This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

or additional information, ontact the U.S. Copyright Iffice Licensing Division at: el: (202) 707-8150

FOR COPYRIGH	HT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT	
02/22/22	\$	F
	ALLOCATION NUMBER	7
	DATE RECEIVED	02/22/22 \$

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: 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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Rock Creek
		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#
Nume	Zito NCTNWVPAOH LLC	40788
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	ities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	e parks should be reported in parentheses below the identified
Served		
	CITY OR TOWN	STATE
First	Rock Creek Village	ОН
Community	Rome Township	OH
	Austinburg Township	ОН
ws as Necessary	Roaming Shores Village	ОН
	Morgan Township	ОН

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							515	TEM IC 4078
	Zito NCTNWVPAOH LLC	;							4070
E Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	pace E should on of television pay cable) in sp (June 30 or D n blocks in spa	cover a and rac bace F, i becembe ce E cal	Il categories of dio broadcasts not here. All the er 31, as the cas I for the numbe	secondar by your sy e facts you se may be r of subso	ystem to subscri u state must be e). cribers to the ca	bers. Give those exist ble system	information ting on the n, broken	
Rates	each category by counting the ni separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc	umber of billing ice at the rate harged for eac . (Example: "\$2	gs in tha indicate h categ 20/mth")	t category (the d—not the num ory of service. I . Summarize ar	number of se nclude bo	of persons or org ts receiving serv oth the amount o	anizations rice). of the char	s charged ge and the	
	Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity	e to their subso e: Where an in	cribers. (dividual	Give the numbe or organizatior	er of subs n is receiv	cribers and rate ing service that	for each li falls undei	sted category r different	
	subscriber who pays extra for ca first set" and would be counted c Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to once again und has rate categ iers of services	addition ler "Serv ories for s that ine	al sets would be rice to additiona secondary tran clude one or mo	e included al set(s)." nsmission ore secon	d in the count un service that are dary transmission	der "Servi different f ons), list th	ce to the from those nem, together	
	BLC	DCK 1	. 1				BLOCH		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential: • Service to first set		75	21.71					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscril hose services e two exceptic or facilities fur it in which it is rate column. te charged by t your cable sy separate charge tion and incluo	ber) info that are ons: you nished tr usually the cable stem fur ge was n de the ra	rmation with re- not offered in of do not need to o nonsubscribe billed. If any ra e system for ea nished or offere- nade or establis	spect to a combination give rate rs. Rate in tes are ch ch of the ed during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary trar cerning (1) ld include able per-p ces listed. ceriod that	nsmission) services both the rogram basis, t were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATI
	Pay cable	17.95		tel, hotel	uentiai				
	• Pay cable—add'l channel		•	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	v cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	30.00		glar protection					
	Additional set(s) EM radio (if concrete rate)	20.00		services:		20.00			
	 FM radio (if separate rate) Converter 		•	connect connect		30.00			
				let relocation		30.00			
				ve to new addre	ess	30.00			
	1		1						

ccounting Period: 2	2021/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	Zito NCTNWVPAOH L			4078
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 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 Column 1: List each station multicast stream associated "WETA-2" as the same on 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 location	entify every television station (including t m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 s explained in the next paragraph. : With respect to any distant stations ca lles, 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, n's call sign. <i>Do not</i> report origination put d with a station according to its over-the-	(1) stations carried only on a part-time e carriage of certain network program 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a subst e Special Statement and Program Log both on a substitute basis and also or see page (v) of the general instruction rogram services such as HBO, ESPN, -air designation. For example, report vision station for broadcasting over the station, an independent station, or a no for network multicast), "I" (for independent r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is	e basis under s [sections ns carried on a itute program g)—if the n some other ls. etc. Identify each multistream e air in its community pncommercial dent), "I-M" al multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WEWS	5.1	N	Cleveland OH
	wJw	8.1	N	Cleveland OH
Add Rows as Necessary	WKYC	3.1	N	Cleveland OH
	WOIO	19	N	Shaker Heights OH
	WOIO	19.3	I	Shaker Heights OH
	WUAB	43.1	I	Lorain OH
	WVIZ	25.1	Е	Cleveland OH
	WVPX	23.1	I	Akron OH

