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

### 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 |
|--|
| DATE RECEIVED AMOUNT                                 |
|  |
| 8-26-20  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

| ACCC     | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))  |
|----------|--|
|          | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31   |
|          | Barcode Data Filing Period (optional - see instructions)   |
|          |  |
|          | 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.  |
|          | 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 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)   |
|          | <b>UCTIONS:</b> 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. |
| 1        | IDENTIFICATION OF CABLE SYSTEM:  |
|          | Zito Media - Loyalsock  MAILING ADDRESS OF CABLE SYSTEM:   |
| 2        |  |
| <b>~</b> | (Number, street, rural route, apartment, or suite number)  (City, town, state, zip code)   |
|          | INSTR  |

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 suffciency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

| Accounting Period:    | 2020/1   | FORM SA1-2E. PAGE 1b.  |  |  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|--|--|--|
|                       | L - COUNTRY OF OWNER OF CARLE OVOTEN.  | SYSTEM ID#   |  |  |  |  |  |  |  |  |
| Name                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   |  |  |  |  |  |  |  |  |  |
|                       | Zito Canton LLC  | 63697  |  |  |  |  |  |  |  |  |
|                       | Instructions: List each separate community served by the cable system. A "communit   | ry" is the same as a "community unit" as defined in FCC rules: |  |  |  |  |  |  |  |  |
| <b>D</b>              | "a separate and distinct community or municipal entity (including unincorporated con   |  |  |  |  |  |  |  |  |  |
| D                     | 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.  |  |  |  |  |  |  |  |  |  |
|                       | Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the             |  |  |  |  |  |  |  |  |  |
| Area                  |  |  |  |  |  |  |  |  |  |  |
| Served                | identified city.   |  |  |  |  |  |  |  |  |  |
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|                       | CITY OR TOWN   | STATE  |  |  |  |  |  |  |  |  |
| Finat                 |  | PA   |  |  |  |  |  |  |  |  |
| First                 | Loyalsock  |  |  |  |  |  |  |  |  |  |
| Community             | Hepburn  | PA   |  |  |  |  |  |  |  |  |
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| Add Rows as Necessary |  |  |  |  |  |  |  |  |  |  |
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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Canton LLC

SYSTEM ID#

63697

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BLO  | OCK 1       |       | BLOCK 2             |             |      |  |  |
|--|-------------|-------|---------------------|-------------|------|--|--|
|  | NO. OF      |       |                     | NO. OF      |      |  |  |
| CATEGORY OF SERVICE                              | SUBSCRIBERS | RATE  | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |  |  |
| Residential:                                     |             |       |                     |             |      |  |  |
| <ul> <li>Service to first set</li> </ul>         | 463         | 20.45 |                     |             |      |  |  |
| <ul> <li>Service to additional set(s)</li> </ul> |             |       |                     |             |      |  |  |
| • FM radio (if separate rate)                    |             |       |                     |             |      |  |  |
| Motel, hotel                                     |             |       |                     |             |      |  |  |
| Commercial                                       |             |       |                     |             |      |  |  |
| Converter  |             |       |                     |             |      |  |  |
| Residential                                      |             |       |                     |             |      |  |  |
| Non-residential                                  |             |       |                     |             |      |  |  |
|  |             |       |                     |             |      |  |  |

# F

#### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block** 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

|   | BLOCK 2 |   |       |                     |    |
|---|---------|---|-------|---------------------|----|
| CATEGORY OF SERVICE                             | RATE    | CATEGORY OF SERVICE                     | RATE  | CATEGORY OF SERVICE | RA |
| Continuing Services:                            |         | Installation: Non-residential           |       |                     |    |
| <ul> <li>Pay cable</li> </ul>                   | 17.95   | Motel, hotel                            |       |                     |    |
| <ul> <li>Pay cable—add'l channel</li> </ul>     |         | Commercial                              |       |                     |    |
| <ul> <li>Fire protection</li> </ul>             |         | • Pay cable                             |       |                     |    |
| <ul><li>Burglar protection</li></ul>            |         | Pay cable-add'l channel                 |       |                     |    |
| Installation: Residential                       |         | Fire protection                         |       |                     |    |
| • First set                                     | 30.00   | Burglar protection                      |       |                     |    |
| <ul> <li>Additional set(s)</li> </ul>           |         | Other services:                         |       |                     |    |
| <ul> <li>FM radio (if separate rate)</li> </ul> |         | Reconnect                               | 30.00 |                     |    |
| <ul> <li>Converter</li> </ul>                   |         | Disconnect                              |       |                     |    |
|   |         | Outlet relocation                       | 30.00 |                     |    |
|   |         | <ul> <li>Move to new address</li> </ul> | 30.00 |                     |    |
|   |         |   |       |                     |    |

