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

Return completed workbook

STATEMENT OF ACCOUNT		FOR COPYRIGH	by email to:		
		ansmissions by	DATE RECEIVED	AMOUNT	1
Cable System General instruct in the first tab of	ms (S	Short Form) are located	2/25/2020	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCO	2013/2	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	
Accounting Period			..		
		Instructions:			
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent co		diary of another corporation, give the full cor	porate title
Owner		List any other name or names under which	the owner conducts the business of th	ne cable system.	
		If there were different owners during the a single statement of account and royalty fere		he last day of the accounting period should sing period.	ubmit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	40575
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		DuCom Treasure Lake LP			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	1	
		Zito Media			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 665			
		(Number, street, rural route, apartment, or suite nu	imber)		
		Coudersport, PA 16915 (City, town, state, zip)			
	INST		ess or trade names used to iden	tify the business and operation of the	system unless these
С				e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		Zito Media - Spartansburg			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		

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#
Name	DuCom Treasure Lake LP	40575
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	nmunities within unincorporated areas and including single, It will serve as a form of system identification hereafter known
Area Served	identified city.	one parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First Community	Spartansburg Borough Sparta Township	PA PA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID
Name	DuCom Treasure Lake							010	4057
Е	SECONDARY TRANSMISSION						.	46	
	In General: The information in s system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	`		,	,	,			
Service: Sub- scribers and	Number of Subscribers: Both	•							
Rates	down by categories of secondar each category by counting the n					•			
	separately for the particular serv	rice at the rate	indicated	I-not the nun	ber of se	ts receiving serv	/ice).	0	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide							0,	
	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	ler "Servi	ce to addition	al set(s)."				
	Block 2: If your cable system	•							
	printed in block 1 (for example, t with the number of subscribers a					,	,,	, U	
	sufficient.		o ngin ne						
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1	36.70					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for ra					Il your cable sys	stem's ser	vices that were	
Г	not covered in space E, that is, t								
	service for a single fee. There and furnished at cost or (2) services	•			•		υ.	,	
Services									
Services Other Than	amount of the charge and the ur		usually I				able per-p	rogram basis,	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the	nit in which it is rate column.		oilled. If any ra	ites are cl	narged on a vari		rogram basis,	
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra	nit in which it is rate column. te charged by t	the cable	oilled. If any ra system for ea	tes are ch ch of the	narged on a vari applicable servi	ces listed.	-	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the	hit in which it is rate column. te charged by t t your cable sys	the cable stem furr	oilled. If any ra system for ea hished or offer	tes are ch ch of the ed during	narged on a vari applicable servi the accounting	ces listed. period tha	t were not	
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that	hit in which it is rate column. te charged by t t your cable system separate charg	the cable stem furr ge was m	billed. If any ra system for ea hished or offer ade or establi	tes are ch ch of the ed during	narged on a vari applicable servi the accounting	ces listed. period tha	t were not	
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	hit in which it is rate column. te charged by t t your cable system separate charg	the cable stem furr ge was m de the rat	billed. If any ra system for ea hished or offer ade or establi	tes are ch ch of the ed during	narged on a vari applicable servi the accounting	ces listed. period tha	t were not	
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Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services :	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLOO RATE	the cable stem furr ge was m de the rat CK 1 CATEG Installat	billed. If any ra system for ea hished or offer lade or establi te for each. DRY OF SER tion: Non-res	tes are ch ch of the ed during shed. List /ICE	narged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
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Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLOO RATE	the cable stem furr ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay	billed. If any ra system for ea hished or offer ade or establi te for each. DRY OF SER' tion: Non-res el, hotel imercial cable	ttes are ch ch of the ed during shed. List /ICE /ICE	narged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLOO RATE	the cable stem furr ge was m de the rai CK 1 CATEGO Installat • Mote • Com • Pay • Pay	billed. If any ra system for ea hished or offer ade or establi te for each. DRY OF SER tion: Non-res el, hotel imercial cable cable-add'l ch	ttes are ch ch of the ed during shed. List /ICE /ICE	narged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLOO RATE	the cable stem furr ge was m de the rai CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire	billed. If any ra system for ea hished or offer ade or establi te for each. DRY OF SER tion: Non-res el, hotel imercial cable cable-add'l ch protection	ttes are ch ch of the ed during shed. List /ICE /ICE	narged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
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Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLO(RATE 17.95	the cable stem furr ge was m de the rat CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other se • Reco	billed. If any ra system for ea hished or offer ade or establi te for each. DRY OF SER' tion: Non-res bl, hotel mercial cable cable-add'I ch protection protection arvices:	ttes are ch ch of the ed during shed. List /ICE /ICE	arged on a vari applicable servi the accounting these other ser RATE	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLO(RATE 17.95	the cable stem furr ge was m de the rai CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Cher so	billed. If any ra system for ea hished or offer ade or establi te for each. DRY OF SER' tion: Non-res al, hotel mercial cable cable-add'l ch protection protection arvices: ponnect	ttes are ch ch of the ed during shed. List /ICE /ICE	arged on a vari applicable servi the accounting these other ser RATE	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT

