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 \$ 08/27/2018 ALLOCATION NUMBER						
\$	FOR COPYRIGHT OFFICE USE ONLY					
09/27/2019	DATE RECEIVED	AMOUNT				
	08/27/2018	T				

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

Α	ACCO	DUNTING 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 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 Central PA 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 salready 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 - Snow Shoe
		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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM					
Name							
	Zito Central PA LLC	636					
	Instructions: List each separate community served by the cable system. A "community						
D	"a separate and distinct community or municipal entity (including unincorporated com						
_	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 k						
	as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Snow Shoe Borough	PA					
Community	Snow Shoe Township	PA					
	Cooper Township	PA					
d Davis as Nassassas	Karthaus Township	PA					
d Rows as Necessary	Wallaceton/Boggs Township	PA					
	Graham Township	PA					
	Burnside Township	PA					
	Covington Township	PA					
	Girard Township	PA					
	10000000000000000000000000000000000000						

Accounting Period: 2018/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63693

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Zito Central PA LLC

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.

BL	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	1,294	19.00				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		T				

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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	18.95	Motel, hotel				
 Pay cable—add'l channel 		Commercial				
 Fire protection 		Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
 First set 	50.00	Burglar protection				
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect	30.00			
Converter		Disconnect				
		Outlet relocation	30.00			
		Move to new address	30.00			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63693

Zito Central PA LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary
Transmitters:
Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WPSU	3	E	Clearfield PA
WPSU	3.1	E	Clearfield PA
WPSU	3.2	E	Clearfield PA
WPSU	3.3	E	Clearfield PA
WKBS	47	l	Altoona PA
WJAC	6	N	Johnstown PA
WJAC	6.1	N	Johnstown PA
WATM	23	N	Altoona PA
WATM	23.1	N	Altoona PA
WATM	23.3	l	Altoona PA
WWCP	8	N	Johnstown PA
WWCP	8.1	N	Johnstown PA
WTAJ	10	N	Altoona PA
WPCW	19.1	l	Pittsburgh PA
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Central PA LLC

63693

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.

Н

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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Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	Zito Central PA LLC							63693
ı	SUBSTITUTE CARRIAGE In General: In space I, identi		_		_	tion, that you	r cable syste	m carried on a
Substitute	substitute basis during the ac explanation of the programm							
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	During the accounting peri	•	r cable system	carry, on a substitute ba	sis, any nonne	twork televis		
Program Log	broadcast by a distant stat						YES	X NO
	Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the prograr	m
	log in block 2. 2. LOG OF SUBSTITUTE	BROCEA	Me					
	In General: List each subst clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broac sign of the s	m on a separa add additional renetwork televition and that yo rauthorizations vies" or "basked dast live, enterstation broadca	rows to the tables. ision program ("substitute ur cable system substitut s. See page (v) of the gertball." List specific prograr "Yes." Otherwise enter sting the substitute progra	e program") that ed for the prog neral instruction m titles, for ex No."	at, during the gramming of ns for furthe ample, "I Lo	accounting another stat r informatior ve Lucy" or	tion
	Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon	adian statio th and day	ns, if any, the	community with which the	station is ider	ntified).		nth
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	es when the						ly
	stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	iring the accounting perio	d; enter the let	tter "P" if the	listed progr	
	enection october 15, 1576.				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EN SUBSTI	TLITE	
	S	UBSTITUT	E PROGRAM	1		IAGE OCCI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	IMES — TO	DELETION
								·
								,
							_	
							_	

