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

Return completed workbook by email to:

coplicsoa@loc.gov

or additional information, ontact the U.S. Copyright ffice Licensing Division at: el: (202) 707-8150

STATEMENT OF ACCOUNT	FOR COPYRIGHT OFFICE USE ONLY		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	
General instructions are located in the first tab of this workbook	02/22/22	\$ ALLOCATION NUMBER	
A ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	YY/(Period))	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	40576
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		DuCom Treasure Lake LP	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665	
		(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915	
		(City, town, state, zip)	
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space b.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Hazen	
		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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	DuCom Treasure Lake LP	40576
D	Instructions: List each separate community served by the cable system. A "communiseparate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nunities within unincorporated areas and including single, discrete rive as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	Pine Creek	PA
Community	Snyder	PA
	Washington	PA
d Rows as Necessary	Polk	PA
	Warsaw	PA

Name LEGAL NAME OF OWNER OF CARLE SYSTEM: DuCom Treasure Lake LP E Secondary Transmission Service: Sub- sortiers and Retes Secondary the General: The information in space E should cover all categories of secondary transmission service in garactic state must be those existing of last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Solve infor down by categories of secondary transmission service. In general, you can compute the number of subscribers each category by counting the number of subscribers is to the cable system, but down by categories of secondary transmission service. In general, you can compute the number of subscribers each category by counting the number of subscribers. Solve the number of subscribers separately for the particular service at the rate indicated—not the number of subscribers and rate for each listed that applies to your system. Note: Where an individual or organization is receiving service that falls under diffi- systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed that applies to your system. Note: Where an individual or organization is receiving service that falls under diffi- rate service to additional sets would be counted as a subscriber in each applicable category. Example: ar subscriber who pays exits for cable service to additional sets would be included one cagain under Service to additional sets would be service to additional set(s). Block 2: If your cable system has rate categories of rescondary transmissions. Site the service to additional set(s). Block 1: for search (searce rate)	FORM SA1-2E.	
F Secondary Transmission Service: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission actives (including pay cable) in space F, nothers. All the facts you system to subscribers: Solve information and radio braadcasts by your system to subscribers: Solve information and radio braadcasts by your system to subscribers: Solve information and radio braadcasts by your system to subscribers: Solve information and radio braadcasts by your system to subscribers: Solve information and radio braadcasts by your system to subscribers: Solve information and radio braadcasts by your system to subscribers: Solve information and radio braadcasts by your system to subscribers: Solve information and radio braadcasts by your system to subscribers: Solve information and radio braadcasts by your system. Note is standard rate category of service. Include both the annual of the charge and the advine spayment. Bit Solve the standard rate charged for each category of service. Include both and not include discustures allowed and the advine spayment. Bit Solve to the subscribers: Solve the number of subscribers and rate for each listed that applies to your system. Note: Where an individual or organization is receiving service that alls under different from system may and the person or entity should be counted as a subscriber in each applicable category. Example: a resubscriber who pays extra for cable service to additional sets would be induced as a subscriber in each applicable category. Example: a resubscriber who pays extra for cable service to additional sets would be induced as a subscriber in each applicable category. Example: a resubscriber who pays extra for cable service to additional sets would be induced as a subscriber in each applicable category. Example: a resubscriber who pays extra for cable service to additional sets would be counted onceagain under in whore resolved	SYSTE	=M IL 4057
Ferror In General: The information in space E should cover all categories of secondary transmission services. Give info about other services (including pay cable) in space F, not here. All the facts you state mubber of subscrifters: Both blocks in space E call for the number of subscrifters. Give info about other services (including pay cable) in space E call for the number of subscrifters: Both blocks in space E call for the number of subscrifters or the cable system, bro separately for the particular service at the rate indicated—not the number of subscrifters or organizations charge ench category of secondary transmission service. In general, you can compute the number of subscrifters or the cable system, bro separately for the particular service at the rate indicated—not the number of subscrifters or organizations charge ench category of service. Include both the amount of the charge at unit in which its generally billed. (Example: \$20mth). Summarize any standard rate variations within a part category. But not not include discounts allowed for advance payment. Biock 1: In the left-hand block in space E, the form lists the categories of secondary transmission service to the subscrifters and rate organization is receiving service to that set off ere ach listed that applies to your system. Note: Where an individual or organization is receiving service to that and editional set(s). Biock 1: In the left-hand block in space E, the form lists the categories of secondary transmission errore to subscrifters at a different from or subscrifters and rate off ere ach listed that applies to your system. Note: Where an individual or organization service to the service to subscrifters and rates, in the right-hand block. A two- or three-word description of the service unificient. Biock 2: If your cable system for table subscrifters is far different from indine to adifferent fore		+03/
F Services of first set 42 17.00 Services of first set 42 17.00 Service to additional set(s) BLOCK 1 Service to additional set(s) Residential 42 17.00 Service to additional set(s) BLOCK 1 Service to additional set(s) Biok 2: List any service to additional set(s) BLOCK 1 Service to additional set(s) Biok 2: List any service to additional set(s) BLOCK 1 Service to additional set(s) Services of inspect of inspect of inspect on the event of the service to additional set(s) Service to additional set(s) Service to additional set(s) Services of inspect First set 42 17.00 Service to additional set(s) Service to additional set(s) Services of inspect First set 1 1 Service to additional set(s) Service to additional set(s) Services of inspect First set 1 1 1 Service to additional set(s) Service to additional set(s) Services of inspect First set 1 1 1 1 1 Services of inspect First set 1 1 1 1 1 Services of in space First set 1 1 <t< td=""><td>mation n the ken ged d the ular rate</td><td></td></t<>	mation n the ken ged d the ular rate	
