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

0T 4 TE 14			T OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
	uctions are located	2/24/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A	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 -	- see instructions)	
Accounting				
Period				
	Instructions:	ha aabla ayatana jifaha ayyaaria a aybai	idiary of another corporation, give the full c	
B	title of the subsidiary, not that of the part		idiary of another corporation, give the rull of	orporate
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system.	
	-		the last day of the accounting period should	submit a
	single statement of account and royalty f	ee payment covering the entire accoun	ting period.	568
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	308
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	Zito Canton LLC			

		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito Canton 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)
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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 - Ralston
		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 ID				
Name	Zito Canton LLC	568				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "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 known 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 identified city.					
	CITY OR TOWN	STATE				
First	Raiston	PA				
Community	Roaring Branch	PA				
dd Rows as Necessary						

							FORM SA1	
Name		ABLE SYSTEM:					515	ا TEM ا 5
	Zito Canton LLC							
_	SECONDARY TRANSMISSION	I SERVICE: SU	BSCRIBERS A	ND RATES				
E	In General: The information in s				ry transmission	service of	the cable	
	system, that is, the retransmission							
Secondary	about other services (including p					those exis	ting on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					ble system	broken	
scribers and	down by categories of secondar	•						
Rates	each category by counting the n		•		•			
	separately for the particular serv				•	,		
	Rate: Give the standard rate of unit in which it is generally billed							
	category, but do not include disc					s wiunn a	particular rate	
	Block 1: In the left-hand block				condary 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							
	Block 2: If your cable system				service that are	different	from those	
	printed in block 1 (for example, t	iers of services	that include on	e or more secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	right-hand blo	ck. A two- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1				BLOCK	()	
		NO. OF		_			NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS RAT	E CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:		53 2	5 00				
	Service to first set		33 2	5.23				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS:	RATES				
F	In General: Space F calls for ra		,	•				
•	not covered in space E, that is, t service for a single fee. There a							
Services	furnished at cost or (2) services		,	0		0 (/	
					normation onou			
Other Than	amount of the charge and the ur	nit in which it is	usually billed. I	any rates are cl	harged on a vari		•	
Secondary	enter only the letters "PP" in the	rate column.	-	-	-			
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate	rate column. te charged by tl	ne cable system	n for each of the	applicable servi		·····	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that	rate column. te charged by tl t your cable sys	ne cable systen tem furnished o	n for each of the or offered during	applicable servi the accounting	period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by tl t your cable sys separate charg	ne cable systen stem furnished o e was made or	n for each of the or offered during established. List	applicable servi the accounting	period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that	rate column. te charged by tl t your cable sys separate charg ption and includ	ne cable system item furnished of e was made or e the rate for e	n for each of the or offered during established. List	applicable servi the accounting	period that	e form of a	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by th t your cable syst separate charg btion and includ BLOC	ne cable system item furnished of e was made or e the rate for e	n for each of the or offered during established. List ach.	applicable servi the accounting	period that vices in th		RA
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE	ne cable system item furnished o e was made or e the rate for e CK 1	n for each of the or offered during established. List ach. F SERVICE	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE	ne cable system tem furnished o e was made or e the rate for e CK 1 CATEGORY O	n for each of the or offered during established. List ach. F SERVICE on-residential	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE	ne cable system item furnished o e was made or e the rate for e CK 1 CATEGORY O Installation: N	n for each of the or offered during established. List ach. F SERVICE on-residential	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA
Secondary ransmissions:	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	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE	ne cable system tem furnished or e was made or e the rate for e CK 1 CATEGORY O Installation: N • Motel, hotel	n for each of the or offered during established. List ach. F SERVICE on-residential	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE	ne cable system tem furnished o e was made or e the rate for e CK 1 CATEGORY O Installation: N • Motel, hotel • Commercia	n for each of the pr offered during established. List ach. F SERVICE on-residential	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA
Secondary ransmissions:	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'l channel • Fire protection	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE	ne cable system tem furnished o e was made or e the rate for e XK 1 CATEGORY O Installation: N • Motel, hotel • Commercia • Pay cable	n for each of the pr offered during established. List ach. F SERVICE on-residential	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha 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	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE	ne cable system tem furnished or e was made or e the rate for e K 1 CATEGORY O Installation: N • Motel, hotel • Commercia • Pay cable • Pay cable	n for each of the pr offered during established. List ach. F SERVICE on-residential	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE 17.95 30.00	ne cable system tem furnished or e was made or e the rate for e CK 1 CATEGORY O Installation: No • Motel, hotel • Commercia • Pay cable • Pay cable • Fire protect	n for each of the proffered during established. List ach. F SERVICE on-residential	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA
Secondary ransmissions:	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'l channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE 17.95 30.00	ne cable system tem furnished or e was made or e the rate for e CK 1 CATEGORY O Installation: No • Motel, hotel • Commercia • Pay cable • Pay cable • Fire protect • Burglar pro	n for each of the proffered during established. List ach. F SERVICE on-residential	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA
Secondary ransmissions:	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)	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE 17.95 30.00	ne cable system tem furnished or e was made or e the rate for e CK 1 CATEGORY O Installation: N • Motel, hotel • Commercia • Pay cable • Pay cable • Pay cable • Fire protect • Burglar proi Other services	n for each of the proffered during established. List ach. F SERVICE on-residential	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA
Secondary ransmissions:	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)	rate column. te charged by ti t your cable sys separate charg btion and includ BLOC RATE 17.95 30.00	ne cable system tem furnished or e was made or e the rate for e CK 1 CATEGORY O Installation: N • Motel, hotel • Commercia • Pay cable • Pay cable • Pay cable • Fire protect • Burglar pro Other services • Reconnect	n for each of the proffered during established. List ach. F SERVICE on-residential I I I I I I I I I I I I I I I I I I I	applicable servi the accounting these other ser	period that vices in th	e form of a BLOCK 2	RA

