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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:	
	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instruc	<i>ms (Short Form)</i> ctions are located of this workbook	2/24/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	Barcode Data Filing Period (optional - see instructions)
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
	DuCom Treasure Lake LP
	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)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names 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	IDENTIFICATION OF CABLE SYSTEM:
	Zito Media - Treasure Lake
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PA(SYSTEM
Name		
	DuCom Treasure Lake LP	40
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cor	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter kn
	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 he	ome parks should be reported in parentheses below the
Area	identified city.	
Served	identified city.	
	CITY OR TOWN	STATE
First	Treasure Lake	PA
Community	Sandy	PA
-	Huston	PA
Add Rows as Necessary	Jay Township	PA
	Reeds Twp	PA
	Pine Creek Twp	PA
	Polk Twp	PA
	Snyder Twp	PA
	Warsaw Twp	PA
	Washington Twp	PA

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							1-2E. PAG
Name	DuCom Treasure Lake I							51	405
		-1							
Е	SECONDARY TRANSMISSION								
-	In General: The information in s	-		-		•			
Secondary	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								
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv	•	,	0,(<i>,</i>	s charged	
	Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed	-	-					-	
	category, but do not include disc				-				
	Block 1: In the left-hand block								
	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 o	0			· · ·				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	ind rates, in th	e ngnt-	Hand DIOCK. A IM	vo- or thre	e-word descript		Service is	
		DCK 1					BLOC	٢2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		513	18.45					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS		s				
-	In General: Space F calls for rat					Il your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Services Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaanj	, billou: It uny tu				rogram baolo,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a		,		shed. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) description and include the rate for each.								
		BLO			105	DATE	0.1750	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-resi		RATE	CATEG	ORY OF SERVICE	RA
				otel, hotel	uential				
	Pay cable Add'l channel			mmercial					
	Pay cable—add'l channel Fire protection								
	Fire protection Burglar protection			y cable y cable-add'l ch	annel				
	•Burglar protection Installation: Residential				annei				
		20.00		e protection					
	First set	30.00		rglar protection					
	Additional set(s) EM radio (if separate rate)	20.00		services: connect		30.00			
	FM radio (if separate rate)					30.00			
	Converter			sconnect tlet relocation		30.00			
			-	iner relocation		30.00			

ounting Period: 2	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			#SYSTEM ID 40578
	DuCom Treasure Lake	-		
G Primary ansmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t b)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. It with respect to any distant stations c les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrien in concerning substitute basis stations i's call sign. <i>Do not</i> report origination with a station according to its over-th	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat 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, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	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 ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM	23	N	Altoona PA
	WATM	23.1		
	WATM	23.1	N	Altoona PA Altoona PA
s Necessary	WATM	6	N	Johnstown PA
	WKBS	46	I	Altoona PA
	WPCW	19.1	•	Jeannette PA
	WPSU	3	E	State College PA
	WTAJ	10	N	Altoona PA
	WWCP	-		
	WWCP	8	N	Johnstown PA

EGAL NAME O DuCom Trea								SYSTEM I 405
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem 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 (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 this point, see pay ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		ł	·					

