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

## **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

in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED I	BY 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					
В		Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp	ne cable system. If the owner is a subsidiary oration.	of another corporation, give the full corpo	rate title of
Owner		List any other name or names under which	n the owner conducts the business of the cal	ble system.	
			accounting period, only the owner on the la nent covering the entire accounting period.	st day of the accounting period should sub	mit a single
		Check here if this is the system's first filing	g. If not, enter the system's ID number assigr	ed by the Licensing Division.	60152
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
		St Marys Television Inc			
		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 n Coudersport, PA 16915 (City, town, state, zip)	umber)		
С			ness or trade names used to identify 2, give the mailing address of the sy		
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	'	Zito Media - St Marys			
	2	MAILING ADDRESS OF CABLE SYSTEM			
		(City, town, state, zip code)			
		(ony, town, state, zip code)			
Privacy Act Noti	ce: Section	n 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect the per	sonally identifying information (PII) requeste	ed on this
form in order to pr	rocess you	r statement of account. PII is any personal in	formation that can be used to identify or trace	an individual, such as name, address and	telephone

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

02/22/22

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	St Marys Television Inc	60152
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	city.	ome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	City of St Marys	PA
Community	Fox Township	PA
	Jay Township	PA
lows as Necessary	Ridgeway Township	PA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA	
Name	St Marys Television Inc	ADEE OT OT EM.						010	6015
Е	SECONDARY TRANSMISSION								
<b>L</b>	In General: The information in s system, that is, the retransmission	•		•		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							C C	
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and Rates	down by categories of secondary each category by counting the n			•		•			
	separately for the particular serv	vice at the rate	indicated-	-not the num	ber of set	s receiving serv	, /ice).	0	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc				ny standai	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion serv	ice that cable	
	systems most commonly provide								
	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	-		•					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-nar	IC DIOCK. A IN	o- or thre	e-word descript	ion of the	Service is	
	BL	OCK 1					BLOC	٢2	
		NO. OF		RATE	CAT			NO. OF	RAT
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RAIE	CATE	EGORY OF SEI	<b>VICE</b>	SUBSCRIBERS	RAI
	Service to first set		938	17.48					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
			1						I
	SERVICES OTHER THAN SEC In General: Space F calls for rate					ll vour cable sve	tom's son	vices that were	
F	not covered in space E, that is, t	``	,		•	, ,			
	service for a single fee. There a					,			
Services	furnished at cost or (2) services					formation shou			
<b>A</b> (1) <b>T</b> (								rogram basis	
Other Than Secondary	amount of the charge and the ur		usually bi	lled. If any ra	tes are ch		able per-p	rogram basis,	
Secondary	amount of the charge and the un enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat	rate column.				arged on a vari			
	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by t t your cable sys	he cable s stem furnis	ystem for ea shed or offere	ch of the a	arged on a vari applicable servi the accounting	ces listed. period tha	t were not	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	he cable s stem furnis je was ma	ystem for ea shed or offere de or establis	ch of the a	arged on a vari applicable servi the accounting	ces listed. period tha	t were not	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by t t your cable sys separate charg otion and includ	he cable s stem furnis je was ma le the rate	ystem for ea shed or offere de or establis	ch of the a	arged on a vari applicable servi the accounting	ces listed. period tha	t were not e form of a	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by t t your cable system separate chargo btion and include BLOO	he cable s stem furnis je was ma le the rate CK 1	ystem for ea shed or offere de or establis for each.	ch of the a ed during shed. List	arged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by t t your cable sys separate charg otion and includ	he cable s stem furnis je was ma le the rate CK 1 CATEGO	ystem for ea shed or offere de or establis for each. RY OF SER\	ch of the a ed during shed. List /ICE	arged on a vari applicable servi the accounting	ces listed. period tha vices in th	t were not e form of a	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sy separate charg otion and includ BLO RATE	he cable s stem furnis je was ma le the rate CK 1 CATEGO Installatio	ystem for ea shed or offere de or establis for each. RY OF SER\ on: Non-resi	ch of the a ed during shed. List /ICE	arged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable system separate chargo btion and include BLOO	he cable s stem furnis ge was ma le the rate CK 1 CATEGO Installation	ystem for ea shed or offere de or establis for each. RY OF SER\ on: Non-resi hotel	ch of the a ed during shed. List /ICE	arged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	rate column. te charged by t t your cable sy separate charg otion and includ BLO RATE	he cable s stem furnis ge was ma de the rate CK 1 CATEGO Installatio • Motel • Comn	ystem for ea shed or offere de or establis for each. RY OF SER\ on: Non-resi hotel hercial	ch of the a ed during shed. List /ICE	arged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	rate column. te charged by t t your cable sy separate charg otion and includ BLO RATE	he cable s stem furnis je was ma le the rate CK 1 CATEGO Installatio • Motel • Comn • Pay c	ystem for ea shed or offere de or establis for each. RY OF SER\ on: Non-resi hotel hercial able	ch of the a ed during shed. List /ICE dential	arged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	rate column. te charged by t t your cable sy separate charg otion and includ BLO RATE	he cable s stem furnis ge was ma le the rate CK 1 CATEGO Installatio • Motel • Comn • Pay c • Pay c	ystem for ea shed or offere de or establis for each. RY OF SER\ on: Non-resi hotel hercial	ch of the a ed during shed. List /ICE dential	arged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by t t your cable sy separate charg otion and includ BLO RATE	he cable s stem furnis ge was ma le the rate CK 1 CATEGO Installatio • Motel • Comn • Pay c • Pay c • Fire p	ystem for ea shed or offere de or establis for each. RY OF SER\ on: Non-resi hotel hercial able able-add'l ch	ch of the a ed during shed. List /ICE dential	arged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sys separate charg btion and includ BLO RATE 17.95	he cable s stem furnis ge was ma le the rate CK 1 CATEGO Installatio • Motel • Comn • Pay c • Pay c • Fire p	ystem for ea shed or offere de or establis for each. RY OF SER\ on: Non-resi hotel hercial able able-add'I ch rotection ar protection	ch of the a ed during shed. List /ICE dential	arged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sy separate charg otion and includ BLO RATE 17.95 30.00	he cable s stem furnis ge was ma le the rate CK 1 CATEGO Installatio • Motel • Comn • Pay c • Pay c • Fire p • Burgla	ystem for ea shed or offere de or establis for each. RY OF SER\ on: Non-resi hotel hercial able able-add'I ch rotection ar protection vices:	ch of the a ed during shed. List /ICE dential	arged on a vari applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sy separate charg otion and includ BLO RATE 17.95 30.00	he cable s stem furnis ge was ma le the rate CK 1 CATEGO Installatio • Motel • Comn • Pay c • Pay c • Fire p • Burgla Other se	ystem for ea shed or offere de or establis for each. RY OF SER\ on: Non-resi hotel hercial able able-add'l ch rotection ar protection vices: nnect	ch of the a ed during shed. List /ICE dential	arged on a vari applicable servi the accounting these other ser RATE	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sy separate charg otion and includ BLO RATE 17.95 30.00	he cable s stem furnis je was ma de the rate CK 1 CATEGO Installation • Motel • Comn • Pay c • Pay c • Fire p • Burgla Other sen • Recon • Disco	ystem for ea shed or offere de or establis for each. RY OF SER\ on: Non-resi hotel hercial able able-add'l ch rotection ar protection vices: nnect	ch of the a ed during shed. List /ICE dential	arged on a vari applicable servi the accounting these other ser RATE	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT