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CATEGORY OF SERVICE NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE s Residential: • Service to first set 42 17.00 •		
Residential: • Service to first set 42 17.00 • Service to additional set(s) • FM radio (if separate rate) 42 17.00 • FM radio (if separate rate) • Motel, hotel • Commercial • Commercial • • • • • • • • • • • • • • • • • • •	NO. OF	
• Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential Services 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 not covered in space E, that is, those services that are not offered in combination with may secondary transmissions: Retes Services Other Than Secondary Transmissions: Rates 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 for each of the applicable services listed. Block 2: List any services that your 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 listed in block 1 and for which a separate charge was made or established. List these other services in the for brief (two- or three-word) description and include the rate for each. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable •Notel, h	IBSCRIBERS R	RATE
• FM radio (if separate rate) • Motel, hotel Commercial • Commercial Converter • Residential • Non-residential • Non-residential • Non-residential • Non-residential • Services In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services not covered in space E, that is, those services that are not offered in combination with any secondary transmisservice for a single fee. There are two exceptions: you do not need to give rate information concerning (1) ser furnished at cost or (2) services or facilities furnished to not need to give rate information concerning (1) ser 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 by the cable system for each of the applicable services in the forn brief (two- or three-word) description and include the rate for each. Extremely Continuing Services: • BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE • Pay cable • Pay cable • Pay cable • Pay cable		
Motel, hotel Commercial Converter ·Residential ·Non-residential ·Non-residential Services 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 not covered in space E, that is, those services that are not offered in combination with any secondary transmissions: Rates SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services not covered in space E, that is, those services that are not offered in combination with any secondary transmissions: Rates Services or 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 amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-programeter 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 bief (two- or three-word) description and include the rate for each. BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable 17.95 •Motel, hotel •Pay cable		
Commercial Converter . Residential • Non-residential • Non-residential • Non-residential . Non-residential Services 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 not covered in space E, that is, those services that are not offered in combination with any secondary transmis service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services or facilities furnished to nonsubscribers. Rate information should include both amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-progra 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 listed in block 1 and for which a separate charge was made or established. List these other services in the forr brief (two- or three-word) description and include the rate for each. BLOCK 1 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE Pay cable 17.95 • Pay cable • Pay cable • Fire protection • Pay cable		
• Residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential 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 not covered in space E, that is, those services that are not offered in combination with any secondary transmisservice for a single fee. There are two exceptions: you do not need to give rate information concerning (1) ser furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-prograte 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 listed in block 1 and for which a separate charge was made or established. List these other services in the forr brief (two- or three-word) description and include the rate for each. BLOCK 1 Installation: Non-residential • Pay cable • Notel, hotel • Pay cable • Notel, hotel • Pay cable • Pay cable		
• Non-residential Image: Comparison of the system of t		
F Services Other Than Secondary Transmissions: Rates SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services not covered in space E, that is, those services that are not offered in combination with any secondary transmise service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services or facilities furnished to nonsubscribers. Rate information should include both amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-progra- 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 bisted in block 1 and for which a separate charge was made or established. List these other services in the form brief (two- or three-word) description and include the rate for each. BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable 17.95 •Motel, hotel •Pay cable •Pay cable •Pay cable		
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 not covered in space E, that is, those services that are not offered in combination with any secondary transmiss service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-programenter 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 listed in block 1 and for which a separate charge was made or established. List these other services in the for brief (two- or three-word) description and include the rate for each. BLOCK 1 CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection Installation: Non-residential • Pay cable • Pay cable • Pay cable		
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY Continuing Services: Installation: Non-residential Installation: Non-residential Installation: Non-residential • Pay cable 17.95 • Motel, hotel • Motel, hotel • Motel, hotel • Pay cable • Commercial • Pay cable • Pay cable • Pay cable	sion ices the m basis,	
Continuing Services: Installation: Non-residential • Pay cable 17.95 • Pay cable—add'l channel • Motel, hotel • Fire protection • Pay cable	BLOCK 2	D 4 7'
• Pay cable 17.95 • Motel, hotel • Pay cable—add'l channel • Commercial • Fire protection • Pay cable	JF SERVICE R	RATI
Fire protection Pay cable		
Burglar protection Pav cable-add'l channel		
Installation: Residential • Fire protection		
First set 30.00 Burglar protection		
Additional set(s) 20.00 Other services:		
• FM radio (if separate rate) • Converter • Converter • Converter		
Converter Outlet relocation 30.00		
• Outlet relocation • Move to new address 30.00		

