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

STATEM	=NT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	·	,		\$	- coplicsoa@loc.gov For additional information, contact the U.S. Copyright
in the first tab			2/25/2020	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
	01 1113	WORKBOOK		ALLOOATION NOMBER	-
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
			1		
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	I - see instructions)	
Accounting					
Period					
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full co	rporate title
Owner		List any other name or names under which		he cable system	
				the last day of the accounting period should s	submit a
		single statement of account and royalty fe			
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	30009
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Zito NCTNWVPAOH LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
	-	Zito Media			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 665 (Number, street, rural route, apartment, or suite no	umber)		
		Coudersport, PA 16915			
	INST	(City, town, state, zip)	ess or trade names used to ider	ntify the business and operation of the	a system unless these
C				e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	<u> </u>	Zito Media - Littleton			
		MAILING ADDRESS OF CABLE SYSTEM	: 		
	2	(Number, street, rural route, apartment, or suite n	umber)		

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 fling, a determination that would be made by a court of law.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito NCTNWVPAOH LLC	30009
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter knowr
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Littleton	
Community	Burton	W
	Hundred	
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							-2E. PAG
Name	Zito NCTNWVPAOH LL							515	3000
Е	SECONDARY TRANSMISSION							46	
-	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Fransmission	last day of the accounting period							0	
Service: Sub- scribers and	Number of Subscribers: Bot	•							
Rates	down by categories of secondar each category by counting the n			•		•			
	separately for the particular serv	rice at the rate	indicate	ed—not the nur	nber of set	s receiving serving	vice).	Ũ	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	•		,		rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block					ondary transmi	ssion serv	ice that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of	once again und	er "Serv	vice to addition	al set(s)."				
	Block 2: If your cable system	•		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		c ngnt-i						
	BLO	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		26	22.95					
	 Service to additional set(s) 								
	• 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 ra	•	,			• •			
Г	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services		,		0		0 (,	
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	narged on a var	iable per-p	program basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cabl	e system for er	och of the	applicable servi	cas listad		
Rates	Block 2: List any services that								
	listed in block 1 and for which a	separate charg	je was r	made or establ	-	-			
	brief (two- or three-word) descrip	otion and includ	de the ra	ate for each.					
			CK 1					BLOCK 2	
		BLOO							
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	RATE	CATEC Installa	ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable		CATEC Installa • Mo	ation: Non-res tel, hotel		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEC Installa • Mo • Cor	ation: Non-res tel, hotel mmercial		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEC Installa • Mo • Cor • Pay	ation: Non-res tel, hotel mmercial y cable	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mo • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATEC Installa • Mo • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 17.95	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 17.95	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur • Bur	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.95	CATEC Installa • Moi • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	idential		CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.95	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur Other • Rec • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch protection rglar protection services: connect	idential		CATEG	ORY OF SERVICE	RAT

ccounting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Zito NCTNWVPAOH L			30009
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, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> , in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- lles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program d both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the b on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	KDKA	2	N	Pittsburgh PA
	WTAE	4	N	Pittsburgh PA
d Rows as Necessary	WDTV	5	N	Weston WV
KOWS 85 INECESSALY	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		Pittsburgh PA
	WPNT	22.1		Pittsburgh PA
	WPCW	19	1	
	WPCW			Pittsburgh PA

EGAL NAME OF								SYSTEM 30
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for 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 abour m. lentify the call tate whether t the radio stati this by placing vive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor 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 his point, see par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii 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	
		2,0				5,0		
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Zito NCTNWVPAOH L	LC						30009
	SUBSTITUTE CARRIAG							
I I					-	tion that wa		•
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	· · ·		, 0	, ,		
Carriage:	1. SPECIAL STATEMEN				0		• •	
Special	 During the accounting per 	-			isis. anv noni	network tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta	•	,	,	, ,	Γ	YES	× NO
Program Log	-					L	-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it ti	neir meanin	g is
				vision program ("substitute	e program") t	hat. during	the account	ina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		idcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cable syste	m List the	times accur	ately
	to the nearest five minutes.							atory
	stated as "6:00-6:30 p.m."				·	•		
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete unit		s and regula		
		•						1
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	IMES — TO	DELETION
		163 01 110	CALL SIGN			TINOIM	_ 10	
							_	
							_	
							<u> </u>	·
							_	
							_	
							<u> </u>	·
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1							-	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	YSTEM ID# 30009
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	5,123.52
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	<u> </u>
	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		
	Line 1. Royalty fee for accounting period	\$	52.00 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 \$137,1		
	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)	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: 2	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito NCTNWVF	WINER OF CABLE SYSTEM: PAOH LLC	SYSTEM ID# 30009
M Channels	to its subscribers1. Enter the total system carried2. Enter the total on which the car	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	10 49
N Individual to Be Contacted	we can contact a	BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name		814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
0	I, the undersigned (Owne (Agenting (Agenting (Afficing (Officing) I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) In other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space to forwer other than corporation or partnership) I am the duly authorized agent of the owner of the cable line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov line 1 of space B. If the statement of account and hereby declare under penalty of law that all statements of fact contained hereis e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)] $\underbrace{X} /s/James Rigas$ 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: 02/26/2020	system as identified vner of the cable system

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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
D NCTNWVPAOH LLC	3000
 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? 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	и и и и
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1%	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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