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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

i

SA1-2E Short Form

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

n the first tab	of this	workbook		ALLOCATION NUMBER	161. (202) 101-0100
		E			1
Α	ACC	OUNTING PERIOD COVERED B	Y THIS STATEMENT: (YYYY	/(Period))	
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional - se	e instructions)	
Accounting Period					
	1	Instructions:			
В		Give the full legal name of the owner of the the subsidiary, not that of the parent corpor		of another corporation, give the full corpo	rate title of
Owner		List any other name or names under which t	the owner conducts the business of the cal	ble system.	
		If there were different owners during the ac statement of account and royalty fee payme		st day of the accounting period should subr	nit a single
		Check here if this is the system's first filing. I	If not, enter the system's ID number assigr	ned by the Licensing Division.	30032
	<u> </u>				
	<u> </u>	LEGAL NAME OF OWNER/MAILING			
		Zito NCTNWVPAOH LLC			
		BUSINESS NAME(S) OF OWNER OF C	CABLE SYSTEM (IF DIFFERENT)		
		Zito Media			
		MAILING ADDRESS OF OWNER OF C	ABLE SYSTEM		
		PO Box 665 (Number, street, rural route, apartment, or suite num	mber		
		Coudersport, PA 16915	inder)		
		(City, town, state, zip)			
С		RUCTIONS: In line 1, give any busine s already appear in space B. In line 2,			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	Ľ	Zito Media - Brave			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nur	mber)		
		(City, town, state, zip code)			
		- 444 - 6 60- 47 - 6 46- 11-36-1 Okakar Okakar Ok			
-		n 111 of title 17 of the United States Code authors statement of account. Pll is any personal info	13 0	, , , , , ,	

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

DATE RECEIVED

02/22/22

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

E

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Zito NCTNWVPAOH LLC	3003
_	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm	y" is the same as a "community unit" as defined in FUU rules: "a nunities within unincorporated areas and including single, discrete
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser	
	community." Please use it as the first community on all future filings.	ve as a form of system identification herearter known as the first
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he	ome parks should be reported in parentheses below the identified
Area	city.	
Served		
	CITY OR TOWN	STATE
First Community	Brave	PA
community	Mooresville	
	Pentress	WV
dd Rows as Necessary	Blacksville	WV
	Daybrook	WV
	Wadestown	
	Wana	
	Fairview	WV

E SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should over 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 period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E all for the number of subscribers to the cable system, troken down by categories of secondary transmission service. In general, you can compute the number of subscribers to each category by counting the number of Bullings, in that category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20mth"). Summarize any standard rate variations exince that applicable separately for the particular service at the rate indicated—on 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: "\$20mth"). Summarize any standard rate variations exince that category systems meet commonly provide to their subscribers. Give the number of subscribers and rate for each listed category system service is a rate of 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 subscribers in the strate actegories of 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 subscribers in the strate actegories of 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 subscribers is active to a subscribers in the strate categoris but or each system in the category but or able system i								FORM SA1	
Elo Elo <th>Name</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>515</th> <th>3003</th>	Name							515	3003
Formation In General: The information in space E should over all categories of secondary transmission service of the cable system, but site retransmission of solut obroadcast 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 isat day of the accounting period (duals in space E call for the number of subscribers in section at the same day of the accounting period (duals in space E). The period of the same			;						0000
Rates each citegory by counting the number of billings in that category (the number of persons or organizations charged sparately for hapfulcular service and the trait indicade—ont the number of alse receiving service). Rate: (Sive 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. (Sive the standard rate charged for advance payment. Biock 11: In the left-hand block. It where an individual or organization is receiving service that falls under different category. But do not include else united as subscribers and rate for each listed category bit daples to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or nitly should be counted as a subscriber who pays extra for cables service to additional set(s)." Biok 21: Hory system. Note: Where an individual or organization include in the count under "Service to additional set(s)." Biok 21: Hory cable system. Take: a the right-hand block. A two- or three-world description of the service is a subscriber who pays extra for cables (see that a sec exceeding transmission service) as subscribers. A two subscribers and rates, in the right-hand block. A two- or three-world description of the service is a subscription of the service is a difficult in the number of subscription and the service is a difficult in the number of subscription and the service is a subscription. The service is a difficult in the number of subscription and the service is a subscription. The service is a difficult in the number of subscription and the service is a subscription. The service is a difficult in the number of a bioper term and the number of a bioper term and the number of the difficult in the number of a bioper terese and the number of the dine services that are differe	Secondary Transmission	In General: The information in s system, that is, the retransmissi about other services (including p last day of the accounting period Number of Subscribers: Both	pace E should on of television pay cable) in sp I (June 30 or D n blocks in spa	cover all catego and radio broa bace F, not here ecember 31, as ce E call for the	ories of seconda adcasts by your s e. All the facts your s the case may be number of subs	system to subscri ou state must be be). scribers to the ca	bers. Give those exist ble system	information ting on the n, broken	
Biock 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 lists under different categories, that reperson or entity should be counted on the each applicable category. Example: a residential subscriber who pays extra for cable service to additional set (s). ¹ Block 2: If your cable system has rate categories for secondary transmissions service that afferent from those printed in block. If (or example, terms of service to additional set(s). ¹ Block 2: If your cable system has rate categories for 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. Image: the term of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. Image: term of subscribers and rates, in the right-hand block. A two- or three-word description of the service is subscribers. Service to additional set(s) Image: term of subscribers and rates, in the right-hand block. A two- or three-word description of the service is subscribers. Image: term of subscribers and rates, in the right-hand block. A two- or three-word description of the service is subscribers. Image: term of subscribers and rates, in the right-hand block. Image: term of subscribers. Image: term of subscribers. Image: term of subscribers. RATE CATEGORY OF SERVICE Subscribers. Image: term of subscribers. RATE CATEGORY OF SERVICE		each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed	umber of billing ice at the rate harged for eac . (Example: "\$2	gs in that categ indicated—not h category of s 20/mth"). Sumn	ory (the number the number of se ervice. Include b narize any standa	of persons or org ets receiving serv ooth the amount o	anizations rice). of the char	charged ge and the	
subscriber who pays extra for cable service to additional sets would be included in the cont under "Service to the first set" and would be conted once again under "Service to additional set(s)." Biota 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. Biota 2: If your cable system has rate categories for 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. Biota 2: If your cable system are rate. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE NO. OF Service to additional set(s) 2 75.28 1 1 1 • Service to additional set(s) 2 75.28 1 1 1 1 • First additional set(s) 1 </td <td></td> <td>Block 1: In the left-hand block systems most commonly provide</td> <td>in space E, th to their subso</td> <td>e form lists the ribers. Give the</td> <td>categories of se number of subs</td> <td>scribers and rate</td> <td>for each li</td> <td>sted category</td> <td></td>		Block 1: In the left-hand block systems most commonly provide	in space E, th to their subso	e form lists the ribers. Give the	categories of se number of subs	scribers and rate	for each li	sted category	
F Services Other Than Services Other Than Services for alingte field. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate colour. Services that were not listed in block 1: and or the rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. Services not first set (the commercial commercial) Services that were not covered in the rate colour. Services that were not covered in the rate colour. Services that were in the rate colour. Services that were not covered in the rate colour. Services that is, those services that are not offered in combination with any secondary transmission services for a single file. There are two exceptions: you do not need to give rate information concerning (1) services thrmished an cost or (2) services or facilities transite to mished or offered during the accounting period that were not listed in block 1: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE Pay cable RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable 17.35 Motel, hotel - - - - Pay cable 17.35 Notel, hotel </td <td></td> <td>subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a</td> <td>ble service to once again und has rate categ iers of services</td> <td>additional sets er "Service to a ories for second s that include o</td> <td>would be include additional set(s). dary transmission ne or more seco</td> <td>n service that are</td> <td>der "Servi different f ons), list th</td> <td>ce to the from those lem, together</td> <td></td>		subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a	ble service to once again und has rate categ iers of services	additional sets er "Service to a ories for second s that include o	would be include additional set(s). dary transmission ne or more seco	n service that are	der "Servi different f ons), list th	ce to the from those lem, together	
CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RA Residential -		BLO					BLOCH		
Residential: 2 75.28 • Service to first set • Service to additional set(s) • • FM radio (if separate rate) • • Motel, hotel • • Converter • • • Residential • • • Non-residential • • • Services Table State State 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 should include both the anount 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 coulding. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.		CATEGORY OF SERVICE				EGORY OF SEF	RVICE		
• FM radio (if separate rate)				2	75.28				
Commercial Converter		• FM radio (if separate rate)							
Converter Residential • Residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential • Bervices 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 F, 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. ECATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Non-residential • Pay cable • Notel, hotel • Pay cable • Pay cable • Fire									
• Residential • Non-residential • Image: Control of the services of the service of the services of the service o									
F 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 offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give 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 1: Give the standard rate charged 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.									
F 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. Biock 1: Give the standard rate charge by the cable system for each of the applicable services listed. Block 1: Give the standard rate charge by the cable system for each of the applicable 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 SERVICEs: Installation: Non-residential ·Pay cable 17.95 Motel, hotel ·Pay cable 17.95 ·Pay cable 17.95 ·Pay cable ·Pay cable		Non-residential							
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICERATEContinuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protectionInstallation: Non-residential • Motel, hotel • Pay cable • Pay cable • Pay cable • Pay cable • Pay cable-add'l channel • Pay cable-add'l channel • Fire protection • Fire st set • Additional set(s) • FM radio (if separate rate) • ConverterInstallation: Residential • Reconnect • Disconnect • Outlet relocationRATECATEGORY OF SERVICE CATEGORY OF SERVICERATEContinuing Services: • Pay cable • Pay cable • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection • Burglar protectionImage: Category of Service (Category of Service) • Pay cable • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protectionRate • Pay cable-add'l channel • Fire protection • Burglar protection • Burglar protectionImage: Category of Service (Category of Service) • Pay cable-add'l channel • Fire protection • Burglar protectionImage: Category of Service (Category of Service) • Pay cable-add'l channel • Fire protection • Burglar protectionCategory of Service (Category of Service) • Pay cable-add'l channel • Pay cable-add'l channel • Pay cable-add'l channel • Fire protection • Reconnect • Disconnect • Outlet relocationCategory of Service (Category of Service) • Category of Service)• Outlet relocation30.00Image: Category of Service) • Outlet relocationImage: Category of Service) • Category of Service)	Services Other Than Secondary Transmissions:	In General: Space F calls for rain not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the ure enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a	te (not subscril chose services re two exceptic or facilities fur hit in which it is rate column. te charged by t t your cable sy separate charge	ber) information that are not off ns: you do not nished to nonsu usually billed. he cable system stem furnished je was made or	with respect to ered in combinat need to give rate ubscribers. Rate If any rates are of m for each of the or offered during established. Lis	tion with any sec e information con information shou charged on a vari e applicable servi g the accounting	ondary trar cerning (1) ld include able per-p ces listed. ceriod that	nsmission) services both the rogram basis, : were not	
Continuing Services: • Pay cableInstallation: Non-residential • Motel, hotelInstallation: Non-residential• Pay cable• Motel, hotel• Pay cable• Commercial• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• First set30.00• First set30.00• FM radio (if separate rate)• Reconnect• Converter• Disconnect• Outlet relocation30.00						_			
• Pay cable17.95• Motel, hotelImage: Commercial of the second se			RATE			RATE	CATEG	ORY OF SERVICE	RAT
• Pay cable—add'l channel • Commercial • Pay cable • Fire protection • Pay cable • Pay cable • Burglar protection • Pay cable-add'l channel • Pay cable-add'l channel • Installation: Residential • Fire protection • Fire protection • First set 30.00 • Burglar protection • Burglar protection • Additional set(s) 20.00 Other services: • Reconnect • FM radio (if separate rate) • Reconnect 30.00 • Disconnect • Outlet relocation 30.00 • Outlet relocation • Outlet relocation		-	17.95						
•Burglar protection •Pay cable-add'l channel Installation: Residential •Fire protection •First set 30.00 •Burglar protection •Burglar protection •Additional set(s) 20.00 •FM radio (if separate rate) •Reconnect •Outlet relocation 30.00									
Installation: Residential • Fire protection • First set 30.00 • Additional set(s) • Burglar protection • FM radio (if separate rate) • Reconnect • Converter • Disconnect • Outlet relocation 30.00		Fire protection		• Pay cable					
• First set 30.00 • Burglar protection • Additional set(s) 20.00 Other services: • FM radio (if separate rate) • Reconnect 30.00 • Converter • Disconnect 0 • Outlet relocation 30.00 0		•Burglar protection		 Pay cable- 	add'l channel				
• Additional set(s) 20.00 Other services: 30.00 • FM radio (if separate rate) • Reconnect 30.00 • Converter • Disconnect 0.00				•					
FM radio (if separate rate) Converter · Conver · Converter				- .					
• Converter • Disconnect • Outlet relocation 30.00		.,	20.00			20.00			
• Outlet relocation 30.00		,				30.00			
				Outlet relo	cation	30.00			