Inting Period: 2	2020/2			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Zito Canton LLC			568
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters:	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(c substitute program basis, a	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 s explained in the next paragraph.	(1) stations carried only on a part-t ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta	ime basis under ams [sections tions carried on a
elevision	 basis under specific FCC ru Do <i>not</i> list the station here station was carried <i>only</i> on 	: 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	ne Special Statement and Program	Log)—if the
	Column 1: List each station multicast stream associated "WETA-2" as the same on t	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 the form. el number the FCC assigned to the tele	program services such as HBO, ESF e-air designation. For example, repo	PN, etc. Identify each ort multistream
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te	(RC is channel 4 in Washington, D.C. a case whether the station is a network s aring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o arms, see page (iv) of the general instru	station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educati ictions in the paper SA1-2 form.	a noncommercial endent), "I-M" onal multicast).
	Column 4: Give the location	n of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE	28.1	N	Wilkes-Barre PA
	WBRE WNEP	28.1 16.1	N	Wilkes-Barre PA Scranton PA
Rows as Necessary				
lows as Necessary	WNEP	16.1	N	Scranton PA
lows as Necessary	WNEP WOLF	16.1 56.1	N N	Scranton PA Hazelton PA
iws as Necessary	WNEP WOLF WQMY	16.1 56.1 53.1	N N	Scranton PA Hazelton PA Williamsport PA
ws as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I	Scranton PA Hazelton PA Williamsport PA Scranton PA
ows as Necessary	WNEP WOLF WQMY WSWB	16.1 56.1 53.1 38.1	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
iws as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ws as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
lows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
lows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
ows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
lows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
lows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
Rows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
Rows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
Rows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
Rows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
Rows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
Rows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
Rows as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA

