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

<b>STATEME</b>	INT	OF ACCOUNT	FOR COPYRIGHT OFFICE USE ONLY by email to:				
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT			
Cable System General instruct in the first tab of	ctions	are located	02/19/2019	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCO	DUNTING PERIOD COVERED E					
Accounting Period		2010/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optiona	Period 2 = July 1 - December 31 I - see instructions)			
		Instructions:					
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent co		idiary of another corporation, give the full co	rporate title		
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.			
		If there were different owners during the a single statement of account and royalty fee		the last day of the accounting period should s ting period.	submit a		
		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 nu	umber)				
		Coudersport, PA 16915 (City, town, state, zip)					
	INSTR		ess or trade names used to ide	ntify the business and operation of the	system unless these		
С				e system, if different from the address			
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		Zito Media - Wickliffe					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite nu	imber)				
		(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 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. PAG SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Zito Midwest LLC	23
	Instructions: List each separate community served by the cable system. A "community'	' is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated comr	nunities within unincorporated areas and including single
U	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 kno
	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 hor	ne narks should be reported in parentheses below the
Area		ne parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Wickliffe	KY
Community		
Community	Barlow	KY
	Bardwell	KY
dd Rows as Necessary	Clinton	KY
	La Center	KY
	Arlington	KY
	Bardwell/Carlisle County	KY
	Arlington/Carlisle County	KY
	Milburn/Carlisle County	KY

	LEGAL NAME OF OWNER OF C							FORM SA1	-2E. PAG
Name	Zito Midwest LLC							515	23
Е	SECONDARY TRANSMISSION								
<b>L</b>	In General: The information in s system, that is, the retransmission	•		-	-				
Secondary	-				•				
Transmission	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).								
Service: Sub-	<b>Number of Subscribers:</b> 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								
scribers and Rates	down by categories of secondar each category by counting the n			•	•				
Nates	separately for the particular serv					•	•	scharged	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed	• •	,		standaro	I rate variatio	ons within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				of seco	ndarv transm	ission servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not	<b>e:</b> Where an in	idividual or	organization is	receivir	g service that	at falls unde	r different	
	categories, that person or entity				•••	•			
	subscriber who pays extra for ca first set" and would be counted of					n the count i	under "Serv	ice to the	
	Block 2: If your cable system					ervice that a	re different	from those	
	printed in block 1 (for example, t						,.		
	with the number of subscribers a sufficient.	and rates, in the	e right-han	d block. A two- o	or three	-word descrip	otion of the	service is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	GORY OF SE		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRIDI	EKS	NATE	CATE	JONT OF 3E		SUBSCRIBERS	TVA
	Service to first set		235	17.20					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								I
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC				at ta all	veur eeble e	votom'o com	viene that ware	
F	In General: Space F calls for rain not covered in space E, that is, t	•	,			-	-		
	service for a single fee. There ar								
<b>•</b> •	furnished at cost or (2) services	or facilities fur	nished to n	onsubscribers F		ormation cha		both the	
Services									
Other Than	amount of the charge and the ur	nit in which it is	usually bil					rogram basis,	
	amount of the charge and the ur enter only the letters "PP" in the	nit in which it is rate column.	-	ed. If any rates	are cha	rged on a va	riable per-p	rogram basis,	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that	nit in which it is rate column. te charged by t t your cable sys	he cable s stem furnis	ed. If any rates ystem for each o hed or offered d	are cha of the a luring th	rged on a va oplicable servie accounting	riable per-p vices listed. g period tha	t were not	
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a	hit in which it is rate column. te charged by t t your cable sys separate charg	he cable s stem furnis ge was mae	ed. If any rates ystem for each o hed or offered d le or established	are cha of the a luring th	rged on a va oplicable servie accounting	riable per-p vices listed. g period tha	t were not	
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ounting Period:	2010/2								
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
	Zito Midwest LLC			23					
_	PRIMARY TRANSMITTERS:								
G Primary ransmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	<ul> <li>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: <ul> <li>Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li> </ul> </li> <li>Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.</li> <li>Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.</li> <li>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for noncommercial educational multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multi</li></ul>							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
		6.1	Ν	Paducah KY					
	WPSD		••	Fauucali Ki					
	WPSD WKPD	29	E	Carbondale IL					
	WKPD	29	E	Carbondale IL					
	WKPD WSIL	29 3.1	E N	Carbondale IL Harrisburgh IL					
	WKPD WSIL KFVS	29 3.1 12.1	E N N	Carbondale IL Harrisburgh IL Cape Girardeau MO					
	WKPD WSIL KFVS KBSI WTCT	29 3.1 12.1 23.1 27.1	E N N	Carbondale IL Harrisburgh IL Cape Girardeau MO Paducah KY Marion IL					
	WKPD WSIL KFVS KBSI WTCT WQWQ	29 3.1 12.1 23.1 27.1 12.2	E N N	Carbondale IL Harrisburgh IL Cape Girardeau MO Paducah KY Marion IL Paducah KY					
	WKPD WSIL KFVS KBSI WTCT	29 3.1 12.1 23.1 27.1	E N N	Carbondale IL Harrisburgh IL Cape Girardeau MO Paducah KY Marion IL					
	WKPD WSIL KFVS KBSI WTCT WQWQ	29 3.1 12.1 23.1 27.1 12.2	E N N	Carbondale IL Harrisburgh IL Cape Girardeau MO Paducah KY Marion IL Paducah KY					
l Rows as Necessary	WKPD WSIL KFVS KBSI WTCT WQWQ	29 3.1 12.1 23.1 27.1 12.2	E N N	Carbondale IL Harrisburgh IL Cape Girardeau MO Paducah KY Marion IL Paducah KY					
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Rows as Necessary	WKPD WSIL KFVS KBSI WTCT WQWQ	29 3.1 12.1 23.1 27.1 12.2	E N N	Carbondale IL Harrisburgh IL Cape Girardeau MO Paducah KY Marion IL Paducah KY					
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Rows as Necessary	WKPD WSIL KFVS KBSI WTCT WQWQ	29 3.1 12.1 23.1 27.1 12.2	E N N	Carbondale IL Harrisburgh IL Cape Girardeau MO Paducah KY Marion IL Paducah KY					