ting Period: 2				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
	DuCom Treasure Lak	ke LP		405
	PRIMARY TRANSMITTERS:			
G rimary	carried by your cable syste FCC rules and regulations	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61	(1) stations carried only on a part-tir e carriage of certain network progra	me basis under Ims [sections
ismitters: levision	substitute program basis, a Substitute Basis Stations	as explained in the next paragraph. With respect to any distant stations car		
	• Do <i>not</i> list the station her station was carried <i>only</i> or			
	basis. For further informati Column 1: List each statio	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-	see page (v) of the general instructi ogram services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann	0		
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to	n case whether the station is a network sl ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	or network multicast), "I" (for indepe "E-M" (for noncommercial education stions in the paper SA1-2 form.	endent), "I-M" onal multicast).
		on of each station. For U.S. stations, list t idian stations, if any, give the name of the	•	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WATM	23.1	N	Altoona PA
	WATM WATM	23.1 23.4	N	Altoona PA Altoona PA
ws as Necessary			N 1 1	
ws as Necessary	WATM	23.4	N I I N	Altoona PA
ws as Necessary	WATM	23.4	l	Altoona PA
	WATM	23.3	1	Altoona PA
is as Necessary	WATM WATM WJAC	23.4 23.3 6	l 1	Altoona PA Altoona PA Johnstown PA
as Necessary	WATM	23.4	I	Altoona PA
	WATM	23.3	I	Altoona PA
	WJAC	6	N	Johnstown PA
	WPCW	19.1	I	Jeannette PA
s as Necessary	WATM	23.4	I	Altoona PA
	WATM	23.3	I	Altoona PA
	WJAC	6	N	Johnstown PA
	WPCW	19.1	I	Jeannette PA
	WPSU	3	E	State College PA
	WTAJ	10	N	Altoona PA
ws as Necessary	WATM	23.4	i	Altoona PA
	WATM	23.3	i	Altoona PA
	WJAC	6	N	Johnstown PA
	WPCW	19.1	i	Jeannette PA
	WPSU	3	E	State College PA
ws as Necessary	WATM	23.4	I	Altoona PA
	WATM	23.3	I	Altoona PA
	WJAC	6	N	Johnstown PA
	WPCW	19.1	I	Jeannette PA
	WPSU	3	E	State College PA
	WTAJ	10	N	Altoona PA
ws as Necessary	WATM	23.4	I	Altoona PA
	WATM	23.3	I	Altoona PA
	WJAC	6	N	Johnstown PA
	WPCW	19.1	I	Jeannette PA
	WPSU	3	E	State College PA
	WTAJ	10	N	Altoona PA
ws as Necessary	WATM	23.4	I	Altoona PA
	WATM	23.3	I	Altoona PA
	WJAC	6	N	Johnstown PA
	WPCW	19.1	I	Jeannette PA
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	WPSU	3	E	State College PA
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	WJAC	6	N	Johnstown PA
	WPCW	19.1	I	Jeannette PA
	WPSU	3	E	State College PA
	WTAJ	10	N	Altoona PA
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	WTAJ	10	N	Altoona PA
ws as Necessary	WATM	23.4	I	Altoona PA
	WATM	23.3	I	Altoona PA
	WJAC	6	N	Johnstown PA
	WPCW	19.1	I	Jeannette PA
	WPSU	3	E	State College PA
	WTAJ	10	N	Altoona PA
ws as Necessary	WATM	23.4	I	Altoona PA
	WATM	23.3	I	Altoona PA
	WJAC	6	N	Johnstown PA
	WPCW	19.1	I	Jeannette PA
	WPSU	3	E	State College PA
	WTAJ	10	N	Altoona PA

