |
|  | CATEGORY OF SERVICE   | SUBSCRIB  |   | RATE   | CAT   |   |   | SUBSCRIBERS  | RAT            |
|  | Residential:<br>• Service to first set  |   | 530   | 25.74  |   |   |   |  |                |
|  | Service to additional set(s)     FM radio (if separate rate)  |   |   |  |   |   |   |  |                |
|  | Motel, hotel<br>Commercial  |   |   |  |   |   |   |  |                |
|  | Converter   |   |   |  |   |   |   |  |                |
|  | <ul> <li>Residential</li> <li>Non-residential</li> </ul>  |   |   |  |   |   |   |  |                |
| F<br>Services<br>Other Than<br>Secondary<br>Iransmissions:<br>Rates      | SERVICES OTHER THAN SEC<br>In General: Space F calls for rat<br>not covered in space E, that is, th<br>service for a single fee. There are<br>furnished at cost or (2) services of<br>amount of the charge and the un<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a s<br>brief (two- or three-word) descrip | e (not subscrib<br>nose services l<br>e two exceptio<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sys<br>separate charg | ber) infor<br>that are<br>ns: you<br>hished to<br>usually<br>he cable<br>stem fur<br>le was n | rmation with re<br>not offered in of<br>do not need to<br>o nonsubscribe<br>billed. If any ra<br>e system for ea<br>nished or offeren<br>nade or establi | spect to al<br>combinatio<br>give rate i<br>rs. Rate in<br>tes are ch<br>ch of the a<br>ed during t | n with any seco<br>nformation cond<br>formation should<br>arged on a varia<br>applicable service<br>he accounting p | ndary trans<br>ærning (1)<br>d include b<br>able per-pr<br>es listed.<br>æriod that | smission<br>services<br>ooth the<br>ogram basis,<br>were not                   |                |
|  |   | BLO   |   |  |   |   |   | BLOCK 2  |                |
|  | CATEGORY OF SERVICE<br>Continuing Services:   | RATE  |   | ORY OF SER   |   | RATE  | CATEG   | ORY OF SERVICE   | RAT            |
|  | • Pay cable   | 17.50   | • Mo  | tel, hotel<br>nmercial   | lucintia  |   |   |  |                |
|  | Pay cable—add'l channel     Fire protection     Burglar protection  |   | • Pay   | / cable<br>/ cable-add'l ch  | annel   |   |   |  |                |
|  | Installation: Residential   | EQ. 00  | • Fire  | e protection   |   |   |   |  |                |
|  | First set     Additional set(s)     EM radia (if concrete rate)   | 50.00   | Other s   | glar protection<br>services:   |   | 20.00   |   |  |                |
|  | <ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>  |   | • Dis   | connect<br>connect<br>tlet relocation  |   | 30.00<br>30.00  |   |  |                |
|  |   |   |   | ve to new addr   | ess   | 30.00   |   |  |                |