Name			SYSTEM II 601
St Marys Television			6018
G carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis Station basis under specific FCC • Do not list the station h station was carried only • List the station here, an basis. For further informa Column 1: List each stat multicast stream associa "WETA-2" as the same of Column 2: Give the char of license. For example, Column 3: Indicate in eac educational station, by en (for independent multicas For the meaning of these Column 4: Give the loca	d also in space I, if the station was carried b ation concerning substitute basis stations, so ion's call sign. <i>Do not</i> report origination pro ted with a station according to its over-the-a	I) stations carried only on a part-tic carriage of certain network prograe)(2) and (4))]; and (2) certain statistical by your cable system on a substrive basis and also poth on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, reportion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the station	ime basis under ams [sections itions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WATM	22	••	
	23	N	Altoona PA
WATM	23	<u>N</u>	Altoona PA Altoona PA
	23.1		Altoona PA
ecessary WATM	23.1 23.3	N I	Altoona PA Altoona PA
ecessary WATM WJAC	23.1 23.3 6.1	N I	Altoona PA Altoona PA Johnstown PA
WATM WJAC WKBS	23.1 23.3 6.1 47.1	N I	Altoona PA Altoona PA Johnstown PA Altoona PA Jeannette PA
Iecessary WATM WJAC WKBS WPCW WPSU	23.1 23.3 6.1 47.1 19.1 3.1	N 1 N 1 1 1 E	Altoona PA Altoona PA Johnstown PA Altoona PA
ecessary WATM WJAC WKBS WPCW	23.1 23.3 6.1 47.1 19.1	N 1 N 1 1	Altoona PA Altoona PA Johnstown PA Altoona PA Jeannette PA State College PA