| accounting Period:    | ·                                |  |  | FORM SA1-2E. PAGE 3     |  |  |  |  |  |  |
|-----------------------|----------------------------------|--|--|-------------------------|--|--|--|--|--|--|
| Name                  | LEGAL NAME OF OWNER OF           | CABLE SYSTEM:  |  | SYSTEM ID#<br>63697     |  |  |  |  |  |  |
|                       | Zito Canton LLC                  |  |  |                         |  |  |  |  |  |  |
|                       | PRIMARY TRANSMITTERS: TELEVISION |  |  |                         |  |  |  |  |  |  |
| G                     | carried by your cable syster     | m during the accounting period, excep  | g translator stations and low power telept (1) stations carried only on a part-tire. | me basis under          |  |  |  |  |  |  |
| Primary               | _                                | •  | the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati     |                         |  |  |  |  |  |  |
| Transmitters:         | substitute program basis, as     | s explained in the next paragraph.   |  |                         |  |  |  |  |  |  |
| Television            |                                  |  | carried by your cable system on a sub  | stitute program         |  |  |  |  |  |  |
|                       |                                  |  | (the Special Statement and Program L   | .og)—if the             |  |  |  |  |  |  |
|                       | •                                |  | ed both on a substitute basis and also   | on some other           |  |  |  |  |  |  |
|                       |                                  | · · · · · · · · · · · · · · · · · · ·  | s, see page (v) of the general instruction   |                         |  |  |  |  |  |  |
|                       |                                  |  | program services such as HBO, ESPlace are designation. For example, repo             | -                       |  |  |  |  |  |  |
|                       | "WETA-2" as the same on t        | he form.   |  |                         |  |  |  |  |  |  |
|                       |                                  | el number the FCC assigned to the tel<br>RC is channel 4 in Washington, D.C. | levision station for broadcasting over t   | he air in its community |  |  |  |  |  |  |
|                       |                                  |  | station, an independent station, or a  | noncommercial           |  |  |  |  |  |  |
|                       | •                                | •                                      | (for network multicast), "I" (for indepe   | ·                       |  |  |  |  |  |  |
|                       |                                  | rms, see page (iv) of the general inst                                       | or "E-M" (for noncommercial education<br>ructions in the paper SA1-2 form.           | nai muiticast).         |  |  |  |  |  |  |
|                       | Column 4: Give the location      | n of each station. For U.S. stations, lis                                    | st the community to which the station i  | •                       |  |  |  |  |  |  |
|                       | FCC. For Mexican or Canac        | dian stations, if any, give the name of                                      | the community with which the station   | is identified.          |  |  |  |  |  |  |
|                       |                                  |  |  |                         |  |  |  |  |  |  |
|                       | 1. CALL SIGN                     | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION   | 4. LOCATION OF STATION  |  |  |  |  |  |  |
|                       | WBRE                             | 28.1   | N  | Wilkes-Barre PA         |  |  |  |  |  |  |
|                       | WNEP                             | 16.1   | N  | Scranton PA             |  |  |  |  |  |  |
| Add Rows as Necessary | WOLF                             | 56.1   | N  | Hazelton PA             |  |  |  |  |  |  |
|                       | WQMY                             | 53.1   | <u> </u>   | Williamsport PA         |  |  |  |  |  |  |
|                       | WSWB                             | 38.1   | <u> </u>   | Scranton PA             |  |  |  |  |  |  |
|                       | WVIA                             | 44   | E  | Scranton PA             |  |  |  |  |  |  |
|                       | WYOU                             | 22.1   | N  | Scranton PA             |  |  |  |  |  |  |
|                       |                                  |  |  |                         |  |  |  |  |  |  |
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Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Canton LLC