| lame                               | LEGAL NAME OF OWNER OF<br>Zito Graham LLC   | F CABLE SYSTEM:  |  | SYSTEM II<br>2454   |  |  |  |
|------------------------------------|---|--|--|---|--|--|--|
|                                    | PRIMARY TRANSMITTERS: TELEVISION  |  |  |   |  |  |  |
| G<br>imary<br>smitters:<br>evision | carried by your cable syste<br>FCC rules and regulations<br>76.59(d)(2) and (4), 76.61(<br>substitute program basis, a<br><b>Substitute Basis Stations</b><br>basis under specific FCC ru-<br>Do <i>not</i> list the station here<br>station was carried <i>only</i> or<br>• List the station here, and<br>basis. For further information<br><b>Column 1:</b> List each station<br>multicast stream associatee<br>"WETA-2" as the same on<br><b>Column 2:</b> Give the chann<br>of license. For example, W<br><b>Column 3:</b> Indicate in each<br>educational station, by ente<br>(for independent multicast)<br>For the meaning of these to<br><b>Column 4:</b> Give the location | also in space I, if the station was carrie<br>on concerning substitute basis stations<br>n's call sign. <i>Do not</i> report origination<br>d with a station according to its over-the | <i>bt</i> (1) stations carried only on a part-tin<br>the carriage of certain network program<br>61(e)(2) and (4))]; and (2) certain station<br>carried by your cable system on a substitute<br>the Special Statement and Program Le<br>ed both on a substitute basis and also<br>by see page (v) of the general instruction<br>program services such as HBO, ESPN<br>re-air designation. For example, report<br>evision station for broadcasting over the<br>station, an independent station, or a mid<br>(for network multicast), "I" (for independent<br>or "E-M" (for noncommercial education<br>uctions in the paper SA1-2 form.<br>It the community to which the station is | me basis under<br>ms [sections<br>ons carried on a<br>stitute program<br>og)—if the<br>on some other<br>ons.<br>N, etc. Identify each<br>t multistream<br>he air in its community<br>noncommercial<br>ndent), "I-M"<br>nal multicast).<br>s licensed by the |  |  |  |
|                                    | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION   | 4. LOCATION OF STATION  |  |  |  |
|                                    | KFDX  | 3  | N  |   |  |  |  |
|                                    |   |  |  | Wichita Falls TX  |  |  |  |
|                                    |   |  |  | Wichita Falls TX  |  |  |  |
| Necessary                          | KFDX  | 3.1  | N<br>I   | Wichita Falls TX<br>Wichita Falls TX<br>Wichita Falls TX  |  |  |  |
| lecessary                          |   | 3.1  | N  | Wichita Falls TX  |  |  |  |
| ecessary                           | KFDX<br>KJBO<br>KXAS  | 3.1<br>35  | N<br>I   | Wichita Falls TX<br>Wichita Falls TX<br>Fort Worth TX   |  |  |  |
| ecessary                           | KFDX<br>KJBO  | 3.1<br>35<br>5.1   | N<br>I<br>N  | Wichita Falls TX<br>Wichita Falls TX  |  |  |  |
| ecessary                           | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ  | 3.1<br>35<br>5.1<br>6<br>6.1   | N<br>I<br>N<br>N   | Wichita Falls TX<br>Wichita Falls TX<br>Fort Worth TX<br>Wichita Falls TX<br>Wichita Falls TX   |  |  |  |
| ecessary                           | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2  | N<br>I<br>N<br>N<br>I  | Wichita Falls TX<br>Wichita Falls TX<br>Fort Worth TX<br>Wichita Falls TX<br>Wichita Falls TX<br>Wichita Falls TX   |  |  |  |
| Vecessary                          | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1   | N<br>I<br>N<br>N   | Wichita Falls TX<br>Wichita Falls TX<br>Fort Worth TX<br>Wichita Falls TX<br>Wichita Falls TX<br>Wichita Falls TX<br>Lawton OK  |  |  |  |
| Necessary                          | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2  | N<br>I<br>N<br>N<br>I<br>I<br>I  | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK  |  |  |  |
| Necessary                          | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N  | Wichita Falls TX<br>Wichita Falls TX<br>Fort Worth TX<br>Wichita Falls TX<br>Wichita Falls TX<br>Wichita Falls TX<br>Lawton OK<br>Lawton OK<br>Wichita Falls TX   |  |  |  |
| s Necessary                        | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL<br>KERA  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1<br>13.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N<br>E   | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK         Wichita Falls TX   |  |  |  |
| s Necessary                        | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N  | Wichita Falls TX<br>Wichita Falls TX<br>Fort Worth TX<br>Wichita Falls TX<br>Wichita Falls TX<br>Wichita Falls TX<br>Lawton OK<br>Lawton OK<br>Wichita Falls TX   |  |  |  |
| s Necessary                        | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL<br>KERA  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1<br>13.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N<br>E   | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK         Wichita Falls TX   |  |  |  |
| as Necessary                       | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL<br>KERA  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1<br>13.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N<br>E   | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK         Wichita Falls TX   |  |  |  |
| as Necessary                       | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL<br>KERA  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1<br>13.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N<br>E   | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK         Wichita Falls TX   |  |  |  |
| as Necessary                       | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL<br>KERA  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1<br>13.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N<br>E   | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK         Wichita Falls TX   |  |  |  |
| as Necessary                       | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL<br>KERA  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1<br>13.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N<br>E   | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK         Wichita Falls TX   |  |  |  |
| as Necessary                       | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL<br>KERA  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1<br>13.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N<br>E   | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK         Wichita Falls TX   |  |  |  |
| s as Necessary                     | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL<br>KERA  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1<br>13.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N<br>E   | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK         Wichita Falls TX   |  |  |  |
| s as Necessary                     | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL<br>KERA  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1<br>13.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N<br>E   | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK         Wichita Falls TX   |  |  |  |
| s as Necessary                     | KFDX<br>KJBO<br>KXAS<br>KAUZ<br>KAUZ<br>KAUZ<br>KSWO<br>KSWO<br>KJTL<br>KERA  | 3.1<br>35<br>5.1<br>6<br>6.1<br>6.2<br>7.1<br>7.2<br>18.1<br>13.1  | N<br>I<br>N<br>N<br>I<br>I<br>N<br>I<br>N<br>E   | Wichita Falls TX         Wichita Falls TX         Fort Worth TX         Wichita Falls TX         Wichita Falls TX         Wichita Falls TX         Lawton OK         Lawton OK         Wichita Falls TX   |  |  |  |

