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 COPYRIGH	IT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	- coplicsoa@loc.gov
Cable Systems (Short Form)		ć	For additional information,
General instructions are located	08/22/2022		contact the U.S. Copyright Office Licensing Division at
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/1 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Brave
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

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: Zito NCTNWVPAOH LLC	SYSTEM ID# 30032
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	inity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e home parks should be reported in parentheses below the
First	CITY OR TOWN Brave	STATE PA
Community	Mooresville	ŴV
	Pentress	WV
Rows as Necessary	Blacksville	WV
	Daybrook	WV
	Wadestown	WV
	Wana	
	Fairview	

Name E Secondary Transmission Service: Sub- scribers and Rates	Zito NCTNWVPAOH LLC SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission about other services (including p								3003
Secondary Transmission Service: Sub- scribers and	In General: The information in sp system, that is, the retransmission	SERVICE: SL							
Rates	last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide	n of television ay cable) in sp (June 30 or D blocks in spar transmission umber of billing ice at the rate is harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc	cover al and rad ace F, n ecembe ce E call service. gs in that indicated h catego 20/mth"). for adva e form lis ribers. G	Il categories of hio broadcasts I not here. All the r 31, as the cas I for the numbe In general, you t category (the d—not the num ory of service. I . Summarize al ince payment. sts the categor Give the numbe	secondar by your sy a facts you se may be or of subso u can com number of ber of set include bo ny standa ies of secondar	ristem to subscril a state must be t b). There is to the cal pute the number f persons or org receiving serv th the amount o rd rate variations ondary transmis cribers and rate to	bers. Give hose existi of system, or of subscr anizations ice). f the charg s within a p sion servic for each lis	information ing on the , broken ribers in charged Je and the particular rate we that cable ted category	
	that applies to your system. Note categories, that person or entity s subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a nce again und nas rate catego ers of services	nted as a additiona er "Serv ories for s that inc	a subscriber in al sets would b ice to additiona secondary trar clude one or mo	each appl e includec al set(s)." nsmission ore second	licable category I in the count un service that are dary transmissio	Example: der "Servic different fr ons), list the	a residential ce to the rom those em, together	
	BLC	DCK 1					BLOCK	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB	ERS	NATE	CAT	EGORT OF SEL	VICE	SUBSCRIBERS	NAT
	Service to first set		1	75.28					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		I						
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem furr je was m	mation with ree not offered in c do not need to o nonsubscribe billed. If any ra e system for ea nished or offere nade or establis	spect to al combinatic give rate rs. Rate ir tes are ch ch of the a ed during	on with any seco information com formation shoul arged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:			ation: Non-res	idential				
	• Pay cable			tel, hotel					
	• Pay cable—add'l channel		_	nmercial					
	Fire protection		-	/ cable					
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	30.00		glar protection					
	• Additional set(s)	20.00		services:		00.00			
	• FM radio (if separate rate)			connect		30.00			
	Converter			connect		20.00			
				let relocation		30.00 30.00			

				FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Zito NCTNWVPAOH L			30032
G rimary smitters: levision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> 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 informatio <b>Column 1:</b> List each statior multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA	2	N	Pittsburgh PA
	WTAE	4	N	Pittsburgh PA
			<b>F</b> 1	
in an Monessary	WDTV	5	N	
s as Necessary	WDTV WTOV	5 9.1	<u>N</u>	Weston WV
as Necessary	<b>WTOV</b>	9.1	N	Weston WV Steubenville OH
as Necessary	WTOV WNPB	9.1 24	N E	Weston WV Steubenville OH Morgantown WV
is Necessary	WTOV WNPB WQED	9.1 24 13	N E E	Weston WV Steubenville OH Morgantown WV Pittsburgh PA
as Necessary	WTOV WNPB WQED WVFX	9.1 24 13 10.1	N E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV
s Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
Necessary	WTOV WNPB WQED WVFX	9.1 24 13 10.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV
as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
s as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
s as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
; as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
s as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
s as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
s as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
is as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
vs as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
vs as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA
vs as Necessary	WTOV WNPB WQED WVFX WPNT	9.1 24 13 10.1 22.1	N E E	Weston WV         Steubenville OH         Morgantown WV         Pittsburgh PA         Clarksburg WV         Pittsburgh PA

	OWNER OF C		отем: 					SYSTEM II 300
n General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing	y the sys be recein at the Co l sign of e the static ion's sign g a check	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante this point, see pa this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
			on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALL OIGH		5,0				5,0		
	L							

Accounting Perio	od: 2022/1						FOR	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito NCTNWVPAOH LL	.C						30032
	SUBSTITUTE CARRIAGI	: SPECIAI			G			
	In General: In space I, identi				-	ion that your o	able syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must	be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	od, did your	cable system	carry, on a substitute basi	s, any nonne	twork televisio	on program	
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Fiogram Log	<b>Note:</b> If your answer is "No'	loovo tho r	act of this had	a blank. If your anower is			-	
		, leave the h	est of this pag	e blank. Il your answer is	res, you mu	ist complete t	ne progran	1
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their r	neaning is	
	clear. If you need more spa						ilouining io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			Lot opcome program		ampio, 1 2010	2009 01	
				"Yes." Otherwise enter "N				
				sting the substitute progra		nead by the E	CC or in	
	the case of Mexican or Can			e community to which the community with which the				
				tem carried the substitute			th the mon	th
	first. Example: for May 7 giv							
				gram was carried by your				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	program came	ed by a system nom 0.01.	15 p.m. to 0.2	6.50 p.m. sho		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that yo	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
					WHE	N SUBSTITI	JTE	
	S		E PROGRAM			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	IES TO	DEELIION
						_		
					•			
					·			
						_		
						_		
						_		
						_		
1								

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	S	STEM ID# 30032
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E	Enter the total o	
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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)	mission service	
	during the accounting period	\$ (Amount of gro	144.02 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • 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 accounting period is \$52.00	this 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 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		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	<u> </u>	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	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!

