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.

8/27/2021

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED AMOUNT \$ ALLOCATION NUMBER Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_		
Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2021/1
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a
		single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		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
-	names	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	1	
		Zito Media - Bryson City MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	1	
Privacy Act Notic	e: Sectior	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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito NCTNWVPAOH LLC	25530
D	Instructions: List each separate community served by the cable system. A "d" a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known illings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
_	CITY OR TOWN	STATE
First Community	Bryson City Swain County	NC NC
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	Zito NCTNWVPAOH LLO							515	255
		•							
Е	SECONDARY TRANSMISSION								
–	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Fransmission	last day of the accounting period	l (June 30 or D	ecembe	er 31, as the ca	se may be	e).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	,		0,1					
Rates	separately for the particular serv			•••		•		scharged	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed	· ·	,		ny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmi	ssion serv	ice that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Not	e: Where an in	ndividual	l or organizatior	n is receiv	ing service that	falls unde	er different	
	categories, that person or entity				• •		•		
	subscriber who pays extra for ca first set" and would be counted of					d in the count ui	nder "Serv	ice to the	
	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 the	e right-h	and block. A tw	/o- or thre	e-word descript	tion of the	service is	
		DCK 1					BLOCI	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRID	EKS	RAIE	CAT	EGORT OF SEI	RVICE	SUBSCRIBERS	RAI
	Service to first set		145	20.72					
	Service to additional set(s)		•••						
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
					2				
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					II vour cable sv	stem's ser	vices that were	
F	not covered in space E, that is, t		,		•	• •			
- ·	service for a single fee. There are	•			•		U (,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	blice. If ally la				Jogram basis,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a				-	-			
	brief (two- or three-word) description	•			sheu. List	lilese olilei sei		le IUITI UI a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	TUTE		ation: Non-resi		TUTE	ONTEO		TVT
	• Pay cable	17.95		tel, hotel					
				nmercial					1
	Pay cable—add'l channel		• Pav	/ cable					1
	Pay cable—add'l channel Fire protection			00010		Lange and the second se			
			-	cable-add'l ch	annel				
	Fire protection		• Pay		annel				
	Fire protection Burglar protection	30.00	• Pay • Fire	/ cable-add'l ch	annel				
	Fire protection Burglar protection Installation: Residential	30.00	• Pay • Fire • Bur	v cable-add'l cha	annel				
	Fire protection Burglar protection Installation: Residential First set	30.00	• Pay • Fire • Bur Other s	v cable-add'l ch protection glar protection	annel	30.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	30.00	• Pay • Fire • Bur Other s • Rec	v cable-add'l ch protection glar protection services:	annel	30.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	30.00	• Pay • Fire • Bur • Bur • Rec • Dise	v cable-add'l cha protection glar protection services: connect	annel	30.00			

Name				FORM SA1-2E. PAGE 3.
	BAL NAME OF OWNER OF			SYSTEM ID#
	o NCTNWVPAOH LI			25530
G Primary In G carrii FCC 76.5 subs subs basis • Do statio • Lisi basis • Do statio • Lisi basis • Colu multi "WE Colu of lic Colu educ (for i FCC • CC • CCC • CC • CCC • CCCC • CCC • CCCC • CCC • CCCC • CCCC • CCCC • CCCC • CCCCC • CCCCC • CCCCC • CCCCC • CCCCCC • CCCCCCCC	MARY TRANSMITTERS: General: In space G, ider ried by your cable system C rules and regulations in 59(d)(2) and (4), 76.61(e) stitute program basis, as potitute Basis Stations: is under specific FCC rul- to not list the station here ion was carried only on a st the station here, and al is. For further information umn 1: List each station' ticast stream associated ETA-2" as the same on th umn 2: Give the channel cense. For example, WF umn 3: Indicate in each of acational station, by enter independent multicast), the meaning of these ter umn 4: Give the location	TELEVISION ntify every television station (including to a during the accounting period, <i>except</i> a effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.67 explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. Iso in space I, if the station was carried a concerning substitute basis stations, so 's call sign. <i>Do not</i> report origination point with a station according to its over-the-	(1) stations carried only on a part- te carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WY	/FF	4	N	Greenville SC
	ATM	23.3	1	Altoona PA
ws as Necessary		7	N	Spartanburg SC
WS as Necessary		13	N	Asheville NC
	INF	17	E	l inville NC
WН	JNE INS	17 21.1	E N	Linville NC Greenville SC
WH		17 21.1 40.1	ENI	Linville NC Greenville SC Anderson SC

EGAL NAME OI			TSTEM.					SYSTEM 255
	t every radio s	station 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 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process 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 pa ed by the cable s e station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral i 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	
	7 01 1 111	0,5			7 01 1 111	0,2		
							·	

Accounting Perio	od: 2021/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito NCTNWVPAOH L	LC						25530
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident	-	-			tion that you	r coblo ovo	tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				isis anv noni	network telev	ision prod	ram
Statement and				frouny, on a substitute ba	1010, any 11011			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	eir meaning	g is
	, , , , , , , , , , , , , , , , , , , ,			vision program ("substitute	e program") t	hat during th	ne account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter '	"No "			
				asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		e FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerals	, with the n	nonth
			e substitute pr	ogram was carried by you	r cable syste	m I ist the ti	mes accur	atelv
	to the nearest five minutes.							atory
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regulat		
	c		E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -		
							-	
							-	
						_	_	
							-	
						_	-	
							-	
							-	
						_	-	
							-	
							-	
						_	-	
							-	
						_	-	
							-	
		1						

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Zito NCTNWVPAOH LLC		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	9,806.79 ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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		
	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)	
	4. Extension amount of successions from property		
	1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$ 263,800.00		
	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		
	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		nts!

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	OWNER 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 c	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable I television broadcast stations	7 82
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephon	e 814-260-0434
	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional) (This statement of account must be certified and signed in accordance with Copyright Office regulations	
O Certification	I, the undersign (Owned) (Agen in X (Offic in I have examined)	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space at of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as of line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained here te, and correct to the best of my knowledge, information, and belief, and are made in good faith.	e B; or e system as identified owner of the cable system
		X /s/James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	
		Date: 08/29/2021	

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Dunting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
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 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 Name Mailing Address 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
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 - x	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - x days 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 \$	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm

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