| Accounting P  |  |   | (STEM:  |  |  |  |  | I SA1-2E. PAGE                    |
|---|--|---|---|--|--|--|--|-----------------------------------|
| Zito Graham   |  |   |   |  |  |  |  | 2454                              |
|   | *  |   |   |  |  |  |  | 2434                              |
|   | t every radio s  | station ca  | arried on a separate and discronnerally receivable by your cab  |  |  |  |  | н                                 |
| eceivable if (1)<br>on the basis of<br>For detailed info<br>paper SA1-2 for<br><b>Column 1:</b> lo<br><b>Column 2:</b> S<br><b>Column 3:</b> If<br>signal, indicate | it is carried by<br>monitoring, to<br>prmation about<br>m.<br>lentify the call<br>tate whether to<br>the radio stat<br>this by placing | y the sys<br>be recein<br>to the Co<br>sign of e<br>the static<br>ion's sign<br>g a check | I-Band FM Carriage: Under C<br>stem whenever it is received a<br>wed at the headend, with the s<br>opyright Office regulations on t<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>k mark in the "S/D" column.<br>on (the community to which th | t the system's he<br>system's FM ante<br>this point, see pa<br>ed by the cable s | adend, and (2<br>enna, during c<br>ge (v) of the g<br>system as a se | 2) it can<br>ertain st<br>general i<br>eparate | be expected,<br>ated intervals.<br>nstructions in the.<br>and discrete | Primary<br>Transmitters:<br>Radio |
|   |  |   | the community with which the  |  |  | .0 01, 11                                      |  |                                   |
| 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             | od: 2018/1  |                         |                           |   |                     |                  | FOR            | M SA1-2E. PAGE 5          |
|------------------------------|---|-------------------------|---------------------------|---|---------------------|------------------|----------------|---------------------------|
|                              | LEGAL NAME OF OWNER OF                                    | CABLE SYSTE             | EM:                       |   |                     |                  |                | SYSTEM ID#                |
| Name                         | Zito Graham LLC   |                         |                           |   |                     |                  |                | 24541                     |
|                              | SUBSTITUTE CARRIAGI                                       |                         | STATEME                   |   | 3                   |                  |                |                           |
|                              | In General: In space I, identi                            |                         |                           |   |                     | ion that you     | ır cabla evete | m carried on a            |
| •                            | substitute basis during the a                             |                         |                           |   |                     |                  |                |                           |
| Substitute                   | explanation of the programm                               |                         |                           |   |                     |                  |                |                           |
| Carriage:                    | 1. SPECIAL STATEMEN                                       |                         | NING SUBST                | TITUTE CARRIAGE   |                     |                  |                |                           |
| Special                      | • During the accounting per                               | iod, did your o         | cable system              | carry, on a substitute basi                             | s, any nonne        | twork televi     | sion progran   | n                         |
| Statement and<br>Program Log | broadcast by a distant stat                               | tion?                   |                           |   |                     |                  | YES            | × NO                      |
| Frogram Log                  |   |                         | at of this nos            | a blank. If your anowar is "                            | Vee "veu mu         | ⊔<br>st complete | -              |                           |
|                              | Note: If your answer is "No"                              | , leave the re          | est of this pag           | e blank. Il your answer is                              | res, you mu         | ist complete     | e the program  |                           |
|                              | log in block 2.<br>2. LOG OF SUBSTITUTE                   |                         | 10                        |   |                     |                  |                |                           |
|                              | In General: List each subst                               |                         |                           | te line. Use abbreviations v                            | wherever pos        | sible if thei    | r meaning is   |                           |
|                              | clear. If you need more spa                               |                         |                           |   |                     |                  | r mouning io   |                           |
|                              |   |                         |                           | sion program ("substitute p                             |                     |                  |                |                           |
|                              | period, was broadcast by a                                |                         |                           |   |                     |                  |                |                           |
|                              | under certain FCC rules, re<br>Do not use general categor |                         |                           |   |                     |                  |                | n.                        |
|                              | "NBA Basketball: 76ers vs.                                |                         |                           |   |                     | p.o,o            |                |                           |
|                              |   |                         |                           | "Yes." Otherwise enter "N                               |                     |                  |                |                           |
|                              |   |                         |                           | sting the substitute progra<br>e community to which the |                     | nood by the      | ECC or in      |                           |
|                              | the case of Mexican or Can                                |                         |                           |   |                     |                  |                |                           |
|                              |   |                         |                           | tem carried the substitute                              |                     |                  | with the mor   | nth                       |
|                              | first. Example: for May 7 giv                             |                         |                           |   |                     |                  |                |                           |
|                              |   |                         |                           | gram was carried by your o                              |                     |                  |                | ely                       |
|                              | to the nearest five minutes. stated as "6:00–6:30 p.m."   | Example. a p            | brogram came              | ed by a system nom 6.01.                                | 5 p.m. to 6.2       | o.su p.m. s      |                |                           |
|                              |   | er "R" if the lis       | sted program              | was substituted for progra                              | mming that y        | our system       | was require    | ed                        |
|                              | to delete under FCC rules a                               |                         |                           |   |                     |                  |                | am                        |
|                              | was substituted for program effect on October 19, 1976.   |                         | ur system wa              | s permitted to delete unde                              | r FCC rules a       | nd regulation    | ons in         |                           |
|                              |   |                         |                           |   |                     |                  |                | 1                         |
|                              |   |                         |                           |   |                     | N SUBSTI         |                |                           |
|                              | S   | 1                       |                           |   | -                   | AGE OCC          |                | 7. REASON FOR<br>DELETION |
|                              | 1. TITLE OF PROGRAM                                       | 2. LIVE? 3<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                   | 5. MONTH<br>AND DAY | FROM             | TIMES<br>— TO  |                           |
|                              |   |                         |                           |   |                     |                  | _              |                           |
|                              |   |                         |                           |   |                     |                  |                |                           |
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|                              |   |                         |                           |   |                     |                  |                |                           |
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|                              |   |                         |                           |   |                     |                  |                |                           |
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| 1                            |   |                         |                           |   | <b>_</b> _          |                  |                | 1                         |