EGAL NAME OF			. . . Lin.					SYSTEM 40
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei It the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically processor (mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
	ANA 514				ANA 514	C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito NCTNWVPAOH LL	.C						40788
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOO	3			
	In General: In space I, identi							
	substitute basis during the a	• •	•	•				
Substitute Carriage:	explanation of the programm	-			e general instr	uctions in tr	ie paper SA1-	-2 form.
Special	1. SPECIAL STATEMENT							
Statement and	• During the accounting per	•	r cable system	carry, on a substitute bas	sis, any nonne	twork telev		X
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Lice obbroviations	whorever per	scible if the	oir mooning is	
	clear. If you need more spa				wherever pos		an meaning is	>
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	ies like "mo	vies" or "baske	tball." List specific progra	m titles. for ex	ample. "I L	ove Lucv" or	n.
	"NBA Basketball: 76ers vs.	Bulls."				1 /	,	
	Column 2: If the program Column 3: Give the call							
	Column 3: Give the broa					ensed by th	e FCC or. in	
	the case of Mexican or Can	adian static	ons, if any, the o	community with which the	station is ider	ntified).	,	
	Column 5: Give the mor		when your syst	em carried the substitute	program. Use	e numerals	, with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable system	l ist the ti	mes accurate	elv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."		11-4-4					
	Column 7: Enter the letter to delete under FCC rules a							
	was substituted for program							um
	effect on October 19, 1976.							
			E PROGRAM		11	EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
						+		
						.		
						_		
							_	
							_	
						+		
						+		
						+		
							_	
							_	
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							_	
							_	
						+		
						+		
							_	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	YSTEM ID# 40788
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, see	9,488.57 uss 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 \$ • 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 mation.	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 t	his six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period		52.00 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	,100)	
	1. Base amount under statutory formula \$ 263,800.00	<u> </u>	
	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 \$52	7,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula \$ 263,800.00	<u> </u>	
	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	
		\$	67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	Ψ	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		ts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O Zito NCTNWVP	WNER OF CABLE SYSTEM: AOH LLC			SYSTEM ID# 40788
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's I number of channels on whic		unting period.	8
		d television broadcast station			
	on which the	cable system carried televisio			63
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	ER INFORMATION IS NEEDED (Identify an individ t.)	dual to whom	
for Further Information	Name	Teri McMullen		Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, aparts Coudersport PA 169 (City, town, state, zip)			
	Email	teri.mcmullen@	itomedia.com F	Fax (optional	
ο	CERTIFICATION (This statement of account m	st be certified and signed in accordance with Copy	right Office regulations)	
Certification	• I, the undersigne	d, hereby certify that (Check o	e, <i>but only one</i> , of the boxes.)		
	(Owner	r other than corporation or p	rtnership) I am the owner of the cable system as ide	entified in line 1 of space E	3; or
			ion or partnership) I am the duly authorized agent o owner is not a corporation or partnership; or	of the owner of the cable s	ystem as identified
		e r or partner) I am an officer (in line 1 of space B.	a corporation) or a partner (if a partnership) of the leg	gal entity identified as owr	er of the cable system
		e, and correct to the best of m	ereby declare under penalty of law that all statements knowledge, information, and belief, and are made in		
			X /s/James Rigas		
			Enter an electronic signature on the line above to certif Enter signature using an "/s/ signature" (e.g., /s/ John S	•	
		Typed or printed	name: James Rigas		
		Title: (Ti	President of official position held in corporation or partnership)		
		Date:		02/23/2022	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
NCTNWVPAOH LLC	40788
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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Line 1 Enter the amount of late payment or underpayment	Interest Assessment

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