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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright 2/29/2024 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER -

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		2023/2 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.	26058					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		Zito NCTNWVPAOH LLC						
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unlass already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		Zito Media - Robbinsville						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name								
		26058						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified							
Served	city.							
	CITY OR TOWN	STATE						
First	Robbinsville	NC						
Community	Santeelah Township	NC						
	Graham County	NC						
Add Rows as Necessary								

	FOR LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Zito NCTNWVPAOH LLC								TEM ID 2605
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover 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 pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged								
	Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca	(Example: "\$2 ounts allowed to in space E, the to their subsc Where an in- should be cour	0/mth"). for advar e form lis ribers. G dividual c nted as a	Summarize any s ace payment. ts the categories ive the number of or organization is subscriber in eac	tandard of secc subsci receivir ch appli	d rate variations ondary transmiss ribers and rate fing service that fa cable category.	within a sion servi or each li alls unde Example	particular rate ice that cable sted category r different : a residential	
	first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	nce again und nas rate catego ers of services nd rates, in the	er "Servio ories for s that incl	ce to additional se secondary transm ude one or more	et(s)." ission s second	service that are lary transmissio	different f ns), list th n of the s	from those nem, together service is	
	BLO	DCK 1 NO. OF	· •				BLOC		1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		28	20.20					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								+
	Converter								1
	 Residential 								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services e two exceptio or facilities furr it in which it is rate column. e charged by th your cable sys separate charg	er) inforr that are r ns: you d nished to usually b ne cable stem furn e was ma	nation with respent to offered in com- o not need to give nonsubscribers. I silled. If any rates system for each o ished or offered of ade or established	binatio e rate in Rate in are cha of the a luring tl	n with any secon nformation conc formation should arged on a varia pplicable servic he accounting p	ndary tran erning (1 d include ble per-p es listed. eriod that	nsmission) services both the rogram basis, t were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIC		RATE	CATE	GORY OF SERVICE	RATE
	Continuing Services:			tion: Non-reside	ntial				
	 Pay cable Pay cable—add'l channel 			el, hotel imercial					
	Fire protection		• Pay						†
	•Burglar protection			cable-add'l chanr	nel				†
	Installation: Residential		,	protection					[
	• First set	30.00	• Burg	lar protection					[
	 Additional set(s) 	20.00	Other s	ervices:					
	• FM radio (if separate rate)			onnect		30.00			ļ
	Converter			onnect					.
			• Outl	et relocation		30.00			<u> </u>
				e to new address		30.00			

				FORM SA1-2E. PAGE						
ame				SYSTEM II 2605						
	Zito NCTNWVPAOH LLC 26058 PRIMARY TRANSMITTERS: TELEVISION									
G	In General: In space G, ide carried by your cable syste	n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under								
mary mitters:	76.59(d)(2) and (4) , 76.61(substitute program basis, a	in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	tions carried on a						
vision	basis under specific FCC r	: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th								
	station was carried only or	a substitute basis. also in space I, if the station was carried	both on a substitute basis and als	o on some other						
	basis. For further information Column 1: List each station	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruct rogram services such as HBO, ESI	ions. PN, etc. Identify each						
	"WETA-2" as the same on	d with a station according to its over-the the form. el number the FCC assigned to the telev	.							
	of license. For example, W	/RC is channel 4 in Washington, D.C. n case whether the station is a network s	C C	,						
	educational station, by ente	ering the letter "N" (for network), "N-M" (f	or network multicast), "I" (for indep	endent), "I-M"						
	· · · · · · · · · · · · · · · · · · ·	, "E" (for noncommercial educational), o erms, see page (iv) of the general instru		onal multicast).						
		on of each station. For U.S. stations, list		is licensed by the						
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WATM	23.3	Ι	Altoona PA						
	WHNS	21.1	N	Greenville SC						
as Necessary	WLOS	13	N	Asheville NC						
ows as necessary										
	WLOS	13.2	N-M	Anderson SC						
	WLOS WSPA	13.2 7	N-M N							
				Anderson SC						
	WSPA WUNE	7	N	Anderson SC Spartanburg SC Linville NC						
	WSPA	7 17	N E	Anderson SC Spartanburg SC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						
	WSPA WUNE	7 17	N E	Anderson SC Spartanburg SC Linville NC						

