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	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-	ary Transmissions by	DATE RECEIVED	AMOUNT	_
Cable Syste	uctions are located of this workbook	2/24/21	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa	•	sidiary of another corporation, give the full of	corporate
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.	
	If there were different owners during th single statement of account and royalty		n the last day of the accounting period should nting period.	d submit a
	Check here if this is the system's first fili	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	25530
	LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM	Λ	
	Zito NCTNWVPAOH LLC			

		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 number)
		Coudersport, PA 16915
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	4	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Bryson City
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I				
Name	Zito NCTNWVPAOH LLC	2553				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	pile home parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First	Bryson City	NC				
Community	Swain County	NC				
dd Rows as Necessary						

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1	
Name	Zito NCTNWVPAOH LLC							010	2553
					. = = 0				
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of t	he cable	
	system, that is, the retransmission			-		•			
Secondary	about other services (including p	• • •			-		those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetom	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	,		0 / 3					
	separately for the particular serv					•	,		
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc						5 within a j		
	Block 1: In the left-hand block			-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			•		0			
	subscriber who pays extra for ca								
	first set" and would be counted o	once again unc	ler "Ser	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					,		, 0	
	sufficient.		e nym-i	Iditu Diock. A t		e-word descript		Service is	
		DCK 1					BLOCK	(2	
		NO. OF		DATE	0.17		201	NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		135	20.72					
	Service to additional set(s)		155	20.12					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat								
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services		,		0				
Other Than	amount of the charge and the ur	nit in which it is	usually	/ billed. If any r	ates are cl	harged on a vari	able per-pi	rogram basis,	
Secondary	enter only the letters "PP" in the rate column.								
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	17.95		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection		-	y cable					
	•Burglar protection		-	y cable-add'l cl	nannel				
	Installation: Residential	00.00		e protection					
	• First set	30.00		rglar protection					
	Additional set(s) EM radio (if concrete rate)			services:		20.00			
	FM radio (if separate rate)			connect		30.00			
	• Converter			connect tlet relocation		30.00			
			·Ou	ner relocation		30.00			
			- N.A	ve to new addr		30.00			

unting Period: 2				FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Zito NCTNWVPAOH L			25530
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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 informatic	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, 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 carried on concerning substitute basis stations,	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sut he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons.
	Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channe 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 locatio FCC. For Mexican or Canad	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of th	program services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education actions in the paper SA1-2 form. It the community to which the station the community with which the station	PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WYFF	4	N	Greenville SC
	WATM	23.3	I	Altoona PA
ws as Necessary	WSPA	7	Ν	Spartanburg SC
	WLOS	13	Ν	Asheville NC
	WUNE	17	E	Linville NC
	WHNS	21.1	Ν	Greenville SC
	WMYA	40.1	I	Anderson SC

LEGAL NAME O								SYSTEM 255
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C	i it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	y the sys be receint the Consign of e he static ion's sign g a check h's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. nal was electronically process < 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 par ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	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							FORM	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Zito NCTNWVPAOH L	LC						25530
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tifv everv noi	nnetwork telev	is <i>ion program.</i> broadcast by	a distant stat	tion. that v	our cable svs	tem carried on a
	substitute basis during the a	accounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, o	r authorization	ns. For a further
Substitute	explanation of the programn	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions i	n 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 syster	n carry, on a substitute ba	sis, any nonr	network te	levision prog	ram
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	»" leave the	rest of this pa	ae blank. If your answer is	- "Ves " vou r	nust comr		
	-	, leave life	rest of this pa	ige blank. If your answer is	s res, your	nusi com	here me brog	Jian
	log in block 2. 2. LOG OF SUBSTITUT		Me					
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible if	their meaning	a is
	clear. If you need more spa							9.0
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		stample,	I LOVE LUCY	01
	Column 2: If the program	m was broa	dcast live, ent	er "Yes." Otherwise enter '	"No."			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car			stem carried the substitute			als with the n	nonth
	first. Example: for May 7 gi		when your sy		program. Os			nontin
			e substitute pr	ogram was carried by you	r cable syster	n. List the	times accura	ately
	to the nearest five minutes	. Example: a	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	n. should be	
	stated as "6:00–6:30 p.m."		1					ine el
	to delete under FCC rules			n was substituted for prog				
								- 3
	was substituted for program effect on October 19, 1976	nming that y						- 3
	was substituted for program	nming that y			ler FCC rules	and regu	lations in]
	was substituted for prograr effect on October 19, 1976	mming that y		as permitted to delete und	ler FCC rules		Iations in	7. REASON FOR
	was substituted for prograr effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	VHE CARRI	N SUBST AGE OCC 6.	Iations in TTUTE CURRED TIMES	
	was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM	as permitted to delete und	ler FCC rules WHE CARRI	and regu	Iations in TTUTE CURRED	7. REASON FOR
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Accounting Period:	2020/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	YSTEM ID# 25530
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	7,573.34 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	this six-mon	
	accounting period is \$52.00 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 \$ 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		
	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:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: PAOH LLC		SYSTEM ID# 25530
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the carried	s, and (2) the cable system's tot number of channels on which t television broadcast stations number of activated channels able system carried television br		7 82
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom)	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartme Coudersport PA 1691 (City, town, state, zip)		
	Email	teri.mcmullen@z	itomedia.com Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in · I have examined	ed, hereby certify that (Check on or other than corporation or par t of owner other than corporati line 1 of space B and that the ow er or partner) I am an officer (if line 1 of space B. d the statement of account and h e, and correct to the best of my k	thership) I am the owner of the cable system as identified in line 1 of space on or partnership) I am the duly authorized agent of the owner of the cable ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as ow ereby declare under penalty of law that all statements of fact contained herei nowledge, information, and belief, and are made in good faith.	system as identified vner of the cable system
			X /s/James Rigas	•
			President ial position held in corporation or partnership)	
		Date:	02/26/2021	

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

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
NCTNWVPAOH LLC	2553
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- lowing 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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	-
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	_
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 \$ -	
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in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
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 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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