Name	LEGAL NAME OF OWNER O			SYSTEM ID
	Zito NCTNWVPAOH	LLC		3003
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eaci educational station, by enter (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	1) stations carried only on a part-tin carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also ce page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repo- ision station for broadcasting over ation, an independent station, or a for network multicast), "I" (for independent tions in the paper SA1-2 form, he community to which the station	me basis under ams [sections tions carried on a postitute program _og)—if the o on some other fons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDKA	2	Ν	Pittsburgh PA
	KDKA WTAE	4	<u>N</u>	Pittsburgh PA Pittsburgh PA
ows as Necessary				
lows as Necessary	WTAE	4	N	Pittsburgh PA
lows as Necessary	WTAE WDTV	4 5	N N	Pittsburgh PA Weston WV
tows as Necessary	WTAE WDTV WTOV	4 5 9.1	N N N	Pittsburgh PA Weston WV Steubenville OH
tows as Necessary	WTAE WDTV WTOV WNPB	4 5 9.1 24	N N N E	Pittsburgh PA Weston WV Steubenville OH Morgantown WV
tows as Necessary	WTAE WDTV WTOV WNPB WQED	4 5 9.1 24 13	N N N E E	Pittsburgh PA Weston WV Steubenville OH Morgantown WV Pittsburgh PA
lows as Necessary	WTAE WDTV WTOV WNPB WQED WVFX	4 5 9.1 24 13 10.1	N N N E E	Pittsburgh PA Weston WV Steubenville OH Morgantown WV Pittsburgh PA Clarksburg WV