ounting Period:	2018/2			FORM SA1-2E. PA				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM				
Name	Zito Midwest LLC							
	PRIMARY TRANSMITTERS: TELEVISION							
G	carried by your cable syste	entify every television station (including m during the accounting period, <i>excep</i>	ot (1) stations carried only on a part-tim	e basis under				
Primary	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a							
ransmitters:		is explained in the next paragraph.		ns camed on a				
Television		: With respect to any distant stations c	arried by your cable system on a subs	titute program				
	basis under specific FCC ru	ules, regulations, or authorizations:						
		e in space G—but do list it in space I (t	the Special Statement and Program Lo	g)—if the				
	station was carried only on							
		also in space I, if the station was carrie						
		on concerning substitute basis stations						
		n's call sign. <i>Do not</i> report origination						
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream							
	"WETA-2" as the same on the form.							
	<b>Column 2:</b> Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.							
		a case whether the station is a network	station an independent station or a n	oncommercial				
		ering the letter "N" (for network), "N-M"						
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.							
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
			-	-				
			-	-				
			-	-				
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the station is	identified.				
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the station is	identified.				
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the station is	identified.				
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the station is	identified.				
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the station is	identified.				
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the station is	identified.				

EGAL NAME OF		CADLE S	IUILIWI.				1	SYSTEM I 23
	every radio s	station ca	arried 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 Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s he station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2						FORM	M SA1-2E. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	Zito Midwest LLC							2317	
	SUBSTITUTE CARRIAG				00				
I I					-	tion that you	ur ophlo ovo	tom carried on a	
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
Special	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	vision prog	ram	
Statement and Program Log	broadcast by a distant sta	tion?	-	-	-		YES	× NO	
r rogram Log	-				"X "		-		
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must comple	ete the prog	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTE In General: List each subs			ata lina. Lisa abbraviation	s whorever p	occiblo if th	oir moonin	n ie	
	clear. If you need more spa				s wherever p		en meaning	y 15	
				vision program ("substitute	e program") t	hat, during t	he account	ing	
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ted for the pr	ogramming	of another s	station	
	under certain FCC rules, re								
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I l	love Lucy"	or	
			dcast live ent	er "Yes." Otherwise enter	"No "				
				asting the substitute prog					
				the community to which th			ne FCC or,	in	
	the case of Mexican or Car								
	first. Example: for May 7 gr		when your sy	stem carried the substitute	e program. U	se numerals	, with the n	nonth	
			e substitute pr	ogram was carried by you	r cable syste	m List the ti	mes accura	atelv	
	to the nearest five minutes.							atory	
	stated as "6:00–6:30 p.m."								
				n was substituted for prog					
	to delete under FCC rules a was substituted for program							ogram	
	effect on October 19, 1976	• •	your system w			s anu regula			
								1	
						N SUBSTIT			
	S		E PROGRAN		-	AGE OCCL		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	6. TI FROM –			
							-		
							-		
							-		
						-	-		
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						-	_		
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							-		

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SI	/STEM ID# 2317
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 transmit (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	<b>,373.91</b> 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 \$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 t	his six-mon	
	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 \$137,1	- <b>·</b>	02.00
	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		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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		its!

