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 COPYRIGE	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	8/27/2019	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
		···	

~	ACCO	JUNTING PERIOD COVERE	D BY THIS STATEMENT: (YYYY/(Period))	
		2019/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional - see instructions)	
Accounting Period				
В		Instructions: Give the full legal name of the owner or of the subsidiary, not that of the parent	f the cable system. If the owner is a subsidiary of another corporation, give the full corporate title t corporation.	
Owner		List any other name or names under w	hich the owner conducts the business of the cable system.	
			he accounting period, only the owner on the last day of the accounting period should submit a y fee payment covering the entire accounting period.	
		Check here if this is the system's first fi	ling. If not, enter the system's ID number assigned by the Licensing Division.	567
		LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM	
		Zito Canton LLC		
		BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media		
		MAILING ADDRESS OF OWNER O	DF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suit	le number)	
		Coudersport, PA 16915 (City, town, state, zip)		
С			siness or trade names used to identify the business and operation of the system in 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM		
		MAILING ADDRESS OF CABLE SYST	EM:	
	2	(Number, street, rural route, apartment, or suit	te 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 Canton LLC	567
D	Instructions: List each separate community served by the cable system. A "commur" 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 l as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Cogan Station	PA
Community	Trout Run	PA
	Hepburn Township	PA
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							-2E. PAG
Name	Zito Canton LLC							010	5
E Secondary Transmission Service: Sub-	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both	pace E should on of television ay cable) in sp (June 30 or De	cover a and rad ace F, r ecembe	Il categories of s lio broadcasts b not here. All the er 31, as the cas	secondary y your sy facts you e may be	stem to subscrib state must be t	oers. Give hose existi	information ng on the	
scribers and Rates	down by categories of secondary each category by counting the m separately for the particular servi Rate: Give the standard rate c 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. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted of	/ transmission : umber of billing ice at the rate i harged for eacl (Example: "\$2 ounts allowed f in space E, the to their subscr Where an inc should be cour ble service to a nce again under	service. s in tha ndicated h catego (0/mth") for adva e form li ribers. C dividual nted as additiona er "Serv	In general, you t category (the r d—not the numb ory of service. Ir . Summarize an ince payment. sts the categorie Sive the number or organization a subscriber in e al sets would be rice to additional	can com number of ber of set include bo y standar es of subsc is receivin each appl included set(s)."	pute the numbe f persons or org s receiving serv th the amount o rd rate variations ondary transmis ribers and rate t ng service that f icable category. in the count un	r of subscr anizations ice). f the charg s within a p sion servic for each lis alls under Example: der "Servic	ibers in charged e and the particular rate e that cable ted category different a residential ce to the	
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ers of services	that inc	lude one or mo	re secono	dary transmissio	ns), list the	em, together ervice is	
		NO. OF					DLOOP	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		381	25.23					
	Service to additional set(s) FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	 Residential Non-residential 								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services t e two exception or facilities furn it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ns: you ished to usually ne cable stem fur e was n	rmation with res not offered in co do not need to g o nonsubscriber billed. If any rat e system for eac nished or offere nade or establis	pect to al ombinatio give rate i s. Rate in es are ch h of the a d during t	n with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-process listed. ces listed.	smission services ooth the ogram basis, were not	
		BLOO				DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			BORY OF SERV ation: Non-resid		RATE	CATEGO	ORY OF SERVICE	RA
	• Pay cable	17.50		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection		,	/ cable	nnel				
	 Burglar protection Installation: Residential 		,	v cable-add'l cha e protection	aririel				
	First set	50.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)		• Red	connect		30.00			
	Converter			connect					
	1		Out	tlet relocation		30.00			
			• Mo	ve to new addre	ss	30.00			

Name	LEGAL NAME OF OWNER OF			
		CABLE SYSTEM:		SYSTEM ID# 567
	Zito Canton LLC PRIMARY TRANSMITTERS:			567
G imary smitters: evision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations 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 statior 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	Ilso in space I, if the station was carrie n concerning substitute basis stations i's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-tir the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- tarried by your cable system on a sub- the Special Statement and Program Le ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fu (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	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
	WBRE	28.1	Ν	Wilkes-Barre PA
	WNEP	16.1	N	Scranton PA
Necessary	WOLF	56.1	N	Hazelton PA
,	WQMY	53.1	I	Williamsport PA
	WSWB	38.1		Scranton PA
	WVIA	44	E	Scranton PA
	WYOU	22.1	N	Scranton PA

