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

STATEMEN	T OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-	Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems General instructio in the first tab of th	ns are located	8-26-20	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α Ας	COUNTING PERIOD COVERED	7		
Accounting Period	2020/1	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 I - see instructions)	
B Owner	of the subsidiary, not that of the parent of List any other name or names under which	corporation. ch the owner conducts the business of th e accounting period, only the owner on t	he last day of the accounting period should su	
	Check here if this is the system's first filir	- · ·	assigned by the Licensing Division.	40788
	Zito NCTNWVPAOH LLC	GADDRESS OF GADLE STSTEM		
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)	
	Zito Media			

IAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport, PA 16915 (City, town, state, zip) **INSTRUCTIONS:** In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 Zito Media - Rock Creek 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 suffciency of the fling, a determination that would be made by a court of law.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Zito NCTNWVPAOH LLC	407
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	nmunities within unincorporated areas and including single
	as the "first community." Please use it as the first community on all future filings.	
Aron	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Rock Creek Village	ОН
Community	Rome Township	ОН
	Austinburg Township	ОН
d Rows as Necessary	Roaming Shores Village	OH
	Morgan Township	ОН

	<u> </u>							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Zito NCTNWVPAOH LL	C							4078
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		•		•			
Cooondom	system, that is, the retransmissi					•			
Secondary Transmission	about other services (including last day of the accounting period	. , ,	-				those exis	sung on the	
Service: Sub-	Number of Subscribers: Bot						ble syster	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n		-	•••		•	-	s charged	
	separately for the particular serverse Rate: Give the standard rate of							rae and the	
	unit in which it is generally billed	•	-	•				•	
	category, but do not include disc		,		•				
	Block 1: In the left-hand block			-		•			
	systems most commonly provid								
	that applies to your system. Not categories, that person or entity			•		•			
	subscriber who pays extra for ca					•••	•		
	first set" and would be counted of								
	Block 2: If your cable system	•			• • •	n service that are	e different	from those	
	printed in block 1 (for example,					•			
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	ee-word descript	tion of the	service is	
	sufficient.	OCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	2VICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIND		TOTE	0,111		(TIOL	COBCORRENCE	
	Service to first set		102	21.71					
	Service to additional set(s)			~····					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC			SIONS: RATE	s				
-	In General: Space F calls for ra					all your cable sys	stem's ser	vices that were	
F	not covered in space E, that is,					•			
Comilana	service for a single fee. There a		-		-		- ·	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the up								
Secondary	enter only the letters "PP" in the		usuany	billed. If any f		narged on a var		ologiam basis,	
ransmissions:	Block 1: Give the standard ra	te charged by		•					
Rates	Block 2: List any services tha				-	-	•		
	listed in block 1 and for which a brief (two- or three-word) descrip		-		Ished. List	these other ser	vices in tr	he form of a	
							1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-res	idential				
	Device	17.95		el, hotel					
	• Pay cable		• Cor	nmercial					
	• Pay cable—add'l channel		_	cable					1
	 Pay cable—add'l channel Fire protection 		• Pay		-				
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pay	cable-add'l ch	nannel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire	cable-add'l ch protection					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	30.00	• Pay • Fire • Bur	cable-add'l ch protection glar protection					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	30.00	• Pay • Fire • Bur Other s	cable-add'l ch protection glar protection ervices:					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	30.00	• Pay • Fire • Bur Other s • Rec	cable-add'l ch protection glar protection services:		30.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	30.00	• Pay • Fire • Bur • Bur • Rec • Dise	cable-add'l ch protection glar protection services: connect					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	30.00	• Pay • Fire • Bur • Bur • Rec • Disc • Out	cable-add'l ch protection glar protection services:		30.00 30.00 30.00 30.00			

ccounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito NCTNWVPAOH L	.LC		40788
	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 Substitute Basis Stations 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	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations	of (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ESP	PN, etc. Identify each
	"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	d with a station according to its over-th the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational),	evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent	the air in its community noncommercial endent), "I-M"
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	ructions in the paper SA1-2 form. In the community to which the station the community with which the station	is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBNX	55.1	Е	Akron OH
	WEWS	5.1	N	Cleveland OH
dd Rows as Necessary	WJW	8.1	Ν	Cleveland OH
	WKYC	3.1	N	Cleveland OH
	WOIO	19	Ν	Shaker Heights OH
	WUAB	43.1		Lorain OH
	WVIZ	25.1	Е	Cleveland OH
	WVPX	23.1	<u> </u>	Akron OH
	WOIO	19.3	I	Shaker Heights OH

Zito NCTNW	• OWNER OF (т З Т ЕІ И І.					SYSTEM I 407
	every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
The ceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recein at the Co sign of e he static ion's sig g a chec n's locati	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain s general i eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters Radio
		0/5						
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	STEM:				SYSTEM ID#
Name	Zito NCTNWVPAOH LI	LC					40788
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident					tion. that your cable sys	tem carried on a
	substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, regu	ulations, or authorization	ns. For a further
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of th	ne general ins	tructions in the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE			
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network television prog	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	nust complete the pro	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE	E PROGRA	AMS				
	In General: List each subs		•		s wherever p	ossible, if their meanin	g is
	clear. If you need more spa Column 1: Give the title			rows to the tables. vision program ("substitute	e program") t	hat, during the accoun	tina
	period, was broadcast by a						
	under certain FCC rules, re	•					
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love Lucy"	or
			dcast live, ente	er "Yes." Otherwise enter	"No."		
		-		asting the substitute prog			
	the case of Mexican or Car		,	the community to which the community with which the		-	in
				stem carried the substitute		,	month
	first. Example: for May 7 give						
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0?			
	stated as "6:00–6:30 p.m."	Example.	a program oan				
				n was substituted for prog			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976	•	your cycloin n				
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRED	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. TIMES FROM — TO	DELETION
		163 01 110	CALL SIGN	4. STATION S LOCATION	AND DAT		
					·- 		
						_	
						_	
						_	
1	1	1	1		11		1

Accounting Period:	I: 2020/1 FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY Zito NCTNWVPAOH LLC	YSTEM ID# 40788
K Gross Receipts	page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	3,016.89 ss receipts)
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 \$263,800 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. 	
	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 \$52.00	
	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	

0.00	
	-
\$ 52.00 \$ 15.00	-
\$	67.00
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito NCTNWVF	PAOH LLC	40788
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		number of channels on which the cable television broadcast stations	9
	on which the ca	number of activated channels able system carried television broadcast stations ast services	66
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 81	4-260-0434
	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)	
O Certification	I, the undersigned (Owned) (Agenting) (Agenting) X (Officing) I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ad, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ar other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner ine 1 of space B. If the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	em as identified

	X /s/James Rigas
	nter an electronic signature on the line above to certify this statement. nter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	ame: James Rigas
	President al position held in corporation or partnership)
Date:	08/27/2020

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unting Period: 2020/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
NCTNWVPAOH LLC	4078
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	P Special Statemen Concerning Gross Receipts Exclusio
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?	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here -	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days 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 \$	
x	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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.