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

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	
Cable System General instruct in the first tab of	ctions of this	are located	2/25/2020 3y this statement: (y)	\$ ALLOCATION NUMBER YYY/(Period))	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Accounting Period		2019/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31	
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. I the owner conducts the business of the owner conducts the owner on the owner on the payment covering the entire accounting the entire accoun	the last day of the accounting period should sting period.	
		LEGAL NAME OF OWNER/MAILING			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	")	
		Zito Media	•		
		MAILING ADDRESS OF OWNER OF PO Box 665 (Number, street, rural route, apartment, or suite nu Coudersport, PA 16915			
		(City, town, state, zip)			
С				ntify the business and operation of the ne system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Hazen			
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite nu			
		(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 DuCom Treasure Lake LP Instructions: Ust each separate community served by the cable system. A "community" is the same as a "community unit"." a separate and distinct community or municipal entity (including unincorporated communities within unincorporated area discrete unincorporated areas)." A 2 C.F.A. 765.(dd). The first community that further filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in pare uninfind entity dift. Area CITY OR TOWN Strate First Community CITY OR TOWN Strate Add loss is thecesary CITY OR TOWN Strate Add loss is thecesary CITY OR TOWN PA Warsaw PA PA	40576 as defined in FCC rules:
D "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated area discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identified set 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 mobile home parks should be reported in parentidentified city. First CITY OR TOWN STATE Formunity Pine Creek PA Washington PA Mad Rows as Necessary Polk PA	is defined in FCC rules:
Area Served identified city. First Community CITY OR TOWN STATE Pine Creek PA Mashington PA PA PA Mashington PA PA PA PA PA PA PA PA PA PA PA PA PA	s and including single, ication hereafter known
Served CITY OR TOWN STATE First Pine Creek PA Community Snyder PA Washington PA dd Rows as Necessary Polk PA	theses below the
First Pine Creek PA Community Snyder PA Washington PA dd Rows as Necessary Polk PA	
Community Snyder PA Washington PA dd Rows as Necessary Polk PA	
Washington PA dd Rows as Necessary Polk	
I Rows as Necessary Polk PA	

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM II 4057
	DuCom Treasure Lake	LP							405
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RAT	TES				
E	In General: The information in s			-		•			
. .	system, that is, the retransmission			•					
Secondary Transmission	about other services (including p last day of the accounting period						those exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble svstem	. broken	
scribers and	down by categories of secondar	•					,		
Rates	each category by counting the n		0	0,0		•		charged	
	separately for the particular serv							ro and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•					
	category, but do not include disc	· ·	,		y standa		is within a		
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	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								
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A two	- or thre	e-word descript	tion of the s	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	COBCONID	LIKU	TUTE	0/11		WICE	CODCORDERCO	1011
	Service to first set		84	18.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									<u> </u>
	SERVICES OTHER THAN SEC							·····	
F	In General: Space F calls for rain not covered in space E, that is, t	•	,						
-	service for a single fee. There ar					,			
Services	furnished at cost or (2) services	•	2	0			0.		
Other Than	amount of the charge and the ur		usually	billed. If any rate	es are cl	narged on a var	iable per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable	system for each	h of the	annlicable servi	cas listad		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charç	ge was m	ade or establish	ned. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	ption and inclue	de the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVI		RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:			tion: Non-resid	ential				
	Pay cable Add'l abannal	17.95		el, hotel					
	Pay cable—add'l channel Eiro protoction		_	imercial					
	Fire protection		• Pay		nnel				
	•Burglar protection		· ·	cable-add'l chai					
	First set	30.00		protection lar protection					
	Additional set(s)	30.00		ervices:					
				onnect		30.00			
			- ReC			30.00			
	• FM radio (if separate rate) • Converter		• Dicc						
	Converter			onnect		20.00			
	, , ,		• Outl			30.00 30.00			

counting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
Name	DuCom Treasure Lak	e LP		40576
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(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> or • List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to 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-th	bt (1) stations carried only on a part the carriage of certain network prog 51(e)(2) and $(4))]$; and (2) certain st arried by your cable system on a su the Special Statement and Program ad both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other tions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM	23.1		Altoona PA
			. N	
	WATM	23.4		Altoona PA
ows as Necessary	WATM	23.3	I	Altoona PA
	WJAC	6	N	Johnstown PA
	WPCW	19.1	I	Jeannette PA
	WPSU	3	E	State College PA
	WTAJ	10	Ν	Altoona PA
	WWCP	8	Ν	Johnstown PA

EGAL NAME OF DuCom Trea								SYSTEM 405
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a 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 abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C stem whenever it is received at 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 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral ii 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	
-								

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	DuCom Treasure Lake	e LP						40576
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	nnetwork telev	ision program, broadcast by	, a distant sta	tion that vo	ur cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		reat of this no	an blank If your anower i	- "Vee " veu	⊐ naviet eenand	_	
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer i	s res, you	must compi	ete the prog	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if tl	neir meanin	n is
	clear. If you need more spa				o wherever p	0001010, 11 1		9 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		example, i	Love Lucy	0
	_		dcast live, ent	er "Yes." Otherwise enter	"No."			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
				the community to which th			the FCC or,	in
	the case of Mexican or Car			e community with which the substitute			e with the r	nonth
	first. Example: for May 7 gi		when your sy		e program. O	se numerai		nonun
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."	"D" :(1	P. 4. 1.					·
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		your oyotonn n			s and rogai		
								1
	e		E PROGRAM	A		N SUBSTI		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	1		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	-	— то	
		+						
							_	
							_	
							_	
								"
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		+						"
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1								

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Name	DuCom Treasure Lake LP		40576
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	3,387.58 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)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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)		
	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		nts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV DuCom Treasur	NER OF CABLE SYSTEM: • Lake LP			SYSTEM ID# 40576
M Channels	 to its subscribers, 1. Enter the total m system carried te 2. Enter the total m on which the cab 	and (2) the cable system's total nu umber of channels on which the c	cast stations	accounting period.	8 185
N Individual to Be Contacted		E CONTACTED IF FURTHER IN out this statement of account.)	FORMATION IS NEEDED (Identify an i	ndividual to whom	
for Further Information		Feri McMullen		Telephone 8	314-260-0434
		PO Box 665 Number, street, rural route, apartment, or Coudersport PA 16915 City, town, state, zip) teri.mcmullen@zitom		Fax (optional)	
O Certification	I, the undersigned (Owner (Agent o in lin X (Officer in lin I have examined t	hereby certify that (Check one, but other than corporation or partner f owner other than corporation of a 1 of space B and that the owner i or partner) I am an officer (if a core a 1 of space B. he statement of account and hereby and correct to the best of my know 1001(1986)] $\mu = \frac{1}{2}$ Enter Enter Typed or printed name Title:	rship) I am the owner of the cable system or partnership) I am the duly authorized a s not a corporation or partnership; or rporation) or a partner (if a partnership) of y declare under penalty of law that all stat ledge, information, and belief, and are man / /s/James Rigas an electronic signature on the line above to signature using an "/s/ signature" (e.g., /s)	as identified in line 1 of space B agent of the owner of the cable sy f the legal entity identified as own tements of fact contained herein ade in good faith.	ystem as identified

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bunting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Com Treasure Lake LP	4057
 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	
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	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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