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

| STATEMENT OF ACCOUNT | FOR COPYRIGH | IT OFFICE USE ONLY | Return completed workbook by email to: |
|--|---------------|----------------------|---|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | - <u>coplicsoa@loc.gov</u> |
| General instructions are located in the first tab of this workbook | 2/28/2018 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |

| A | ACCO | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|------------|-------|---|--|
| | | 2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| Accounting | | Barcode Data Filing Period (optional - see instructions) | |
| 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. | |
| | | | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | Zito Midwest 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) | |
| • | INSTR | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these | |
| С | | s 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 - Jackson County | |
| | | 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.

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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|-----------------------|--|--|
| | Zito Midwest LLC | 36917 |
| D | Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. | ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city. | home parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | Jackson County | IL |
| Community | | |
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| Add Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | | | | | | FORM SA1 | TEM I |
|-------------------------------|---|---------------------|--|---|------------|------------------|----------------|-----------------------|-------|
| Name | Zito Midwest LLC | ADEL OTOTEM. | | | | | | 010 | 369 |
| | | | | | | | | | |
| Е | SECONDARY TRANSMISSION | | | - | - | , | | | |
| - | In General: The information in s system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | | | | | | | hashas | |
| Service: Sub- scribers and | Number of Subscribers: Both down by categories of secondary | • | | | | | | | |
| Rates | each category by counting the n | umber of billing | s in that | category (the | number o | f persons or org | anizations | | |
| | separately for the particular serv Rate: Give the standard rate c | | | | | | | e and the | |
| | unit in which it is generally billed | | | | | | | | |
| | category, but do not include disc | counts allowed | for advar | nce payment. | | | | | |
| | Block 1: In the left-hand block systems most commonly provide | | | | | | | | |
| | that applies to your system. Note | | | | | | | | |
| | categories, that person or entity | should be cour | ited as a | subscriber in | each appl | icable category | . Example: | a residential | |
| | subscriber who pays extra for ca first set" and would be counted of | | | | | in the count un | der "Servic | e to the | |
| | Block 2: If your cable system | | | | | service that are | different fr | om those | |
| | printed in block 1 (for example, t | iers of services | that incl | ude one or mo | ore second | ary transmissic | ons), list the | em, together | |
| | with the number of subscribers a sufficient. | and rates, in the | e right-ha | and block. A tw | o- or thre | e-word descripti | on of the s | ervice is | |
| | | OCK 1 | | | | | BLOCK | (2 | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBI | | RATE | CAT | EGORY OF SEI | RVICE | NO. OF SUBSCRIBERS | RA |
| | Residential: | COBCOTUB | | TUTE | 0,111 | | | CODOCINIDENCO | 101 |
| | Service to first set | | 174 | 17.20 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | | | | | | | |
| | Converter Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | - | | | | | | | |
| F | In General: Space F calls for rat not covered in space E, that is, t | • | , | | • | | | | |
| | service for a single fee. There ar | | | | | , | , | | |
| Services | furnished at cost or (2) services | | | | | | | | |
| Other Than Secondary | amount of the charge and the un enter only the letters "PP" in the | | usually r | billed. If any ra | tes are ch | arged on a varia | able per-pro | ogram basis, | |
| ransmissions: | Block 1: Give the standard rat | te charged by the | | | | | | | |
| Rates | Block 2: List any services that listed in block 1 and for which a | | | | | | | | |
| | brief (two- or three-word) descrip | | | | | | | Ionn or a | |
| | | BLO | CK 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | | ORY OF SER | VICE | RATE | CATEGO | ORY OF SERVICE | RA |
| | | | | tion: Non-res | idential | | | | |
| | Continuing Services: | | | el, hotel | | | | | |
| | • Pay cable | 17.50 | | nmercial | | | | | |
| | Pay cable Pay cable—add'l channel | 17.50 | | | | | | | |
| | Pay cable Pay cable—add'l channel Fire protection | 17.50 | • Pay | cable | annol | | | | |
| | Pay cable Pay cable—add'l channel Fire protection Burglar protection | 17.50 | • Pay • Pay | cable cable-add'l ch | annel | | | | |
| | Pay cable Pay cable—add'l channel Fire protection | | • Pay • Pay • Fire | cable cable-add'l ch protection | annel | | | | |
| | Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential | 17.50 50.00 | • Pay • Pay • Fire • Burg | cable cable-add'l ch | annel | | | | |
| | Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set | | • Pay • Pay • Fire • Burg Other s | cable cable-add'l ch protection glar protection | annel | 30.00 | | | |
| | Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) | | • Pay • Pay • Fire • Burg Other s • Rec | cable cable-add'l ch protection glar protection ervices: | annel | 30.00 | | | |
| | Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) | | • Pay • Pay • Fire • Burg Other s • Rec • Disc | cable cable-add'l ch protection glar protection ervices: onnect | annel | 30.00 | | | |

