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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	02/19/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th 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	h the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should s ting period.	submit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	23346
	LEGAL NAME OF OWNER/MAILING	G 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 n	umber)		
	Coudersport, PA 16915 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			5
System	IDENTIFICATION OF CABLE SYSTEM:			

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.

(Number, street, rural route, apartment, or suite number)

1

2

Zito Media - Valparaiso MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	23346
D	"a separate and distinct community or municipal entity (including uninco	
Area Served	identified city.	,
	CITY OR TOWN	STATE
First	Valparaiso	NE
Community		
dd Rows as Necessary		

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					545	TEM II 2334
	Zito Midwest LLC								200-
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND RA	TES				
E	In General: The information in s	•		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar	y transmission	service	e. In general, you	ı can com	pute the numbe	er of subsc	ribers in	
Rates	each category by counting the n			•••		•		charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	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. 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 th	e right-l	nand block. A tw	o- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		10	59.59					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra		,		•				
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			•		0.0		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rate			-				were not	
Rales	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	∩K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable	17.50	• Mo	tel, hotel					
	• Pay cable—add'l channel		۰Co	mmercial					
	Fire protection		• Pa	y cable					1
	•Burglar protection		• Pa	y cable-add'l cha	annel				
	Installation: Residential		• Fire	e protection					
	• First set	50.00	• Bu	rglar protection					
	 Additional set(s) 			services:					[
	• FM radio (if separate rate)		•Re	connect		30.00			
	• Converter		• Dis	connect					1
			• Ou	tlet relocation		30.00			•
	1								••••••
			• Mo	ve to new addre	SS	30.00			

ccounting Period: 2	2018/2			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	Zito Midwest LLC			23346				
	PRIMARY TRANSMITTERS: TELEVISION							
G	carried by your cable system FCC rules and regulations in	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting	translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program	ne basis under ns [sections				
Primary ransmitters: Television	substitute program basis, as Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations of	61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs					
	• Do <i>not</i> list the station here station was carried <i>only</i> on a	a substitute basis.	the Special Statement and Program Lo					
	basis. For further information Column 1: List each station	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	ed both on a substitute basis and also on see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each				
			evision station for broadcasting over th	e air in its community				
	Column 3: Indicate in each educational station, by enter	case whether the station is a network ing the letter "N" (for network), "N-M"	station, an independent station, or a r (for network multicast), "I" (for indeper	ndent), "I-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.							
	1. CALL SIGN	4. LOCATION OF STATION						
	κωτν	3.1	N	Omaha NE				
	WOWT	6.1	N	Omaha NE				
Douis of Nonoscopi	KETV	7.1	N	Omaha NE				
ows as Necessary	KUON	12	E					
	КРТМ	42.1	N	Omaha NE				
	KXVO	15.1		Omaha NE				
	KLKN	8.1	N	Lincoln NE				
		0.1						
-								

Zito Midwes			YSTEM:					SYSTEM 233
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. That was electronically processes of mark in the "S/D" column. In the community to which the the community with which the	the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c 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	I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							23346
	SUBSTITUTE CARRIAG				00			
I	In General: In space I, ident	-	-			tion that you		tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	During the accounting per	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	ision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram zog	-				- "/"		-	
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer i	s res, you	must complet	e the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle if the	ir meaning	n is
	clear. If you need more spa				o wherever p		in meaning	J 10
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			Liet op como progre		skampio, i E	ovo Luoy	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th		in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	ned by a system norm 0.0	1. 15 p.m. to t	.20.30 p.m. s		
		er "R" if the	listed prograr	n was substituted for prog	ramming tha	t your system	was requ	ired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regulation	ons in	
		•						1
						N SUBSTIT		
	S	1	E PROGRAM	1		AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	 STATION'S CALL SIGN 	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		DELETION
		100 01 110	0/122 01011		7.110 0711			
						_		
						_		
						_		
						_		
						_		
						_		
1								

Accounting Period:	2018/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 23346
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.	ission service amount, see	5,634.17 Iss 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.	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 t	this 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	_ ·	
	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,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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			
Filing Fee and Total Remittance Due	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	1
	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!

Accounting Period:	2018/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito Midwest L	VNER OF CABLE SYSTEM: C		SYSTEM ID# 23346
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	a must give (1) the number of channels on which and (2) the cable system's total number of action number of channels on which the cable elevision broadcast stations		7 30
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATIO rout this statement of account.)	N IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com	Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	d, hereby certify that (Check one, <i>but only one</i> , of other than corporation or partnership) I am the of owner other than corporation or partnership the 1 of space B and that the owner is not a corporation or nor partner) I am an officer (if a corporation) or the 1 of space B. the statement of account and hereby declare undor and correct to the best of my knowledge, inform the 1001(1986)] X /s/Jar	ne owner of the cable system as identified in line 1 of space ip) I am the duly authorized agent of the owner of the cable ration or partnership; or a partner (if a partnership) of the legal entity identified as ow der penalty of law that all statements of fact contained herein lation, and belief, and are made in good faith.	system as identified vner of the cable system
		Enter signature usi	ng an "/s/ signature" (e.g., /s/ John Smith) I s Rigas	

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	FORM SA1-2E. PAGE
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o Midwest LLC	2334
 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 Mailing Address 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.	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	-
x davs	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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.	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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. * To view the interest rate chart click on view.copyright.gov/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. Owner	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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. * To view the interest rate chart click on view.copyright.gov/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. Owner	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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