2018/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:					SA1-2E. PAGE
Zito Central PA LLC				·	6369
all amounts (gross receipts) paid to your cab (as identified in space E) during the accounti page (vii) of the general instructions located in	le system by subscribers for the ing period. For a further explana in the paper SA1-2 form.	system's	secondary tran	smission serv	ice
				· ·	36,942.50 ross receipts)
Instructions: To compute the royalty fee you c Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts ir Use block 2 if the amount of gross receipts ir Use block 3 if the amount of gross receipts ir	n space K is \$137,100 or less n space K is more than \$137,10 n space K is more than \$263,80	0 but less	than \$527,600	\$263,800	
BLOCK 1	I: GROSS RECEIPTS OF \$13	7,100 OF	RLESS		
Instructions: As a cable system with gross rece accounting period is \$52.00	ipts of \$137,100 or less, the royal	lty fee that	you must pay fo	r this six-month	1
Line 1. Royalty fee for accounting period				· ·	
Line 2. Interest charge. Enter the amount from	line 4, space Q, page 8				0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FOR	R ACCOUNTING PERIOD Add I	ines 1 and	2		
				-	
Base amount under statutory formula		\$	263,800.00	_	
2. Enter amount of gross receipts from space K	.	\$	236,942.50	_	
3. Subtract line 2 from line 1		\$	26,857.50	<u> </u>	
4. Enter the amount of gross receipts from space	ce K		. \$	236,942.50	
5. Enter the amount from line 3			. \$	26,857.50	•
6. Subtract line 5 from line 4			\$	210,085.00	
7. Multiply line 6 by .005 (enter figure here)				\$	1,050.43
8. Interest charge. Enter the amount from line	4, space Q, page 8				0.00
9. TOTAL ROYALTY FEE PAYABLE FOR AC	COUNTING PERIOD. Add lines	7 and 8		. \$	1,050.43
BLOCK 3: GROSS REC	CEIPTS OF MORE THAN \$26	3,800 (bu	ut less than \$52	27,600)	
1. Enter the amount of gross receipts from space	ce K			_	
2. Base amount under statutory formula		\$	263,800.00	_	
3. Subtract line 2 from line 1				_	
4. Multiply line 3 by .01			· · <u> </u>		
5. Royalty due on the first \$263,800 of gross re	ceipts (under statutory formula) .		\$	1,319.00	•
6. Interest charge. Enter the amount from line	4, space Q, page 8			0.00	Ē
7. TOTAL ROYALTY FEE PAYABLE FOR AC	COUNTING PERIOD. Add lines	4, 5, and 6	i		
FILING FEE A	AND TOTAL REMITTANCE DU	JE			
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,050.43	
2. Filing Fee (See the instructions for more info	rmation on filing fee calculations)		\$	20.00	•
3. TOTAL AMOUNT DUE FOR ACCOUNTING	PERIOD. Add lines 2 and 3			\$	1,070.43
Important: Your remittance must be i	in the form of an electronic pay	ment nav	able to the Reg	ister of Convri	ahtsi
	GROSS RECEIPTS Instructions: The figure you give in this spa all amounts (gross receipts) paid to your cab (as identified in space E) during the accounting page (vii) of the general instructions located Gross receipts from subscribers for sect during the accounting period. IMPORTANT: You must complete a statemet GOPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you concept the block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in Use block 2 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use block 3 if the amount of gross receipts in Use 2. Interest charge. Enter the amount from Line 2. Interest charge. Enter the amount from Use 3. Subtract line 2 from line 1 4. Enter the amount of gross receipts from space in Use 3 in Use	Zito Central PA LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explane 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 to COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Lomplete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is more than \$137, 10. Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vi) of the general instructions located in the paper SA1-2 form for more page (vii) of the general instructions located in the paper SA1-2 form for more page	Zito Central PA LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho page (iii) 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. 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 more than \$137,100 bit less 1 use block 2 if the amount of gross receipts in space K is more than \$253,800 but less 2 use block 2 if the amount of gross receipts in space K is more than \$253,800 but less 2 use block 3 if the amount of gross receipts in space K is more than \$137,100 bit less 2 use block 3 if the amount of gross receipts in space K is more than \$137,100 bit less 2 use block 3 if the amount of gross receipts in space K is more than \$137,100 bit less 2 use block 3 if the amount of gross receipts in space K is more than \$137,100 bit less 2 use block 3 if the amount from structions located in the paper \$1.2 form for more informated accounting period is \$52.00 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but ref.) 1. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Enter the amount of gross receipts from space K 5. 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	Zito Central PA LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay, 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 the page (vil) 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Vorphete block 1, block 2, or block 3. Use block 2 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 \$23,800 but less than \$22,600 see page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 in the state of	Zito Central PA LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission services (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (wil) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: **Complete block 1, block 2, or block 3.** **Use block 1 file 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 \$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 \$283,800. **Use block 2 if the amount of gross receipts in space K is more than \$257,800. **See page (vi) of the general instructions located in the paper SA1-2 form for more information. **BLOCK 1: GROSS RECEIPTS OF \$137,100 or less.** Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$82.00. Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. 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 the amount of gross receipts from space K. \$ 236,942.50 5. Enter the amount of gross receipts from space K. \$ 236,942.50 6. Enter the amount of gross receipts from space K. \$ 210,085.00 7. Multiply line 6 by .005 (enter figure here). \$ 263,800.00 1. Enter the amount of gross receipts from space K. 2. Base amount under statutory formula. \$ 263,800.00 1. Enter the a

Accounting Period:	2018/1			F	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN Zito Central PA LI	NER OF CABLE SYSTEM: LC			SYSTEM ID# 63693
M Channels	to its subscribers, and 1. Enter the total numbers system carried tele 2. Enter the total numbers on which the cable	nd (2) the cable system's to mber of channels on which evision broadcast stations. mber of activated channels e system carried television b		ng period.	
N Individual to Be Contacted		E CONTACTED IF FURTHE ut this statement of account	R INFORMATION IS NEEDED (Identify an individu	al to whom	
for Further Information	Name T	eri McMullen		Telephone 814-260-0434	
	(N C	O Box 665 umber, street, rural route, apartm coudersport PA 1691			
	(C	city, town, state, zip)			
	Email	teri.mcmullen@z	omedia.com Fax	(optional)	
O Certification		is statement of account mu	be certified and signed in accordance with Copyribut only one, of the boxes.)	iht Office regulations)	
	(Owner of	ther than corporation or pa	nership) I am the owner of the cable system as ident	fied in line 1 of space B; or	
	in line	1 of space B and that the ow	n or partnership) I am the duly authorized agent of t er is not a corporation or partnership; or	·	
		or partner) I am an officer (if 1 of space B.	corporation) or a partner (if a partnership) of the lega	entity identified as owner of the cable system	
		nd correct to the best of my k	eby declare under penalty of law that all statements of owledge, information, and belief, and are made in good		
			X /s/James Rigas		
			nter an electronic signature on the line above to certify nter signature using an "/s/ signature" (e.g., /s/ John S		
		Typed or printed	ame: James Rigas		
			President ial position held in corporation or partnership)		
		Date:		08/27/2018	

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 the 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 telephon 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 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

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
to Central PA LLC	63693
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 Name Mailing Address Mailing Address	
Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	

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