EGAL NAME OF			ISTEM.					SYSTEM I 260
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether to the radio stati this by placing ive the station	y the sys be receint t the Co sign of e he station ion's sign g a chech n's location	Band FM Carriage : Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. hal was electronically processes k 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 his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0) it can b ertain sta eneral in parate a	be expected, ated intervals. Istructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL OIGIN		3,0	LOOATION OF STATION	UNEL OIGIN		3,0	LOOATION OF STATION	

								M SA1-2E. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Zito NCTNWVPAOH LL	.C						26058	
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
•									
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work telev	ision progran	n	
Program Log	 Period During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television pr Inam Log 								
	Note: If your answer is "No	' loovo tho	roct of this pag	o blank. If your answer is '		et complet		NO	
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complet	e the program	11	
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	ir meaning is	;	
	clear. If you need more spa	ce, please a	add additional r	ows to the tables.					
	Column 1: Give the title period, was broadcast by a			sion program ("substitute ur cable system substitute					
	under certain FCC rules, re								
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I L	ove Lucy" or		
	"NBA Basketball: 76ers vs.		least live onto	r "Yes." Otherwise enter "N	lo "				
				sting the substitute progra					
			· · ·	e community to which the		,	e FCC or, in		
	the case of Mexican or Can			community with which the tem carried the substitute			with the mor	ath	
	first. Example: for May 7 giv		when your sys		biogram. Use	numerais,			
				gram was carried by your o				ly	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	should be		
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d	
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	e listed progr		
	was substituted for program effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulati	ons in		
						N SUBST			
	S	UBSTITUT	E PROGRAM			AGE OCC		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		
		100 01 110			7		10		
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Accounting Period:	2023/2	FORM SA1	1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#					
	Zito NCTNWVPAOH LLC		26058					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pa all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tr (as identified in space E) during the accounting period. For a further explanation of how to compute 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.	ansmission service this amount, see	,333.90 s receipts)					
L Copyright Royalty Fee								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay	for this six-month						
	accounting period is \$52.00							
	Line 1. Royalty fee for accounting period	\$	52.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)							
	1. Base amount under statutory formula \$ 263,80	0.00						
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than	\$527,600)						
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula	0.00						
	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 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 See page i of the general instructions in the paper SA1-2 form for more info		s!					

Accounting Period:	: 2023/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: PAOH LLC				SYSTEM ID# 26058
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations					
N Individual to		D BE CONTACTED IF FUR about this statement of acco		N IS NEEDED (Identify an individ	lual to whom	
Be Contacted for Further Information	Name	Teri McMullen			Telephone 814-2	260-0434
	Address	PO Box 665 (Number, street, rural route, apa Coudersport PA 165 (City, town, state, zip)				
	Email		2zitomedia.com	F	ax (optional	
	CERTIFICATION	(This statement of account n	nust be certified and	signed in accordance with Copyr	ight Office regulations)	
O Certification		ed, hereby certify that (Check) r other than corporation or		the boxes.) e owner of the cable system as ide	ntified in line 1 of space B; or	
		in line 1 of space B and that t	he owner is not a cor			
	I have examined	in line 1 of space B. the statement of account and te, and correct to the best of r	hereby declare unde	a partner (if a partnership) of the leg er penalty of law that all statements ation, and belief, and are made in g	of fact contained herein	e cable system
			Enter an electronic	nes Rigas signature on the line above to certify ng an "/s/ signature" (e.g., /s/ John S	•	
		Typed or printe	d name: Jame	s Rigas		
		Title:	President itle of official position he	eld in corporation or partnership)		
		Date:			02/27/2024	

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accounting Period: 2023/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Zito NCTNWVPAOH LLC	26058
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.	P Special Statement Concerning Gross Receipts Exclusion
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. \$ Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
OwnerAddress	
ID number First community served Accounting period	

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