| Accounting Period:                 | 2018/1   | FORM SA                         | 1-2E. PAGE 6. |
|------------------------------------|--|---------------------------------|---------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | S                               | YSTEM ID#     |
|                                    | Zito Graham LLC  |                                 | 24541         |
| K<br>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<br>s amount, see | e<br>5,149.04 |
|                                    | COPYRIGHT ROYALTY FEE  |                                 |               |
| L<br>Copyright<br>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  | 7,600)                          |               |
|                                    | 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<br>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<br>See page i of the general instructions in the paper SA1-2 form for more informat   |                                 | hts!          |
|                                    |  |                                 |               |

| Accounting Period:                        | 2018/1   |   | FORM SA1-2E. PAGE 7 |
|---|--|---|---------------------|
| Name                                      | LEGAL NAME C<br>Zito Graham  | DF OWNER OF CABLE SYSTEM:<br>n LLC  | SYSTEM ID#<br>24541 |
| M<br>Channels                             | <ul> <li>to its subscrib</li> <li>1. Enter the to<br/>system carr</li> <li>2. Enter the to<br/>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     ied television broadcast stations     otal number of activated channels     e cable system carried television broadcast stations     adcast services  | 12<br>159           |
| <b>N</b><br>Individual to<br>Be Contacted |  | TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom<br>t about this statement of account.)   |                     |
| for Further<br>Information                | Name   | Teri McMullen Telephone 81  | 4-260-0434          |
|   | Address  | PO Box 665<br>(Number, street, rural route, apartment, or suite number)<br>Coudersport PA 16915<br>(City, town, state, zip)   |                     |
|   | Email  | teri.mcmullen@zitomedia.com Fax (optional)  |                     |
| O<br>Certification                        | I, the undersi     (Ov     (Ag     X     (Of     I have examinare 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 in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein olete, and correct to the best of my knowledge, information, and belief, and are made in good faith. A /s/James Rigas | m as identified     |
|   |  | Typed or printed name:       James Rigas         Title:       President   |                     |
|   |  | Title     Freshuern       (Title of official position held in corporation or partnership)       Date:   |                     |

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

| NAME OF OWNER OF CABLE SYSTEM:  | FORM SA1-2E. PAGE  |
|---|--|
|   | SYSTEM I   |
| Graham LLC  | 2454   |
| 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? | P<br>Special Statemen<br>Concerning Gross<br>Receipts Exclusio |
| X       NO         YES. Enter the total here and list the satellite carrier(s) below  |  |
| Name Mailing Address Mailing Address  |  |
|   |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>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 Assessme  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   | -  |
| x days  | 3  |
| 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  |  |
| (interest charge) * 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<br>list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |  |
| Owner   |  |
|   |  |
| Address   |  |
|   |  |
| Address   |  |

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