		JABLE S	YSIEM:					SYSTEM
ito Canton	LLC							
			arried on a separate and discre	ete basis and list	those FM stat	ions car	ried on an	Н
ll-band basis v	vhose signals	were ge	nerally receivable by your cab	le system during	the accountin	g period	l.	
eceivable if (1) n the basis of	it is carried by monitoring, to	/ the sys be recei	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t	t the system's he system's FM ante	adend, and (2 nna, during ce) it can l ertain st	be expected, ated intervals.	Primary Transmitters Radio
aper SA1-2 for	rm.							
			each station carried. n is AM or FM.					
Column 3: If	the radio stati	ion's sigi	nal was electronically process	ed by the cable s	ystem as a se	eparate a	and discrete	
			< mark in the "S/D" column. on (the community to which th	e station is licens	ed by the FC	Corint	the case of	
			the community with which the			0 01, 111		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2020/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Canton LLC							568
	SUBSTITUTE CARRIAG	E: SPECIA			DG			
l	In General: In space I, ident substitute basis during the a	accounting pe	eriod, under sp	pecific present and former l	CC rules, reg	ulations, o	r authorization	ns. For a further
Substitute Carriage:	explanation of the programm	-			the general ins		n the paper o	A 1-2 10111.
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute b	asis, any nonr	network te	levision prog	ram
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your answer is "No	o". leave the	rest of this pa	age blank. If vour answer	is "Yes." vou r	nust com	plete the proc	aram
	log in block 2.	,		.g	, , , , , , , , , , , , , , , , , , ,		·····	5
	2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa				·	,	·	0
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progr		stample,	I LOVE LUCY	0
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
			、	the community to which the		,	the FCC or,	in
	the case of Mexican or Car			e community with which the stem carried the substitut			ale with the r	nonth
	first. Example: for May 7 gi		when your sy		e program. Us			nonun
			e substitute pr	ogram was carried by you	ur cable syste	m. List the	times accura	ately
	to the nearest five minutes.	. Example: a	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.r	n. should be	-
	stated as "6:00–6:30 p.m."	"D" : (1)						
	to delete under FCC rules			n was substituted for proc				
		and regulation						
								ogram
	was substituted for program effect on October 19, 1976	mming that y						ogram
	was substituted for program	mming that y						T
	was substituted for prograr effect on October 19, 1976	nming that y		as permitted to delete un	der FCC rules		Iations in	7. REASON FOR
	was substituted for prograr effect on October 19, 1976	UBSTITUTI	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in TITUTE CURRED TIMES	
	was substituted for prograr effect on October 19, 1976 S	uming that y	your system w E PROGRAM	as permitted to delete un	der FCC rules WHE CARRI	and regu	Iations in ITUTE CURRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTI	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTI	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTI	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTI	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTI	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTI	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for prograr effect on October 19, 1976 S	UBSTITUTI	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in TITUTE CURRED TIMES	7. REASON FOR
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	was substituted for prograr effect on October 19, 1976 S	UBSTITUTI	your system w E PROGRAM 3. STATION'S	ras permitted to delete un	der FCC rules WHE CARRI 5. MONTH	N SUBST AGE OCO 6.	Iations in TITUTE CURRED TIMES	7. REASON FOR
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Accounting Period:	2020/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Canton LLC	S	YSTEM ID# 568
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End 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	1,438.26 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 SA1-2	2E. PAGE 7
Name	LEGAL NAME OF C Zito Canton LL	DWNER OF CABLE SYSTEM: .C			SYS	STEM ID# 568
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels able system carried television t	otal number of n the cable s broadcast stati	which the cable system carried television broadc activated channels during the accounting period		
N Individual to Be Contacted		BE CONTACTED IF FURTHI about this statement of account		FION IS NEEDED (Identify an individual to whon	n	
for Further Information	Name	Teri McMullen			Telephone 814-260-0434	
	Address	PO Box 665 (Number, street, rural route, apartir Coudersport PA 1691 (City, town, state, zip)		per)		
	Email	teri.mcmullen@	zitomedia.cor	n Fax (optional)	
O Certification	I, the undersigned (Ownee) (Agentian in l X (Offician l I have examined	ed, hereby certify that (Check or er other than corporation or part t of owner other than corporation line 1 of space B and that the over er or partner) I am an officer (if line 1 of space B. d the statement of account and I e, and correct to the best of my	ene, <i>but only one</i> partnership) I and ation or partner where is not a co if a corporation) hereby declare y knowledge, inf X /s/, Enter an electrr Enter signature	n the owner of the cable system as identified in lir ship) I am the duly authorized agent of the owner	ne 1 of space B; or r of the cable system as identified lentified as owner of the cable system ntained herein	
		(little of on	inclar position neid	in corporation or partnership) 02/26/202	21	

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.

GAL NAME OF OWNER OF CABLE SYSTEM:	
	SYSTEM ID#
to Canton LLC	568
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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub- Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?	nsmissions
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 under For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	1%
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
··· · · · · · · · · · · · · · · · · ·	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	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	- t charge)
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<i>,</i>
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<i>,</i>
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in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	ance please fice, please
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	ance please fice, please
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>\$</u> (interest * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assists contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Off list below the owner, address, first community served, ID number, and accounting period as given in the origi Owner Address	ance please fice, please
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	ance please fice, please

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