| ounting Period: | - | | | FORM SA1-2E. PAC |
|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF | - CABLE SYSTEM: | | SYSTEM 369 |
| | Zito Midwest LLC PRIMARY TRANSMITTERS: | | | |
| G Primary ransmitters: Television | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC rule. Do not list the station here, station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location | also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the | <i>bt</i> (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain state carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als 6, see page (v) of the general instruct program services such as HBO, ESI te-air designation. For example, rep- evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educate tructions in the paper SA1-2 form. at the community to which the station | t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial upendent), "I-M" ational multicast). in is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | WSIL | 3.1 | Ν | Paducah KY |
| | WTCT | 27.1 | | Marion IL |
| | WPSD | 6.1 | N | Paducah KY |
| | WPSD | 6.3 | I | Paducah KY |
| | KBSI | 23.1 | N | Paducah KY |
| | WDKA | 49.1 | l | Paducah KY |
| | WSIU | 8.1 | Е | Carbondale IL |
| | KFVS | 12.1 | N | Cape Girardeau MO |
| | WQWQ | 12.2 | I | Paducah KY |
| Rows as Necessary | | | | |
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| Accounting Period: | 2017/2 | | | FORM SA1-2E. PAGE |
|--|---|---|---|--------------------------------|
| Name | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID |
| Name | Zito Midwest LLC | | | 3691 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G | carried by your cable system FCC rules and regulations i | entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t | t (1) stations carried only on a part-tin he carriage of certain network program | ne basis under ns [sections |
| Primary Transmitters: Television | substitute program basis, a Substitute Basis Stations | e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: | | |
| | station was carried only on | e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie | | |
| | Column 1: List each station | on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form | program services such as HBO, ESPN | N, etc. Identify each |
| | Column 2: Give the channe of license. For example, W Column 3: Indicate in each | el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. acase whether the station is a network | station, an independent station, or a r | noncommercial |
| | (for independent multicast), For the meaning of these te | ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instru n of each station. For U.S. stations, lis | or "E-M" (for noncommercial education uctions in the paper SA1-2 form. | nal multicast). |
| | | dian stations, if any, give the name of t | , | 5 |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
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| Accounting F | Period: 2017 | /2 | | | | | FORM | I SA1-2E. PAGE |
|---|---|--|---|--|---|--|---|-----------------------------------|
| LEGAL NAME OF | | CABLE SY | /STEM: | | | | | SYSTEM ID |
| Zito Midwes | t LLC | | | | | | | 369 |
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cat | | | | | н |
| eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G | it is carried b monitoring, to prmation abour m. dentify the cal tate whether the radio stat this by placing tive the station | y the sys be recein at the Co l sign of o the static cion's sign g a chech n's locati | I-Band FM Carriage: Under of stem whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the | at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen: | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain sl jeneral i eparate | be expected, tated intervals. nstructions in the. and discrete | Primary Transmitters: Radio |
| | | - | | | | 0/D | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | od: 2017/2 | | | | | | FORM SA1-2E. PAGE 5. |
|--------------------------|---|--------------|------------------|--|-----------------|----------------------|----------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | SYSTEM ID# |
| Name | Zito Midwest LLC | | | | | | 36917 |
| | SUBSTITUTE CARRIAGI | | | NT AND PROGRAM I OO | 3 | | |
| I I | In General: In space I, identi | | | | | ion that your cable | system carried on a |
| • | substitute basis during the a | | | | | | |
| Substitute | explanation of the programm | ing that mus | t be included in | this log, see page (v) of the | e general instr | uctions in the paper | r SA1-2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBS | TITUTE CARRIAGE | | | |
| Special Statement and | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | s, any nonne | twork television pro | |
| Program Log | broadcast by a distant star | tion? | | | | YE | ES XNO |
| | Note: If your answer is "No' | , leave the | rest of this pag | e blank. If your answer is " | Yes," you mu | ust complete the pr | rogram |
| | log in block 2. | | | | | | |
| | 2. LOG OF SUBSTITUTE | | | | | | |
| | In General: List each subst | | | | wherever pos | sible, if their mean | ing is |
| | clear. If you need more spa Column 1: Give the title | | | ision program ("substitute p | program") that | it, during the accou | unting |
| | period, was broadcast by a | distant stat | ion and that yo | ur cable system substituted | d for the prog | ramming of anothe | er station |
| | under certain FCC rules, re Do not use general categor | | | | | | |
| | "NBA Basketball: 76ers vs. | | vies of baske | tball. List specific program | | | y OI |
| | | | | r "Yes." Otherwise enter "N | | | |
| | | | | sting the substitute programe community to which the | | need by the ECC of | or in |
| | the case of Mexican or Can | | | | | | ת, ווו |
| | Column 5: Give the mon | th and day | | tem carried the substitute p | | | e month |
| | first. Example: for May 7 giv | | substituto pro | gram was carried by your o | able evetom | List the times acc | suratoly |
| | to the nearest five minutes. | | | | | | |
| | stated as "6:00–6:30 p.m." | | | | | | |
| | Column 7: Enter the letter to delete under FCC rules a | | | was substituted for progra | | | |
| | was substituted for program | | | | | | program |
| | effect on October 19, 1976. | | · | | | - | |
| | | | | | WHE | N SUBSTITUTE | |
| | s | UBSTITUT | E PROGRAM | I | | AGE OCCURRE | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. TIMES | DELETION |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — | ТО |
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| Accounting Period: | 2017/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|---------------------------------|----------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC | S | YSTEM ID# 36917 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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. | mission servic s amount, see | of e 9,935.71 |
| 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 • 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. | \$263,800 | |
| | 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 accounting period is \$52.00 | this six-month | |
| | Line 1. Royalty fee for accounting period | \$ | 52.00 |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 | \$ | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, | 100) | |
| | 1. Base amount under statutory formula | | |
| | 2. Enter amount of gross receipts from space K | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Enter the amount of gross receipts from space K | | |
| | 5. Enter the amount from line 3 | | |
| | 6. Subtract line 5 from line 4 | | |
| | 7. Multiply line 6 by .005 (enter figure here) | | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527 | 7,600) | |
| | 1. Enter the amount of gross receipts from space K | | |
| | 2. Base amount under statutory formula | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Multiply line 3 by .01 | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | 1,319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| | | | |
| Filing Fee and Total Remittance | 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 | | hts! |
| l | | | |