63697

#### PRIMARY TRANSMITTERS: RADIO

**In General:** List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

**Special Instructions Concerning All-Band FM Carriage:** Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D          | LOCATION OF STATION |
|-----------|----------|-----|---------------------|-----------|----------|--------------|---------------------|
|           |          |     |                     |           |          |              |                     |
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|               | d: 2020/1  |                       |                           |   |                     |              | F               | ORM SA1-2E   | . PAGE 5. |  |  |  |
|---------------|--|-----------------------|---------------------------|---|---------------------|--------------|-----------------|--------------|-----------|--|--|--|
| NI            | LEGAL NAME OF OWNER OF   | CABLE SYS             | STEM:                     |   |                     |              |                 | SYST         | EM ID#    |  |  |  |
| Name          | Zito Canton LLC  |                       |                           |   |                     |              |                 |              | 63697     |  |  |  |
|               | SUBSTITUTE CARRIAGE  | E: SPECIA             | AL STATEME                | NT AND PROGRAM LO   | <br>G               |              |                 |              |           |  |  |  |
|               |  |                       |                           |   |                     | tion that w  | our cable       | evetem carri | ed on a   |  |  |  |
| -             | <b>In General:</b> In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further |                       |                           |   |                     |              |                 |              |           |  |  |  |
| Substitute    | explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  |                       |                           |   |                     |              |                 |              |           |  |  |  |
| Carriage:     | 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  |                       |                           |   |                     |              |                 |              |           |  |  |  |
| Special       | During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program  |                       |                           |   |                     |              |                 |              |           |  |  |  |
| Statement and |  |                       |                           |   |                     |              |                 |              |           |  |  |  |
| Program Log   | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program  |                       |                           |   |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           |   |                     |              |                 |              |           |  |  |  |
|               | log in block 2.  |                       |                           |   |                     |              |                 |              |           |  |  |  |
|               | 2. LOG OF SUBSTITUTE   |                       |                           |   |                     |              |                 |              |           |  |  |  |
|               | In General: List each subs   |                       |                           |   | s wherever po       | ossible, if  | their mea       | ining is     |           |  |  |  |
|               | clear. If you need more spa  |                       |                           | rows to tne tables.<br>vision program ("substitute          | nrogram") tl        | nat during   | a the acco      | ounting      |           |  |  |  |
|               | 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, '   | ʻl Love Lu      | ıcy" or      |           |  |  |  |
|               | "NBA Basketball: 76ers vs.   |                       | Land Parameter            | "O' ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (                   | (A. I 1)            |              |                 |              |           |  |  |  |
|               | . •  |                       |                           | er "Yes." Otherwise enter '<br>asting the substitute progr  |                     |              |                 |              |           |  |  |  |
|               |  | •                     |                           | the community to which the                                  |                     | censed by    | the FCC         | or. in       |           |  |  |  |
|               | the case of Mexican or Car   |                       | ,                         | -   |                     |              |                 | o.,          |           |  |  |  |
|               |  | -                     | when your sy              | stem carried the substitute                                 | program. Us         | se numera    | als, with tl    | he month     |           |  |  |  |
|               | first. Example: for May 7 gives  |                       |                           |   |                     |              |                 |              |           |  |  |  |
|               | to the nearest five minutes.   |                       |                           | ogram was carried by your                                   |                     |              |                 |              |           |  |  |  |
|               | stated as "6:00–6:30 p.m."   | схаттріе.             | a program can             | ied by a system nom o.o.                                    | . 15 p.iii. to 6    | .20.30 p.i   | II. SHOUIU      | De           |           |  |  |  |
|               | •  | er "R" if the         | listed progran            | n was substituted for progr                                 | ramming that        | your syst    | em was <i>i</i> | required     |           |  |  |  |
|               | to delete under FCC rules a  | and regulat           | ions in effect d          | uring the accounting perio                                  | d; enter the l      | etter "P" if | the listed      | d program    |           |  |  |  |
|               | was substituted for program  | •                     | your system w             | as permitted to delete und                                  | ler FCC rules       | and regu     | lations in      |              |           |  |  |  |
|               | effect on October 19, 1976   | •                     |                           |   |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           |   | WHE                 | N SUBS       |                 |              |           |  |  |  |
|               | S  | UBSTITUT              | E PROGRAM                 | I   |                     |              |                 |              | SON FOR   |  |  |  |
|               | 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES |                     |              |                 |              |           |  |  |  |
|               |  | 10001110              |                           | 4 STATION'S LOCATION  |                     |              |                 |              | ETION     |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       | 5. MONTH<br>AND DAY | 6.<br>FROM   |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |
|               |  |                       |                           | 4. STATION'S LOCATION                                       |                     |              |                 |              |           |  |  |  |

