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:
for Seconda	ny Tr	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syste	ems (Short Form)		Ċ	For additional information,
General instru	ictions	are located	2/24/21	\$	contact the U.S. Copyright
in the first tab				ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
Α					
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: ()	(YYY/(Period))	
			1		
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			1		
			Barcode Data Filing Period (optiona	II - see instructions)	
Accounting					
Period					
Б		-	•	osidiary of another corporation, give the full o	corporate
B		title of the subsidiary, not that of the pare	ent corporation.		
Owner		List any other name or names under whic	h the owner conducts the business o	f the cable system.	
		If there were different owners during the single statement of account and royalty for		n the last day of the accounting period should inting period.	d submit a
		Check here if this is the system's first filin			26058
			g. in not, enter the system s ib numbe	assigned by the Electioning Division.	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTE	М	
		Zito NCTNWVPAOH LLC			
		BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	IT)	
		Zito Media			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 665 (Number, street, rural route, apartment, or suite n	umber)		
		Coudersport, PA 16915			
	INST	(City, town, state, zip)	ness or trade names used to ide	entify the business and operation of the	he system unless these
С				the system, if different from the addre	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		Zito Media - Robbinsville MAILING ADDRESS OF CABLE SYSTEM	:		
	2				
		(Number, street, rural route, apartment, or suite n	umber)		
		(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	260
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Robbinsville	NC
Community	Santeelah Township	NC
	Graham County	NC
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM IC
Name	Zito NCTNWVPAOH LLO							515	2605
		•							
Е	SECONDARY TRANSMISSION					ny transmission	convice of	the cable	
-	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			•••		•		3	
	Rate: Give the standard rate of	-	-	-				-	
	unit in which it is generally billed category, but do not include disc					ard rate variation	is within a	particular rate	
	Block 1: In the left-hand block					condary transmis	ssion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers.	Give the numb	er of subs	cribers and rate	for each li	sted category	
	that applies to your system. Not			0		0			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-r	nand block. A t	wo- or thre	e-word descript	ion of the	service is	
		DCK 1					BLOC	<2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	JUBJURID	EKS	NATE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	INA I
	Service to first set		69	20.20					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
			NOMIO					L	
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					all your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There are								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuany	blice. If any f			abic pei-p	logram basis,	
ransmissions:	Block 1: Give the standard rat	te charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a				isned. List	these other ser	vices in th	e lorm of a	
	I DRIET (TWO- OF TREE-WORD) DESCRIP						1		
	brief (two- or three-word) descrip								
		BLO		SORY OF SER	VICE	RATE	CATEG	BLOCK 2	RAT
	CATEGORY OF SERVICE Continuing Services:		CATEC	GORY OF SER	-	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	CATEGORY OF SERVICE	BLO	CATEC		-	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services:	BLO(RATE	CATEC Installa • Mo	ation: Non-res	-	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO(RATE	CATEC Installa • Mo • Cor	ation: Non-res tel, hotel	-	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO(RATE	CATEC Installa • Mo • Col • Pay	ation: Non-res tel, hotel mmercial	sidential	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO(RATE	CATEC Installa • Mo • Col • Pay • Pay	ation: Non-res tel, hotel mmercial y cable	sidential	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO(RATE	CATEC Installa • Mo • Col • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	sidential	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO0 RATE 17.95	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	sidential	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO0 RATE 17.95	CATEC Installa • Mo • Con • Pay • Pay • Fire • Bur Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	sidential	RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO0 RATE 17.95	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	sidential		CATEG		RAT
	CATEGORY OF SERVICE 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)	BLO0 RATE 17.95	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other • Rea • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	sidential		CATEG		RAT

				FORM SA1-2E. PAGE 3.
Name				SYSTEM ID# 26058
	Zito NCTNWVPAOH L PRIMARY TRANSMITTERS:			2000
G Primary ransmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c	<i>t</i> (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections ons carried on a
	 Do not list the station here station was carried only on List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location 	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination 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. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o rms, see page (iv) of the general instru n of each station. For U.S. stations, list	d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a find (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
		dian stations, if any, give the name of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM	23.3		Altoona PA
	WHNS	21.1	N	Greenville SC
s as Necessary	WLOS	13	N	Asheville NC
	WMYA	40.1	I	Anderson SC
	WSPA	7	N	Spartanburg SC
	WUNE	17	E	Linville NC
	WYFF	4	N	Greenville SC