Accounting Perio	od: 2022/2 LEGAL NAME OF OWNER OF		=M·				FC	SYSTEM ID
Name	DuCom Treasure Lake							40578
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME	NT AND PROGRAM L	OG			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programn	accounting peri	iod, under sp	ecific present and former	FCC rules, reg	ulations, o	r authoriza	tions. For a further
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	• During the accounting pe	riod, did your o	cable systen	n carry, on a substitute b	asis, any noni	network te	levision pr	ogram
Program Log	broadcast by a distant sta	ation?					YES	
	Note: If your answer is "No	o". leave the re	est of this pa	ge blank. If vour answer	is "Yes." vou i	must com	plete the p	
	log in block 2.							0
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograu Column 3: Give the call Column 4: Give the bro the case of Mexican or Cat Column 5: Give the mod first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes	a distant station egulations, or a ries like "movie . Bulls." m was broadc sign of the station nadian station nadian station nth and day w ive "5/7." nes when the s a. Example: a p	on and that yo authorizatior ies" or "basko cast live, ente ation broadc n's location (t ns, if any, the when your sys substitute pro	our cable system substit ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente asting the substitute pro he community to which t community with which t stem carried the substitu ogram was carried by yo	uted for the pr eneral instruct ram titles, for e "No." gram. he station is li he station is id te program. U ur cable syste	ogramming tions for fu example, " censed by lentified). se numera m. List the	g of anoth rther infor I Love Luc the FCC als, with th times acc	er station mation. cy" or or, in e month curately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the lis and regulation mming that you	ns in effect d	uring the accounting per	iod; enter the	letter "P" if	the listed	
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b.	ns in effect d our system wa	uring the accounting per as permitted to delete ur	iod; enter the ider FCC rules	letter "P" if s and regu N SUBST	the listed lations in	program
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulation mming that you b. UBSTITUTE	PROGRAM	uring the accounting per as permitted to delete ur	od; enter the der FCC rules WHE CARRI 5. MONTH	N SUBST	TITUTE TIMES	7. REASON FO DELETION
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Accounting Period:	2022/2			FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DuCom Treasure Lake LP			S	40578 YSTEM ID#
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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 receipting from subscribers and the space P concerning gross receipting from space P concerning gross from space P concerning gross from space P concerning gross from space P con	ystem's se on of how t	condary transm o compute this a	ission service amount, see	7,807.35 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 l • Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less than nformation	an \$527,600 n.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lir	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00	- · · · · · · · · · · · · · · · · · · ·	
	2. Enter amount of gross receipts from space K	\$	137,807.35		
	3. Subtract line 2 from line 1	\$	125,992.65		
	4. Enter the amount of gross receipts from space K		. \$	137,807.35	
	5. Enter the amount from line 3		. \$	125,992.65	
	6. Subtract line 5 from line 4		\$	11,814.70	
	7. Multiply line 6 by .005 (enter figure here)			\$	59.07
	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		\$	59.07
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. 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)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	59.07	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	79.07
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		nts!

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CA DuCom Treasure Lake LP				SYSTEM ID# 40578
M Channels	to its subscribers, and (2) the1. Enter the total number of cf system carried television bro2. Enter the total number of ar on which the cable system c	cable system's total nu hannels on which the c badcast stations ctivated channels carried television broad	mber of activated channels d able		9
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACt we can contact about this state		FORMATION IS NEEDED (Id	entify an individual to whom	
for Further Information	Name Teri McN	lullen		Telephor	e 814-260-0434
		et, rural route, apartment, or port PA 16915	suite number)		
	Email	teri.mcmullen@zitom	edia.com	Fax (optional)	
O Certification	 I, the undersigned, hereby cert (Owner other than (Agent of owner other in line 1 of space X (Officer or partner in line 1 of space 	rtify that (Check one, <i>bu</i> corporation or partner ther than corporation c e B and that the owner i c) I am an officer (if a core e B. nt of account and hereby t to the best of my know b)]	only one, of the boxes.) ship) I am the owner of the ca r partnership) I am the duly a s not a corporation or partnersh poration) or a partner (if a part v declare under penalty of law edge, information, and belief, a	nership) of the legal entity identified as the statements of fact contained her	e B; or e system as identified owner of the cable system
			an electronic signature on the li signature using an "/s/ signatur	ne above to certify this statement. " (e.g., /s/ John Smith)	
			sident sition held in corporation or partners	hip)	
	I	Date:		02/27/2023	

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

Com Treasure Lake LP 4057 Section 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: Image: Common Comparison of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." P 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. Social Statement Common Statement Comm	unting Period: 2022/2	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Stateline home Viewer Act of 1988 amended Tite 17, section 111(0)(1)(A), of the Copyright Act by adding the following sentence. The 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 breadcast transmitters, the system shall not include sub- scribers and anounts colected from subceribers receiving secondary transmissions for the part by the secondary transmissions of primary breadcast transmitters, the system shall not include sub- contenting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dath owners? Not Not TEREST ASSESSMENT You must complete this worksheet for these royably payments submitted as a result of a late payment or underpayment. For an explanation of interest rate [*] and enter the sum here	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
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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? ▼ NO ▼ YES. Enter the total here and list the satellite carrier(s) below. S Name Maing Address Maing Add	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."	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	located in the paper SA1-2 form.	
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Malling Address Name Malling Address Name Malling Address Name 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 (vili) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 1 Enter the amount of late payment or underpayment. - x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	made by satellite carriers to satellite dish owners?	
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Line 2 Multiply line 1 by the interest rate* and enter the sum here		Interest Assessmen
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 - * 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	× 1%	_
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To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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.	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
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