isure Lake	LP						405
t every radio s	tation ca						н
it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio on's sign g a checl n's locatio	tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th	t the system's hea system's FM ante this point, see pag ed by the cable s he station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se wed by the FCC) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	<i>c/</i> =				<i>c/</i> =		
AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	NSMITTERS: t every radio s whose signals tions Concer it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	NSMITTERS: RADIO t every radio station ca /hose signals were get tions Concerning All it is carried by the sys monitoring, to be recei ormation about the Co rm. lentify the call sign of e tate whether the statio the radio station's sign this by placing a check ive the station's locatio adian stations, if any,	NSMITTERS: RADIO t every radio station carried on a separate and discru- vhose signals were generally receivable by your cab etions Concerning All-Band FM Carriage: Under C it is carried by the system whenever it is received a monitoring, to be received at the headend, with the formation about the Copyright Office regulations on to m. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically process this by placing a check mark in the "S/D" column. ive the station's location (the community to which the adian stations, if any, the community with which the	NSMITTERS: RADIO t every radio station carried on a separate and discrete basis and list of those signals were generally receivable by your cable system during the trions Concerning All-Band FM Carriage: Under Copyright Office re- it is carried by the system whenever it is received at the system's hear monitoring, to be received at the headend, with the system's FM anter ormation about the Copyright Office regulations on this point, see page m. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable sy this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licens adian stations, if any, the community with which the station is identified	NSMITTERS: RADIO t every radio station carried on a separate and discrete basis and list those FM stat whose signals were generally receivable by your cable system during the accounting extions Concerning All-Band FM Carriage: Under Copyright Office regulations, an it is carried by the system whenever it is received at the system's headend, and (2 monitoring, to be received at the headend, with the system's FM antenna, during ce ormation about the Copyright Office regulations on this point, see page (v) of the ge m. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a se this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensed by the FCC adian stations, if any, the community with which the station is identified).	NSMITTERS: RADIO t every radio station carried on a separate and discrete basis and list those FM stations car whose signals were generally receivable by your cable system during the accounting period extions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM sign it is carried by the system whenever it is received at the system's headend, and (2) it can be monitoring, to be received at the headend, with the system's FM antenna, during certain stator mation about the Copyright Office regulations on this point, see page (v) of the general in m. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a separate a this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensed by the FCC or, in t adian stations, if any, the community with which the station is identified).	NSMITTERS: RADIO tevery radio station carried on a separate and discrete basis and list those FM stations carried on an whose signals were generally receivable by your cable system during the accounting period. Actions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. formation about the Copyright Office regulations on this point, see page (v) of the general instructions in the. m. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a separate and discrete this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensed by the FCC or, in the case of adian stations, if any, the community with which the station is identified).

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	DuCom Treasure Lake	LP						40576
	SUBSTITUTE CARRIAGE	-	-					
	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or au	thorizations.	For a further
Substitute Carriage:	explanation of the programm	-			general instru	icuons in th	e paper SA I-	2 101111.
Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televi	ision progran	
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complet	e the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible if the	ir meaning is	3
	clear. If you need more spa						in mouning ic	
				sion program ("substitute p	program") tha	it, during th	e accounting	J
	period, was broadcast by a							
	under certain FCC rules, re							n.
	Do not use general categor "NBA Basketball: 76ers vs.	Bulls."				ampie, i Lo	ove Lucy of	
				r "Yes." Otherwise enter "N sting the substitute progra				
		0		e community to which the		nsed by the	e FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give		when your syst	em carried the substitute p	program. Use	numerals,	with the mor	nth
			e substitute pro	gram was carried by your o	cable system	I ist the tin	nes accurate	lv
	to the nearest five minutes.							.,
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			inu regulati		
						N SUBST		
			3. STATION'S		5. MONTH	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							<u> </u>	
							_	
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							_	
			<u> </u>				_	
]		[_	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	DuCom Treasure Lake LP		40576
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 transm (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),250.44 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 \$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 1. Royalty lee for accounting period		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	-	
	ended 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	-	
	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		
	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		ts!

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O DuCom Treasu	WNER OF CABLE SYSTEM: re Lake LP		SYSTEM ID# 40576
M Channels	to its subscriber: 1. Enter the tota system carrie	s, and (2) the cable system's I number of channels on whic	5	ons 8
		cable system carried televisio	n broadcast stations	160
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Teri McMullen	Teleph	one 814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartr Coudersport PA 169 (City, town, state, zip)		
	Email	teri.mcmullen@	zitomedia.com Fax (optional	
ο	CERTIFICATION (This statement of account mu	ist be certified and signed in accordance with Copyright Office regulatio	ıs)
Certification			ie, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of spa	ce B; or
		in line 1 of space B and that the	tion or partnership) I am the duly authorized agent of the owner of the ca e owner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified as	
	I have examined	in line 1 of space B. the statement of account and h te, and correct to the best of m	ereby declare under penalty of law that all statements of fact contained her v knowledge, information, and belief, and are made in good faith.	
			X /s/James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed	name: James Rigas	
		Title: (Tit	President le 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
Com Treasure Lake LP	40576
 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 	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.	Q
	L Q Interest Assessment
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	Q
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	Interest Assessment
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	Interest Assessment
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	Lange
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	Lange
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	days - e
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	days - e

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