| Accounting Period: | 2017/2 | | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|---|--|
| Name | LEGAL NAME C Zito Midwes | F OWNER OF CABLE SYSTEM: t LLC | SYSTEM ID# 36917 |
| M Channels | to its subscrib 1. Enter the to system carr 2. Enter the to on which the | You must give (1) the number of channels on which the cable system carried television broadcast stationers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable tied television broadcast stations | ns 9 113 |
| N Individual to Be Contacted | | TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.) | |
| for Further Information | Name | Teri McMullen Telepho | one 814-260-0434 |
| | Address | PO Box 665 (Number, street, rural route, apartment, or suite number) | |
| | | Coudersport PA 16915 (City, town, state, zip) | |
| | Email | teri.mcmullen@zitomedia.com Fax (optional) | |
| O | I, the undersi (Ov (Ag X (Of I have examinare true, comp | DN (This statement of account must be certified and signed in accordance with Copyright Office regulation gned, hereby certify that (Check one, but only one, of the boxes.) Imer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained here is a corporation 1001(1986)] Imer other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B. red the statement of account and hereby declare under penalty of law that all statements of fact contained here is not a corporation, and belief, and are made in good faith. ction 1001(1986)] Imer 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 | e B; or e system as identified owner of the cable system |
| | | Title: President (Title of official position held in corporation or partnership) | |
| | | Date: 02/28/2018 | |

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lay

| unting Period: 2017/2 | FORM SA1-2E. PAG |
|---|---|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| Midwest LLC | 369 |
| 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 fol- lowing 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 sub scribers 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. | D- Special Statemen Concerning Gros Receipts Exclusio |
| 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? | 3 |
| X NO YES. Enter the total here and list the satellite carrier(s) below | |
| | |
| Name Name 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 | L L |
| | t. Q Interest Assessme |
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