Nama	Accounting Period:	2022/1				FORM SA1-2E. PAGE 7
M Channels       Instructions: You must give (1) the number of activation (hannels during by each carbine system is calculated up and the cable system is calculated during by each carbine system is calculated during by each carbine system is calculated during by each carbine system is calculated during by each calculate d	Name					SYSTEM ID# 30032
an which the cable system carried talevision broadclast stations       46         N       Monitorization and nonkroadclast stations       46         N       Monitorization and nonkroadclast stations       46         N       Monitorization and nonkroadclast stations       46         Individual to be CONTACTED IF FURTHER INFORMATION IS NEEDED (detrify an individual to whom we can contract advance of the statement of account.)       1000000000000000000000000000000000000		Instructions: Y to its subscribe 1. Enter the tot system carrie	ers, and (2) the cable system's t al number of channels on which ad television broadcast stations	otal numb	e	9
Individual to Be Contacted for Further Information       Name       Teri McMullen       Telephone 814-260-0434         Address       PO Box 665 Number, etterk rule roles, seatherer, or sales surber)       Courdersport PA 16915       Courdersport PA 16915         City, term       Enail       teri mcmullen@2010media.com       Fax (optional)         Courdersport PA 16915       City, term with a statement of account must be certified and signed in accordance with Copyright Office regulations)         Certification       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         Image: Courder of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Courder of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Courder of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Courder of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Courder of owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B and the owner is not a corporation or partnership i.         Image: Courder of owner other than corporation or partnership i.       Image: Courder of the cable system is identified in line 1 of space B and in the owner is not a corporation or partnership i.         Image: Courde						46
Information Address PO Box 665 (Number, stream, run (Or), Courdersport PA 18915 (Or),	Individual to				RMATION IS NEEDED (Identify an individual to whom	
Industry states, truid loke, apathemit, or suite number         Collegeport PA 18935         (Cit), toom, site, zip)         Email       triinconullen@zitomedia.com         Fax (optional)         Fax (optional)         Certification         Concernment         (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         (Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B; or         (Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B;         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein in line 1 of space B.         • I were examined the statement of account and hereby declare under penalty of law that all statements of fact.         I U.S.C., Section 1001(1986)         Typed or printed name:       James Rigas         The ''''''''''''''''''''''''''''''''''''		Name	Teri McMullen		Telephone	814-260-0434
Couldersport PA 18915         (City, Lown, state, 28)         Enail       tetrimenullen@zitomedia.com         Pace (optional)         Pace (optional) <td></td> <td>Address</td> <td></td> <td></td> <td></td> <td></td>		Address				
(City, town, statin, zp)         Email       teri.mcnullen@zitomedia.com         P       CETTFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)         Certification       -1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         Image: Commer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Commer other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         Image: Commer other than corporation or partnership) I am the duly authorized agent of the contained bare in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • Inher examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         (10 U.S.C., Section 1001(1966))       Image: Market Million Signature on the line above to certify this statement. Enter signature using an 7/s/ signature (e.g., 1/s/ Join Smith)         Typed or printed name:       Jmmes Rigas         Title:       President         (Tee of eling position Hel in corporation or partnership)       Immer mathematical position Hel in corporation or partnership)					te number)	
Certification       Certification         Certification <ul> <li>I. the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li></li></ul>						
<ul> <li>e. I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> <li>there examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [I U.S.C., Section 1001(1986)]</li> <li><b>X</b> /s/James Rigas</li> <li>There an electronic signature on the line above to certify this statement. Enter signature on printed name:</li> <li><b>I apres Rigas</b></li> <li>Title: <b>President</b></li> <li>(Tite of official position hed in corporation or partnership).</li> </ul>		Email	teri.mcmullen@	zitomedi	a.com Fax (optional)	
In line 1 of space B and that the owner is not a corporation or partnership; or          Image: Corporation of the corporation of a partner (if a partnership) of the legal entity identified as owner of the coble system in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]         Image: Corporation of the corporation of 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         Corporation held in corporation or partnership)	-	• I, the undersig	ned, hereby certify that (Check or	ne, but onl <u>i</u>	<i>y one</i> , of the boxes.)	; or
are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]          Image: The section of th		i X (Off	n line 1 of space B and that the o <b>icer or partner)</b> I am an officer (i	wner is no	t a corporation or partnership; or	
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)		are true, comple	ete, and correct to the best of my	-		
Typed or printed name: James Rigas   Title:      Title: President   (Title of official position held in corporation or partnership)				Х	/s/James Rigas	
Title: President (Title of official position held in corporation or partnership)					-	
(Title of official position held in corporation or partnership)			Typed or printed	name:	James Rigas	
Date: 08/23/2022						
			Date:		08/23/2022	

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 telephol 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lay

	FORM SA1-2E. PA
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEN 30
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 fol- lowing 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 sub scribers 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?	Concerning Gro Receipts Exclusi
X       NO         YES. Enter the total here and list the satellite carrier(s) below	
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.	× ×
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment	Interest Assessm
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**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 th 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.