EGAL NAME OF LITO NCTNW								SYSTEM I 300
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1 : Id Column 2 : S	it is carried by monitoring, to prmation abour m. lentify the call tate whether t	/ the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically processe	t the system's hea system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ited intervals. structions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing ive the station	a check i's locatio	k mark in the "S/D" column. on (the community to which th the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito NCTNWVPAOH LL	.C						30032
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instru	uctions in the	e paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televi	sion progran	n
Program Log	broadcast by a distant sta	tion?					YES	×NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if thei	r meaning is	5
				sion program ("substitute	program") tha	at, during the	e accounting	J
	period, was broadcast by a							
	under certain FCC rules, re							n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	tball. List specific program	n uues, ior ex	ampie, i Lo	ove Lucy of	
	Column 2: If the program	n was broad		"Yes." Otherwise enter "				
		0		sting the substitute progra			FOO in	
	the case of Mexican or Can		(e community to which the community with which the		,	FCC or, in	
				em carried the substitute			with the mor	nth
	first. Example: for May 7 giv		, ,					
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	:8:30 p.m. s	nould be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	and regulation	ons in	
	s		TE PROGRAM		CARR	EN SUBSTI	URRED	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		TIMES — TO	
							_	
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Accounting Period:	2021/2	FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito NCTNWVPAOH LLC	ę	SYSTEM ID# 30032
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see \$	1,226.20 pross 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 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.	63,800	
	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 th accounting period is \$52.00	is 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	00)	
	1. Base amount under statutory formula		
	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		
	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 Due	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 informati		jhts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW Zito NCTNWVPA	NER OF CABLE SYSTEM: OH LLC			SYSTEM ID# 30032
M Channels	to its subscribers, 1. Enter the total r	and (2) the cable system's number of channels on which	channels on which the cable system carried televisi otal number of activated channels during the accoun the cable	nting period.	9
	on which the ca	number of activated channe able system carried televisio ast services			48
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou	ER INFORMATION IS NEEDED (Identify an individu t.)	ual to whom	
for Further Information	Address	Teri McMullen PO Box 665		Telephone	814-260-0434
		Number, street, rural route, apartr Coudersport PA 169 City, town, state, zip)	5		
	Email	teri.mcmullen@	itomedia.com Fa	ax (optional	
O Certification	I, the undersigned,	hereby certify that (Check or	st be certified and signed in accordance with Copyrig e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as ident		3; or
	in X (Officer	line 1 of space B and that th	ion or partnership) I am the duly authorized agent of t owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the lega		-
		, and correct to the best of m	ereby declare under penalty of law that all statements o knowledge, information, and belief, and are made in go		
			X /s/James Rigas Enter an electronic signature on the line above to certify the Enter signature using an "/s/ signature" (e.g., /s/ John Sm		
		Typed or printed	name: James Rigas		
		Title: (Tit	President of official position held in corporation or partnership)		
		Date:		02/23/2022	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
NCTNWVPAOH LLC	30032
 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 YES. 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 Assessment
x 1%	Interest Assessment
x 1%	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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