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 COPYRIGE	IT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable System General instruct in the first tab of	ctions	are located	02/19/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	'YY/(Period))	
		2018/2	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 th of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title
Owner		List any other name or names under which	the owner conducts the business of th	ne cable system.	
		If there were different owners during the a single statement of account and royalty fer		he last day of the accounting period should su ing period.	ıbmit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	63693
		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 PO Box 665	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu	umber)		
		Coudersport, PA 16915 (City, town, state, zip)			
С				tify the business and operation of the esystem, if different from the address	
System		IDENTIFICATION OF CABLE SYSTEM:	., g	· · · · · · · · · · · · · · · · · · ·	<u></u>
	1	Zito Media - Snow Shoe			
		MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite nu	umber)		

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

(City, town, state, zip code)

	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	y" is the same as a "community unit" as defined in FCC rule
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 as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including singl will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Snow Shoe Borough	PA
Community	Snow Shoe Township	PA
•••••••		
	Cooper Township	PA
dd Rows as Necessary	Karthaus Township	PA
,	Wallaceton/Boggs Township	PA
	Graham Township	PA
	Burnside Township	PA
	Covington Township	PA
	Girard Township	PA

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 6369
	Zito Central PA LLC								
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particulation)								
Transmission	last day of the accounting period	, , ,	,		,				
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular service					•		scharged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· ·	,		ny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc				des of sea			as that ashis	
	Block 1: In the left-hand block systems most commonly provide			-		•			
	that applies to your system. Not							0,	
	categories, that person or entity	should be cou	nted as	a subscriber in	each app	licable category	/. Example	: a residential	
	subscriber who pays extra for ca					d in the count u	nder "Servi	ice to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	2014			[			( )	
		OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,239	19.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	•	,						
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There al furnished at cost or (2) services	•	2		•		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that							twere not	
Rales	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip								
		BLO	∩K 1					BLOCK 2	
		BLU			VICE	RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE	RATE		URY OF SER					
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER					
		RATE 18.95	Installa						
	Continuing Services:		Installa • Mot	tion: Non-res					
	Continuing Services: • Pay cable		Installa • Mot • Cor	tion: Non-res					
	Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mot • Cor • Pay	<b>ition: Non-res</b> el, hotel nmercial	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa • Mot • Cor • Pay • Pay	t <b>ion: Non-res</b> el, hotel nmercial r cable	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installa • Mot • Cor • Pay • Pay • Fire	ttion: Non-res el, hotel nmercial r cable r cable-add'l ch	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	18.95	Installa • Mot • Cor • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial r cable r cable-add'l ch protection	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	18.95	Installa • Mot • Cor • Pay • Pay • Fire • Bun Other s	tion: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection	idential	30.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	18.95	Installa • Mot • Cor • Pay • Pay • Fire • Bur • Cther s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential	30.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	18.95	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential	30.00			

ccounting Period: 2	2018/2			FORM SA1-2E. PAGE 3	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#	
Hume	Zito Central PA LLC			63693	
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	n during the accounting period, except neffect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.1 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (if a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr-	g translator stations and low power tel- bt (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried 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 station, an independent station, or a (for network multicast), "I" (for independent uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	me basis under ms [sections ons 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	
	WPSU	3	<b>E</b>	Clearfield PA	
	WPSU	3.1	E	Clearfield PA	
Add Rows as Necessary	WPSU	3.2	Е	Clearfield PA	
	WPSU	3.3	E	Clearfield PA	
	WKBS	47	<b>I</b>	Altoona PA	
	WJAC	6	N	Johnstown PA	
	WJAC	6.1	Ν	Johnstown PA	
	WATM	23	N	Altoona PA	
	WATM	23.1	Ν	Altoona PA	
	WATM	23.3	I	Altoona PA	
	WWCP	8	Ν	Johnstown PA	
	WWCP	8.1	Ν	Johnstown PA	
	WTAJ	10	Ν	Altoona PA	
	WPCW	19.1	I	Pittsburgh PA	

