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

## SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 3/1/2018 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACC	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)
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
		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 Media 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)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	name	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 - Wilcox
		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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Media LP	1859
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Jones Township	PA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1	TEM II
Name	Zito Media LP	ADEL OTOTEM.						010	18
E Secondary	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p	pace E should on of television	cover all and radio	categories of so broadcasts by	econdary your sy	stem to subscrib	oers. Give	information	
Fransmission Service: Sub- scribers and	last day of the accounting period Number of Subscribers: Both down by categories of secondar	l (June 30 or D n blocks in spa y transmission	ecember ce E call f service. I	31, as the case or the number n general, you	e may be of subsc can com	). ribers to the cat pute the numbe	ole system, r of subscr	, broken ibers in	
Rates	each category by counting the n separately for the particular serv <b>Rate:</b> Give the standard rate of unit in which it is generally billed category, but do not include disc	ice at the rate i charged for eac . (Example: "\$2	ndicated- h categor 20/mth").	—not the numb y of service. In Summarize any	er of set clude bo	s receiving serv th the amount o	ice). f the charg	e and the	
	Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	in space E, the to their subsc e: Where an ine	e form list ribers. Gi dividual o	s the categorie ve the number r organization is	of subsc s receivi	ribers and rate fing service that f	for each lis alls under	ted category different	
	subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	able service to a once again und has rate catego iers of services	additional er "Servic ories for s that inclu	sets would be to additional econdary trans ude one or more	included set(s)." mission e second	in the count un service that are dary transmissio	der "Servic different fr ons), list the	e to the rom those em, together	
		OCK 1					BLOCK	< 2	
		NO. OF		DATE	CAT		NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		97	17.06					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential     Non-residential								
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for rate	-			oct to al	l vour cablo sve	tom's sonvi	icos that woro	
F	not covered in space E, that is, t	•	,						
Comilana	service for a single fee. There are	•		0			• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	•	-		-		0	
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> 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) descrip	e for each.			1				
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:     Pay cable	17.50		i <b>on: Non-resid</b> I, hotel	ential				
	Pay cable—add'l channel			mercial					
	• Fire protection		• Pay of						<u> </u>
	•Burglar protection		• Pay o	cable-add'l cha	nnel				
	Installation: Residential			protection					
	• First set	50.00	Ű	ar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other se	ervices:					
				10.10 A 44					I
	• FM radio (if separate rate)			nnect		30.00			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>		• Disco			30.00 30.00			

ccounting Period: 2	-			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID# 1859				
	Zito Media LP PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC m • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-time carriage of certain network program an (e)(2) and (4))]; and (2) certain stati- arried by your cable system on a sub- the Special Statement and Program Li- d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a fi- (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t 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				
	WJAC	6.1	N	Johnstown PA				
	WPSU	3	E	State College PA				
s as Necessary	WPSU	3.1	E	State College PA				
,	WTAE	4	Ν	Pittsburgh PA				
	WTAE	4.1	Ν	Pittsburgh PA				
	WATM	23	Ν	Altoona PA				
	WATM	23.1	Ν	Altoona PA				
	WATM	23.3	l	Altoona PA				
	WATM	23.4	Ν	Johnstown PA				
	WWCP	8	Ν	Johnstown PA				
	WWCP	8.1	Ν	Johnstown PA				
	WTAJ	10	N	Altoona PA				
	WTAJ	10.1	Ν	Altoona PA				
	WPCW	19.1		Jeannette PA				

Accounting P			/STEM <sup>.</sup>				FORM	A SA1-2E. PAGE
Zito Media L								185
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of if For detailed info paper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the c system as a so	2) it can certain st general i eparate	be expected, rated 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	
						·		
						[		

Accounting Perio	od: 2017/2					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Zito Media LP						1859
	SUBSTITUTE CARRIAGI				6		
1			-		-	ion that your apple of	atom corriad on a
•	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				general mea		
Special						twork tolovision progr	
Statement and	During the accounting per	-	r cable system	carry, on a substitute bas	s, any nonne		
Program Log	broadcast by a distant star	tion?				YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the prog	ram
	log in block 2.						
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meaning	is
	clear. If you need more spa				·	· .	, ,
				sion program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	gulations, o	r authorizations	s. See page (v) of the gene thall " List specific program	eral instruction	ns for further information	tion.
	"NBA Basketball: 76ers vs.		vies of Daske	tball. List specific program		ample, TLOVE LUCY	UI
			dcast live, enter	"Yes." Otherwise enter "N	lo."		
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		
				e community to which the			in
	the case of Mexican or Can						
	first. Example: for May 7 give		when your sys	tem carried the substitute	program. Use	numerals, with the m	nonth
			substitute pro	gram was carried by your	cable system	List the times accura	ately
	to the nearest five minutes.						atery
	stated as "6:00–6:30 p.m."		i program oann		. e p te e. <u>-</u>		
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a						ogram
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	ind regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	l		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
					•		
					•	_	
						_	
						—	
						_	
						_	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Media LP	S	*STEM ID# 1859
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 7,999.01
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for 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 \$ 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 DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Media L	F OWNER OF CABLE SYSTEM: <b>P</b>	SYSTEM ID# 1859
<b>M</b> Channels	<ol> <li>to its subscrib</li> <li>1. Enter the to system carr</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcers, and (2) the cable system's total number of activated channels during the accounting period total number of channels on which the cable ed television broadcast stations	
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whor ct about this statement of account.)	<u></u> ກ
for Further Information	Name	Teri McMullen	Telephone 814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional	I)
O	I, the undersi     (Ov     (Ag     X     (Of     V     (Ag     X     (Of	Image: Normal Statement of account must be certified and signed in accordance with Copyright Office grand, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         Image: Normal Statement of account must be certified and signed in accordance with Copyright Office grand, hereby certify that (Check one, <i>but only one</i> , of the boxes.)         Image: Normal Statement of Account and Partnership) I am the owner of the cable system as identified in line         Image: Normal Statement of Account and hereby declare under penalty of Iaw that all statements of fact cont lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         Image: Normal Statement of Account and hereby declare under penalty of Iaw that all statements of fact cont lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         Image: Normal Statement of Account and hereby declare under penalty of Iaw that all statements of fact cont lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         Image: Normal Statement of Account and hereby declare under penalty of Iaw that all statements of fact cont lete, and correct to the best of my knowledge.         Image: Normal Statement of Account and hereby declare under penalty of Iaw that all statements of fact cont lete, and correct to the best of my knowledge.         Image: Normal Statement of Account and hereby declare under penalty of Iaw that all statements of fact cont lete, and correct to the best of my knowledge.         Image: Normal Statement of Account and hereby declare under penalty of Iaw that all statements of fact cont lete, and correct to the best of my knowledge.	e 1 of space B; or of the cable system as identified entified as owner of the cable system tained herein
l		Title: <b>President</b> (Title of official position held in corporation or partnership)	
l		Date: 02/28/20	18

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unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Media LP	185
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
X 170	
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 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       \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         k       - <td>-</td>	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -	-
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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