Zito NCTNW	VPAOH LL	С							260
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cat						н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to mation abou m. entify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	ati sy th se	the system's he rstem's FM ante is point, see pag d by the cable s station is licens	adend, and (2 nna, during cr ge (v) of the g ystem as a se wed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN	AIVI OF FM	3/D	LOCATION OF STATION	Н	CALL SIGN	AIVI OF FIVI	3/D	LUCATION OF STATION	
				ļļ					
				łŀ					

Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Zito NCTNWVPAOH L	LC						26058
<u> </u>	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every non	network telev	ision program broadcast by	v a distant sta	tion that v	our cable svs	tem carried on a
_	substitute basis during the a				•			
Substitute	explanation of the programm	ning that mus	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	T CONCER	NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did you	ır cable syster	n carry, on a substitute ba	asis, any noni	network te	evision prog	ram
Program Log	broadcast by a distant sta	ation?					YES	× NO
r rogram zog	-		reat of this no	an blank If your analyser is	- "V " v v	nunt aamar		
	Note: If your answer is "No	b, leave the	rest of this pa	ige blank. If your answer is	s res, your	nust comp	liete the prog	gram
	log in block 2.		MO					
	2. LOG OF SUBSTITUT			ate line. Use abbreviation	s wherever n	ossihle ift	heir meanin	n is
	clear. If you need more spa					0001010, 11		9 10
	Column 1: Give the title	of every no	nnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		vies of bask	etball. List specific progra	am unes, for e	example,	Love Lucy	or
			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 Column 5: Give the more			stem carried the substitute			le with the r	month
	first. Example: for May 7 gi		when your sy		c program. O			nontin
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes	•	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m."		listed program	n was substituted for prog	remains a the			ine d
	to delete under FCC rules			n was substituted for prog				
				iunna me accounina penc				
	was substituted for program							0
		mming that y						0
	was substituted for program	mming that y			der FCC rules	and regu	ations in	1
	was substituted for prograr effect on October 19, 1976	mming that y	our system w	as permitted to delete und	der FCC rules	and regul	ations in	
	was substituted for program effect on October 19, 1976 S	UBSTITUTE		as permitted to delete und	der FCC rules	and regul	ations in	7. REASON FOR DELETION
	was substituted for prograr effect on October 19, 1976	UBSTITUTE	our system w	as permitted to delete und	der FCC rules WHE CARRI	and regul	ITUTE	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976 S	UBSTITUTE	our system w <u>E PROGRAM</u> 3. STATION'S	ras permitted to delete und	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR

Accounting Period:	2020/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	YSTEM ID# 26058
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	5,114.47 oss 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 O	WNER OF CABLE SYSTEM: AOH LLC			SYSTEM ID# 26058
M Channels	to its subscribers, 1. Enter the total system carried t 2. Enter the total on which the ca	, and (2) the cable system's t number of channels on whick television broadcast stations number of activated channel ble system carried television		unting period.	7 82
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accourt	ER INFORMATION IS NEEDED (Identify an indivi t.)	dual to whom	
for Further Information	Name	Teri McMullen		Telephone 814-26	i0-0434
	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)			
	Email	teri.mcmullen@	zitomedia.com F	Fax (optional)	
O Certification	I, the undersigne (Owner (Agent in li X (Office in li I have examined	ed, hereby certify that (Check or r other than corporation or p of owner other than corpor ine 1 of space B and that the of er or partner) I am an officer (ine 1 of space B. the statement of account and e, and correct to the best of m	st be certified and signed in accordance with Cop ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as in tion or partnership) I am the duly authorized agent wher is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the hereby declare under penalty of law that all stateme knowledge, information, and belief, and are made in X /s/James Rigas Enter an electronic signature on the line above to cer Enter signature using an "/s/ signature" (e.g., /s/ John name: James Rigas	dentified in line 1 of space B; or t of the owner of the cable system as legal entity identified as owner of the nts of fact contained herein n good faith.	
		Title: (Title of c	President icial 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 I
NCTNWVPAOH LLC	2605
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 Receipts Exclusior
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 Name Mailing Address Mailing Address	
INTEREST 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
	—
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	_
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter 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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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 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	_
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 \$ - (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.	
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