EGAL NAME OF		CABLE 5	ISTEM:					SYSTEM   636
	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 a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein the Co sign of of the static ion's sign g a chech n's locati	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 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 his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	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							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Central PA LLC							63693
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork televi	sion program. broadcast b	v a distant sta	ition. that vo	ur cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pa	ao blank. If your answor i	с "Voc " vou i	must compl	-	
	-	, leave life	rest of this pa	ige blank. If your answer i	s res, your	must compi	ete the proj	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if th	eir meanin	a is
	clear. If you need more spa					,	,	5
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.					, -	,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		concod by t	ho ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	Example.	a program can	led by a system norm 0.0	1. 15 p.m. to c	0.20.30 p.m		
		er "R" if the	listed program	n was substituted for prog	ramming that	t your syste	m was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete und	ter FCC rules	s and regula	itions in	
		•						1
						N SUBSTI		
	S		E PROGRAM			AGE OCC		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		IMES — TO	DELETION
		100 01 110	0.1122 01011		7415 5711		10	
							_	
							_	
							_	
							_	
							<u> </u>	
							_	
							_	
							_	
1						·		

Accounting Period:	2018/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Central PA LLC			S	YSTEM ID# 63693
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation 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	stem's se	condary transm compute this a	ission service amount, see	9,693.67 oss 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more inf BLOCK 1: GROSS RECEIPTS OF \$137,	ut less tha formation	an \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty	fee that ye	ou must pay for	this six-mon	
	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				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS			-	
	1. Base amount under statutory formula	,	263,800.00	,	
	Enter amount of gross receipts from space K		219,693.67		
	3. Subtract line 2 from line 1				
	A. Enter the amount of gross receipts from space K			219,693.67	
	5. Enter the amount from line 3			44,106.33	
	6. Subtract line 5 from line 4			· · · ·	
	7. Multiply line 6 by .005 (enter figure here)				877.94
	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 a	and 8		\$	877.94
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	Subtract line 2 from line 1	<u>v</u>	200,000.00		
	4. Multiply line 3 by .01				
	<ol> <li>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)</li> </ol>			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,				
	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)		\$	877.94	
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			\$	897.94
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		-		hts!

Accounting Period:	2018/2								FORM SA1-2E. PAGE
Name	LEGAL NAME OF C Zito Central PA	OWNER OF CABLE SYSTEM:							SYSTEM ID 6369
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's number of channels on whic television broadcast stations number of activated channe able system carried televisior ast services	total num ch the cab s els n broadca:	nber of active	ated channels du	ring the ac	counting period		10
N Individual to Be Contacted	INDIVIDUAL TO	BE CONTACTED IF FURTI	HER INFO					m	
for Further Information	Name	Teri McMullen						Telephone	814-260-0434
O Certification	I, the undersigned     (Owne     (Agenti in I     X     (Offici in I     . I have examined	PO Box 665 (Number, street, rural route, apar Coudersport PA 169 (City, town, state, zip) teri.mcmullen( (This statement of account m ed, hereby certify that (Check or other than corporation or t of owner other than corporing ine 1 of space B and that the er or partner) I am an officer ine 1 of space B. d the statement of account and e, and correct to the best of m on 1001(1986)]	22itomeconstant nust be cer one, <i>but o</i> partnersh ration or p owner is r (if a corport	dia.com ertified and s only one, of t hip) I am the partnership not a corpora ioration) or a declare unde	the boxes.) e owner of the cabl o) I am the duly aut ation or partnershi partner (if a partne er penalty of law th	le system ; thorized aç p; or ership) of f	Copyright Office as identified in li gent of the owne the legal entity ic ements of fact co	regulations) ne 1 of space er of the cable s dentified as ow	system as identified ner of the cable system
		Typed or printe	Enter an Enter sig ed name: <b>Presi</b>	ignature usin James ident	es Rigas signature on the lin g an "/s/ signature" s Rigas	" (e.g., /s/			

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Central PA LLC	6369
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ande by satellite carriers to satellite dish owners?         X       NO         Y ES. Enter the total here and list the satellite carrier(s) below.       \$	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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x 1%	Interest Assessmen
x 1%	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -       x       1%         Line 3       Multiply line 2 by the number of days late and enter the sum here       -       x	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -	Interest Assessmer
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmer
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer

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