-	Period: 2019						190	/I SA1-2E. PAGE
LEGAL NAME O		CABLE SY	/STEM:					SYSTEM II
	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 For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I) it is carried by monitoring, to ormation abou rm. dentify the call State whether to f the radio stat	y the sys be recei it the Cc I sign of e the static ion's sign	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process	t the system's he system's FM ante this point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain s general i	be expected, tated intervals. nstructions in the.	Primary Transmitters: Radio
Column 4: (Give the station	n's locati	k mark in the "S/D" column. on (the community to which th the community with which the		•	C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Name LEGAL NAME OF OWNER OF CAULE STATEMENT SYSTEM US SYSTEM US SYSTEM US SS It Chic Cantion LLC 567 567 567 Substitute SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOO In Generatic In space 1, lotently usery nonsexex the/widein program, bunchast by a disker staten, that your cable system cannot on a space page (y) of the general instructions in the page SA1-2 form. Substitute Substitute Cathogeneratic and the programming that must be included in this tog, see page (y) of the general instructions in the page SA1-2 form. Substitute	Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
Substitute Substitute Substitute Substitute		LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the program log that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television, sorrauming dranother station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station side use the substitute program. Column 4: Give the broadcast stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the "Stote". Column 6: State the times when the substitute program. Column 6: State the times when the substitute program was carried by system carried by a system form 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m.". Column 7: Enter the letter "7" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect on October 19, 1976. Neten	Name	Zito Canton LLC							567
In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the program log that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television, sorrauming dranother station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station side use the substitute program. Column 4: Give the broadcast stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the "Stote". Column 6: State the times when the substitute program. Column 6: State the times when the substitute program was carried by system carried by a system form 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m.". Column 7: Enter the letter "7" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect on October 19, 1976. Neten		SUBSTITUTE CARRIAG	E: SPECIA			 }			
Substitute substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, di your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the tift of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball." Genum 2: if the program was broadcast tive, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcast in (the community to which the station is identified). Column 3: Give the call sign of the station so carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substitute for program. Use numerals, with the month first. Example: for May 7 give "5/7	I I						ion that you	ır cable syste	em carried on a
Carriage: Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: T6ers vs. Bulls." Column 2: if the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Give the month and day when your system carried the substitute program. Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substituted for programming that	-	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or au	uthorizations.	For a further
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • Yes × No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOC OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. Column 1: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations is location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations and they was carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 3: Give the heatere TR" if the listed program was substitute						general instr	uctions in th	e paper SA1	-2 form.
Statement and Program Log During the decoding period, but you cable system carry, on a substitute basis, but not not not not not not not not not no	-								
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: T6ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community with 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). Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S			-	r cable system	carry, on a substitute basis	s, any nonnet	twork televi	sion progran	
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2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Site the times when the substitute program was carried by your cable system. List the times accurately to the enerest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete unde		Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the prograi	m
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball. T6res vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system									
clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball. 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE OCCURRED I. TITLE OF PROGRAM 2. LIVE? 3. STATION'S					te line. I lee ekknevistiene v		aible if the i		
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Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Canton LLC	S	YSTEM ID# 567
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 servic s amount, see	e 7,469.41
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,	· · ·	
	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.		
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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:	2019/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Canton	DF OWNER OF CABLE SYSTEM: LLC	SYSTEM ID 567
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which the	: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ied television broadcast stations	7 95
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ict about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 81	14-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915	
	Email	(City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersi (Ov (Ag X (O I have exami are true, comp	DN (This statement of account must be certified and signed in accordance with Copyright Office regulations) igned, hereby certify that (Check one, but only one, of the boxes.) wher other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or gent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein oblete, and correct to the best of my knowledge, information, and belief, and are made in good faith. sction 1001(1986)] X /s/James Rigas Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	m as identified
		Date: 08/27/2019	

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

inting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Canton LLC	56
 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 made by satellite carriers to satellite dish owners? X NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	-
Name Name	
Mailing Address Mailing Address	
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 (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmer
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