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	Return completed workbook 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

Α	ACC	DUNTING PERIOD COVE	ERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting			Barcode Data Filing Period (optional - see instructions)	
Period				
В		Instructions: Give the full legal name of the own of the subsidiary, not that of the p	ner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title barent corporation.	
Owner		List any other name or names und	ler which the owner conducts the business of the cable system.	
			ring the accounting period, only the owner on the last day of the accounting period should submit a oyalty fee payment covering the entire accounting period.	
		Check here if this is the system's fi	irst filing. If not, enter the system's ID number assigned by the Licensing Division.	3009
		LEGAL NAME OF OWNER/M	AILING ADDRESS OF CABLE SYSTEM	
		Zito NCTNWVPAOH LLC		
		BUSINESS NAME(S) OF OWN	NER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media		
		MAILING ADDRESS OF OWN	ER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment,	or suite number)	
		Coudersport, PA 1691 (City, town, state, zip)	15	
<u> </u>	INST	UCTIONS: In line 1, give any	y business or trade names used to identify the business and operation of the system u	unless these
С	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 SYS	STEM:	
		Zito Media - Littleton MAILING ADDRESS OF CABLE S	SVGTEM-	
			JOILM.	
	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 fling, a determination that would be made by a court of law.

Name		SYSTEM ID#
	Zito NCTNWVPAOH LLC	3009
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or me	
Served	identified city.	
	CITY OR TOWN	STATE
First	Littleton	WV
Community	Burton	WV
	Hundred	WV
ows as Necessary		
,		

								FORM SA1	TEM II
Name	LEGAL NAME OF OWNER OF C							313	300
	Zito NCTNWVPAOH LLC	j							500
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES								
E	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Secondary	about other services (including p								
Transmission	last day of the accounting period							.g o a.o	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
Rales	separately for the particular serv							chargeu	
	Rate: Give the standard rate c	harged for each	h catego	ory of service. I	nclude bo	th the amount o	f the charge		
	unit in which it is generally billed				ny standa	rd rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	sion service	a 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					I in the count un	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fro	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tw	vo- or thre	e-word descripti	on of the se	ervice is	
	sufficient.	BLOCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		20	22.05					
	<ul> <li>Service to first set</li> <li>Service to additional set(s)</li> </ul>		38	22.95					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
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. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		na cable	system for ea	ch of the s	applicable servic	oe lietod		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	1 0			shed. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip	tion and includ	e the ra	ite for each.					
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			SORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:			tion: Non-res	idential				
	• Pay cable	17.50		tel, hotel					
	• Pay cable—add'l channel			nmercial					
	Fire protection			cable					
	•Burglar protection			/ cable-add'l ch	lannel				
	Installation: Residential	50.00		e protection					
	First set     Additional set(s)	50.00		glar protection					
	Additional set(s)     EM radio (if sonarato rato)			services:		20.00			
	FM radio (if separate rate)     Converter			connect connect		30.00			
	- CONVENCE		• DIS	CONNECL					
				lot rolocation		20.00			
				let relocation	000	30.00 30.00			

ounting Period: 2	- -	· ·		FORM SA1-2E. PAGE 3			
Name				SYSTEM ID# 3009			
	Zito NCTNWVPAOH L PRIMARY TRANSMITTERS:						
G Primary ansmitters: elevision	substitute program basis, as explained in the next paragraph.						
	1. CALL SIGN	4. LOCATION OF STATION					
-	KDKA	2	N	Pittsburgh PA			
	WTAE	4	N	Pittsburgh PA			
as Necessary	WDTV	5	N	Weston WV			
	WTOV	9.1	N	Steubenville OH			
	WNPB	24	E	Morgantown WV			
	WQED	13	E	Pittsburgh PA			
	WVFX	10.1	N	Clarksburg WV			
	WPNT	22.1	l	Pittsburgh PA			
	WPNT	22.2	<b>_</b> I	Pittsburgh PA			
	WPCW	19		Pittsburgh PA			

EGAL NAME OF			STEM:					SYSTEM ID 300
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				1				

Accounting Perio	od: 2018/1					FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Zito NCTNWVPAOH LI	_C					3009
	SUBSTITUTE CARRIAGI	E: SPECIA			G		
I I	In General: In space I, identi				-	ion, that your cable syst	em carried on a
-	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN						
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	is, any nonnei	twork television program	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subst				wherever pos	sible, if their meaning i	S
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	program") tha	t during the accounting	a
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another sta	ation
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further informatio	n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	toall. List specific program	n titles, for exa	ample, "I Love Lucy or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
	the case of Mexican or Can			e community to which the			
	Column 5: Give the mor	ith and day	when your sys	tem carried the substitute	program. Use	numerals, with the mo	nth
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your			ely
	stated as "6:00–6:30 p.m."		i program cam		10 p.m. to 0.2		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						ram
	effect on October 19, 1976.		our system wa				
	9		E PROGRAM	1		IN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						<u></u>	
						<u> </u>	
						_	
			]				
						<u></u>	
						_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	YSTEM ID#
			3009
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 5,665.03
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula         \$         263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	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	<u> </u>	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name		DF OWNER OF CABLE SYSTEM: VVPAOH LLC	SYSTEM ID# 3009
M Channels	<ul> <li>to its subscrib</li> <li>1. Enter the to system carr</li> <li>2. Enter the to on which the</li> </ul>	: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ried television broadcast stations	10 67
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom act about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814-2	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.)         wner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as 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 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 olete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         action 1001(1986)]       X	
		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	

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NAME OF OWNER OF CABLE SYSTEM: NCTNWVPAOH LLC	FORM SA1-2E. PAGE 8
ICTNWVPAOH LLC	SYSTEM ID
	300
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- owing sentence:     "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic     service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions ocated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions nade by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
Vame Mailing Address Mailing Address	
	n
NTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
ine 1 Enter the amount of late payment or underpayment	Interest Assessmen
x 1%	_
- ine 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
ine 3 Multiply line 2 by the number of days late and enter the sum here	-
ine 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 ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
ist below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
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