Namo	Accounting Period:	2018/2				FORM SA1-2E. PAGE 7
Nome       Instructions: You must give (1) the number of obtaineds on which the cable system carried size/size/size/cable         Nome       Instructions: you must give (1) the number of obtained and using the accounting particle.         1: Enter the total number of addivided obtained in cable       0         2: Enter the total number of addivided obtained in cable       0         N       0       0         Notice and a system carried television broadcast stations       0         0: Enter the total number of addivided obtained in cable       0         N       number of addivided obtained divides in the cable system carried television broadcast stations       000         N       number of the CONTACTED IF FURTHER INFORMATION IS NEEDED (identity an individual to whom we can conside about this statement of account).       Telephone 814-280-0434.         Notice content about this statement of account.       Telephone 814-280-0434.       0         Nume       Tel MCMULION       Couldrescort AR BERE       Couldrescort AR BERE       Couldrescort AR BERE         Using the intervision of partnership I and the owner of a partnership I and the owner of the boxes.       Fast (optional).       Fast (optional).         Image:       Image: Addition of addition of partnership I and the owner of the cable system as identified in line 1 of space B, or       Image: Addition of addition of partnership I and the owner of the cable system as identified in line 1 of space B, or	Name					SYSTEM ID# 2317
Individual to Be Contacted for Further Information       Name       Terl McMullen       Telephone 814-260-0434         Address       PO Box 655 (Market setter hard and sparment, or such a number)		Instructions: Y to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	ers, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television	total numb h the cabl s broadcas	e t stations	
Information       Address       PO Box 665         Windex statut real rooks, spatnesk, or subs number)       Couldersport PA 16915         (City, form, table, sp)       Email       tert.mcmullen@zitomedia.com         Final       tert.mcmullen@zitomedia.com       Fax (optional)         O       Certification       - 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.)         O       Ooner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or         Image: Imag	Individual to				RMATION IS NEEDED (Identify an individual to whom	
(Number: street. road note, spatners: 0 aude number)         Correspont PA 19915         (Cr), town, state, spitners: 0 aude number)         Email       terimonnullen@gztomedia.com         P       Certification         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 0       • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 0       • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)       • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 0       • 1, the undersigned interest of account and therewore is not a corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or         • 1, for or partner) I am an officer (if a corporation or partnership) 1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B.         • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belef, and are made in good fath.         I'B U.S.C., Section 1001(1980)       Image Rigas         Typed or printed name:       James Rigas         Title:       President         (Te or eleatership)       Imate of incoregration or partnership) <th></th> <th>Name</th> <th>Teri McMullen</th> <th></th> <th>Teleph</th> <th>none 814-260-0434</th>		Name	Teri McMullen		Teleph	none 814-260-0434
O         Certification       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Index of the owner of the than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified         Image: Index of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system         Image: Index of the owner is not accorporation or a partnership) of the legal entity identified as owner of the cable system         Image: Index of the owner is not accorporation or a partnership) of the legal entity identified as owner of the cable system         Image: Index of the owner is not accorporation or a partnership) of the legal entity identified as owner of the cable system         Image: Information of the owner is not accorporation, or a partner (if a partnership) of the legal entity identified as owner of the cable system         Image: Information of the owner is not account and hereby declare under penalty of law that all statements of fact contained herein         If U.S.C., Section 1001(1986)         Image: Information of the entities information, and belief, and are made in good failth.         If U.S.C., Section 1001(1986)         Image: Information on partnership of the amage: Information is gnature on the line above to certly this statement.         Image:			(Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)	15		
	-	I, the undersig     (Owr     (Age     ir     X     (Off     ir     I have examinare true, completed	ned, hereby certify that (Check on her other than corporation or part in tof owner other than corpor in line 1 of space B and that the of icer or partner) I am an officer in line 1 of space B. ed the statement of account and ete, and correct to the best of mark etion 1001(1986)] Import Typed or printe	ation or p owner is n (if a corpo hereby day knowled; <u>X</u> Enter an Enter sig	<pre>ity one, of the boxes.) ip) I am the owner of the cable system as identified in line 1 of sp artnership) I am the duly authorized agent of the owner of the c ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified a eclare under penalty of law that all statements of fact contained h ge, information, and belief, and are made in good faith. /s/James Rigas electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas</pre>	pace B; or vable system as identified as owner of the cable system
				fficial positi		

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.

ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
o Midwest LLC	231
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: <ul> <li>"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."</li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul> </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
<ul> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6</li></ul>	
<ul> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6</li></ul>	
<ul> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$</li></ul>	
<ul> <li>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6</li></ul>	

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 th 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.