ccounting Period: 2	2019/2			FORM SA1-2E. PAGE 3.			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Nume	DuCom Treasure Lake	e LP		40575			
	PRIMARY TRANSMITTERS:						
G	carried by your cable system FCC rules and regulations in	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tir he carriage of certain network program	ne basis under ns [sections			
Primary nsmitters: elevision	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
	• Do not list the station here station was carried only on						
	basis. For further informatio Column 1: List each station multicast stream associated	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	, see page (v) of the general instruction program services such as HBO, ESPI	ons. N, etc. Identify each			
		ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over th	ne air in its community			
	educational station, by ente	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	(for network multicast), "I" (for indepen	ndent), "I-M"			
	For the meaning of these te Column 4: Give the location	rms, see page (iv) of the general instri- n of each station. For U.S. stations, lis lian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is	s licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WCIU	26.1	I	Chicago IL			
	WFXP	66.1	Ν	Erie PA			
ws as Necessary	WJET	24.1	Ν	Erie PA			
	WQLN	54	E	Erie PA			
	WSEE	35.1	N	Erie PA			

EGAL NAME OF DuCom Trea								SYSTEM
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a 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 about m. lentify the call tate whether to the radio stati this by placing ive 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 ved 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 enna, during ca ge (v) of the g system as a se sed by the FC0	!) 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	
-				_				
							·	
						·		
						·		
						·		
							·	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	DuCom Treasure Lake	e LP						40575
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program, broadcast b	v a distant sta	ition, that vo	our cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pa	aa blank lf vour answor i	с "Voc " уоц и		_	
	-	, leave life	rescortins pa	age blatik. Il your allower i	s res, your	must comp	iele llie pioł	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if tl	heir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			Lot op come progra		onumpro, 1	2010 200)	
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which the			the FCC or,	IN
				stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi		······				-,	
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0 [.]	1:15 p.m. to 6	5:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syste	em was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program	nming that						0
	effect on October 19, 1976	•						
					WHE	N SUBSTI		
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	1	IMES	DELETION
	I. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							<u> </u>	
							_	
							<u> </u>	
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1	1		I		I I'			1

Accounting Period:	2019/2	FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	DuCom Treasure Lake LP		40575
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Eni 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	441.25 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 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	
	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-mon	
	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 \$137,1	00)	
	1. Base amount under statutory formula		
	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		
	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 Due	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:	2019/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: Te Lake LP				SYSTEM ID# 40575
M Channels	 to its subscribers, 1. Enter the total is system carried to 2. Enter the total is on which the call 	a must give (1) the number of c and (2) the cable system's tot number of channels on which t elevision broadcast stations number of activated channels ble system carried television br st services	al number of activated channe he cable 	els during the ac	counting period.	5 23
N Individual to Be Contacted	we can contact at	BE CONTACTED IF FURTHE sout this statement of account.		D (Identify an inc		
for Further Information		Teri McMullen			Telephone	814-260-0434
		PO Box 665 (Number, street, rural route, apartme Coudersport PA 1691! (City, town, state, zip)	5			
	Email	teri.mcmullen@zi	itomedia.com		Fax (optional)	
O Certification	I, the undersigne (Owner (Agent in lii X (Office in lii I have examined	This statement of account mus d, hereby certify that (Check one other than corporation or par of owner other than corporati he 1 of space B and that the ow r or partner) I am an officer (if he 1 of space B. the statement of account and he , and correct to the best of my k in 1001(1986)]	e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the ion or partnership) I am the du ner is not a corporation or part a corporation) or a partner (if a ereby declare under penalty of	ne cable system a uly authorized ag nership; or ı partnership) of tl i law that all statel	is identified in line 1 of space ent of the owner of the cable ne legal entity identified as ow ments of fact contained hereir	system as identified mer of the cable system
			X /s/James Rigas	the line above to o	-	
			name: James Rigas President ial position held in corporation or pa	rtnership)		
		Date:			02/26/2020	

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 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 Office'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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Com Treasure Lake LP	4057
 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
x 1%	-
x 1%	-
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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