EGAL NAME OF St Marys Tel								SYSTEM I 601
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C 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. hal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	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 sed by the FCC	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
				1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	St Marys Television In	C						60152
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	fy every nor	network televis	<i>ion program,</i> broadcast b	y a <i>distant</i> stati			
Substitute	explanation of the programm	•••		•				
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute ba	isis, any nonne	etwork telev	vision prograr	n
Program Log	broadcast by a distant sta	tion?					YES	XNO
	Note: If your answer is "No	" loovo tho	rost of this pas	io blank. If your answor i	c "Voc " vou m	ust comple		_
		, leave life	rest of this pag	e blank. Il your answer i	s res, you m	ust comple	ete trie progra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subsi clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor	ce, please a of every no distant stat gulations, o	add additional i nnetwork televi ion and that yo r authorization	ows to the tables. sion program ("substitut ur cable system substitu s. See page (v) of the ge	e program") th ted for the prog neral instructio	at, during t gramming o ons for furth	he accounting of another sta ner informatio	g tion n.
	"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad	n was broad sign of the s	station broadca	sting the substitute prog	ram.	ensed by th	ne FCC or, in	
	the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv	nth and day /e "5/7."	when your sys	tem carried the substitut	e program. Us	e numerals		
	Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	Example: a er "R" if the and regulation ming that y	a program carri listed program ons in effect du	ed by a system from 6:0 was substituted for prog ring the accounting perio	1:15 p.m. to 6: ramming that od; enter the le	28:30 p.m. your syster :tter "P" if th	should be m was <i>require</i> ne listed progr	ed
	s	UBSTITUT	E PROGRAM			EN SUBST		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. FROM	TIMES — TO	DELETION
							_	
							_	
						-+		.+
							_	
						T	_	
						+		
							-	
						1	_	
						+		
							_	
							_	
							_	
1	h							.+

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:			s	YSTEM II				
Name	St Marys Television Inc				601				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation page (viii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	system's s on of how	secondary transmi to compute this a	ssion service mount, see	1,987.26				
	<b>IMPORTANT</b> : You must complete a statement in space P concerning gross re			(Amount of gr					
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	nan \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OF	RLESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for th	is six-month					
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add in	nes 1 and	2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but n	nore than \$137,1	00)					
	1. Base amount under statutory formula	\$	263,800.00						
	2. Enter amount of gross receipts from space K	. \$	221,987.26						
	3. Subtract line 2 from line 1	\$	41,812.74						
	4. Enter the amount of gross receipts from space K		<u>\$</u>	221,987.26					
	5. Enter the amount from line 3		\$	41,812.74					
	6. Subtract line 5 from line 4		\$	180,174.52					
	7. Multiply line 6 by .005 (enter figure here)			\$	900.87				
	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	7 and 8		\$	900.87				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (bu	it less than \$527	,600)					
	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			0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	900.87					
Total Remittance Due									
	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	920.87				
	Important: Your remittance must be in the form of an electronic pay								

Name S M Channels	St Marys Televisi CHANNELS Instructions: You to its subscribers, a 1. Enter the total m system carried t 2. Enter the total m on which the cal and nonbroadca	must give (1) the number and (2) the cable system's umber of channels on whic elevision broadcast statior umber of activated channe ble system carried televisio ist services	total numb ch the cabl ns els on broadca	nber of ble	activated c	channels du	ring the ac	ccounting pe			9	SYSTEM ID# 60152
M Channels	<ul> <li>Instructions: You to its subscribers, a</li> <li>1. Enter the total masses of the system carried to a system carried to a system carried to an which the cal and nonbroadca</li> <li>INDIVIDUAL TO B</li> </ul>	and (2) the cable system's umber of channels on whice elevision broadcast station umber of activated channel ole system carried television ist services	total numb ch the cabl ns els on broadca	nber of ble	activated c	channels du	ring the ac	ccounting pe			9	
	on which the cal and nonbroadca INDIVIDUAL TO B	ble system carried televisionst services	on broadca	cast sta								
											117	
		E CONTACTED IF FURT		ORMAT	TION IS NE	EEDED (Ide	ntify an ind	dividual to w	hom			
for Further Information	Name <b>T</b>	eri McMullen							Telephone	814-260-04	134	
		O Box 665 lumber, street, rural route, apart coudersport PA 169 Sity, town, state, zip)	15									
	Email	teri.mcmullen@	zitomedia	lia.com	1			Fax (option	onal			
0	I, the undersigned,	is statement of account m hereby certify that (Check o ther than corporation or p	one, <i>but onl</i> y	nly one ,	, of the boxe	kes.)				3; or		
	I have examined the	owner other than corpora line 1 of space B and that the or partner) I am an officer ( line 1 of space B. e statement of account and and correct to the best of m 1001(1986)]	he owner is (if a corpora hereby dec	is not a o pration) o eclare u	corporation or a partner under penalt	n or partnersl r (if a partner ty of law that	hip; or rship) of th all statem	e legal entity ents of fact c	identified as owr	-		
	[18 U.S.C., Section	Typed or printed Title:	Enter an e Enter sign d name: <b>Presid</b>	n electro gnature i Jan dent	using an "/s	re on the line s/ signature"	(e.g., /s/ Jc					

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.

unting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
larys Television Inc	60152
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 Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1%	Interest Assessment
x       1%         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       days         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       days         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       \$	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	Interest Assessment
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