| Accounting Period:              | 2020/1   |                        |                                    | FORM SA                     | 1-2E. PAGE 6.            |
|---------------------------------|--|------------------------|------------------------------------|-----------------------------|--------------------------|
| Name                            | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Canton LLC  |                        |                                    | S                           | 63697                    |
| <b>K</b><br>Gross Receipts      | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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         | tem's sec<br>of how to | ondary transmis<br>compute this ar | ssion service<br>mount, see | 3,450.46<br>ss receipts) |
| Copyright<br>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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more information. | t less thar            | •                                  | 63,800                      |                          |
|                                 | BLOCK 1: GROSS RECEIPTS OF \$137,10  | 00 OR L                | ESS                                |                             |                          |
|                                 | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00   | e that you             | must pay for thi                   | s six-month                 |                          |
|                                 | 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   | s 1 and 2 .            |                                    | . \$                        | 52.00                    |
|                                 | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS   | (but mor               | e than \$137,1                     | 00)                         |                          |
|                                 | 1. Base amount under statutory formula   | 5                      | 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  | nd 8                   | ·····                              |                             |                          |
|                                 | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80  | 00 (but le             | ess than \$527,                    | 600)                        |                          |
|                                 | Enter the amount of gross receipts from space K  |                        |                                    |                             |                          |
|                                 | 2. Base amount under statutory formula   | 5                      | 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)  |                        | \$                                 | 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                | ·····- <u>-</u>                    |                             |                          |
|                                 | 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 paymer See page i of the general instructions in the paper SA1-2 f   |                        | _                                  |                             | ts!                      |

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

| Accounting Period:           | 2020/1  |   |             |   |  | FORM SA1-2E. PAGE 7. |  |  |
|------------------------------|---|---|-------------|---|--|----------------------|--|--|
| Name                         | LEGAL NAME OF C   | OWNER OF CABLE SYSTEM:  |             |   |  | SYSTEM ID#<br>63697  |  |  |
| M<br>Channels                | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. |   |             |   |  |                      |  |  |
|                              |   | number of channels on which television broadcast stations.    |             | ble   |  | 7                    |  |  |
|                              | on which the ca   | number of activated channels able system carried television b | oroadcas    | ast stations  |  | 94                   |  |  |
| N Individual to Be Contacted |   | BE CONTACTED IF FURTHE  |             | ORMATION IS NEEDED (Identify an inc   | dividual to whom                         |                      |  |  |
| for Further<br>Information   | Name  | Teri McMullen   |             |   | Telephone 814-                           | 260-0434             |  |  |
|                              | Address   | PO Box 665 (Number, street, rural route, apartm               | nent, or su | suite number)   |  |                      |  |  |
|                              |   | Coudersport PA 1691<br>(City, town, state, zip)               | 15          |   |  |                      |  |  |
|                              | Email   | teri.mcmullen@z   | zitomedi    | dia.com   | Fax (optional)                           |                      |  |  |
|                              | CERTIFICATION   | (This statement of account mu                                 | ıst be ce   | ertified and signed in accordance with C  | Copyright Office regulations)            |                      |  |  |
| O<br>Certification           | • I, the undersigne   | ed, hereby certify that (Check on                             | ne, but or  | only one, of the boxes.)  |  |                      |  |  |
|                              | (Owne   | er other than corporation or pa                               | artnersh    | hip) I am the owner of the cable system a   | as identified in line 1 of space B; or   |                      |  |  |
|                              |   | <del>-</del>  | _           | partnership) I am the duly authorized agnot a corporation or partnership; or                | ent of the owner of the cable system     | as identified        |  |  |
|                              |   | er or partner) I am an officer (if<br>ine 1 of space B.       | f a corpo   | oration) or a partner (if a partnership) of the   | he legal entity identified as owner of t | he cable system      |  |  |
|                              |   | e, and correct to the best of my                              | -           | declare under penalty of law that all staten<br>dge, information, and belief, and are made  |  |                      |  |  |
|                              |   |   | X           | /s/James Rigas  |  |                      |  |  |
|                              |   |   |             | n electronic signature on the line above to dignature using an "/s/ signature" (e.g., /s/ J |  |                      |  |  |
|                              |   | Typed or printed  | name:       | James Rigas   |  |                      |  |  |
|                              |   |   | Presic      | ident ition held in corporation or partnership)   |  |                      |  |  |
|                              |   | Date:   |             |   | 08/27/2020                               |                      |  |  |

**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 fling, a determination that would be made by a court of law.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

| ccounting Period: 2020/1  | FORM SA1-2E. PAGE 8.  |
|---|---|
| EGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
| ito Canton LLC  | 63697   |
| 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 | Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| 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  |   |
| Name Mailing Address  Name Mailing Address  |   |
| INTEREST ASSESSMENT   |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  | Q   |
| Line 1 Enter the amount of late payment or underpayment   | Interest Assessment   |
| 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  |   |
| 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   |   |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  |   |
| ** 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.   |   |
| Owner Address   |   |
| ID number  First community served  Accounting period  |   |

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 fling, a determination that would be made by a court of law.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)