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

STATEME	ΞΝΤ	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
Cable Syste	ctions	are located	02/19/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	(YY/(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		diary of another corporation, give the full corp	porate title
Owner		List any other name or names under which	n the owner conducts the business of t	he cable system.	
		If there were different owners during the a single statement of account and royalty fe		the last day of the accounting period should suiting period.	ubmit a
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	25106
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
		Zito Midwest LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
		Zito Media			
		MAILING ADDRESS OF OWNER OF PO Box 665	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu Coudersport, PA 16915	umber)		
		(City, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
System		IDENTIFICATION OF CABLE SYSTEM:		•	
	1	Zito Media - Peru			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		

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(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	25106
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	Peru	NE
Community		
dd Rows as Necessary		
aa nons as necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 251(
	Zito Midwest LLC								201
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS 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						those exis	ling on the	
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondar	, y transmission	service.	In general, you	can con	npute the numbe	er of subsc	ribers in	
Rates	each category by counting the n			0,0				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			Ũ					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					0,	•		
	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-h	and block. A two	o- or thre	e-word descript	ion of the	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		1	61.20					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								I
	 Non-residential 								
	SERVICES OTHER THAN SEC							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 are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any rate	es are cł	narged on a vari	able per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable	e system for eac	h of the	applicable servi	res listed		
Rates	Block 2: List any services that			•				were not	
	listed in block 1 and for which a	separate charg	ge was n	nade or establisl	hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resid	lential				
	• Pay cable	17.50		el, hotel					
			_	nmercial					
	• Pay cable—add'l channel		• Pay	cable					
	Fire protection		-	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	nnol				
	Fire protectionBurglar protection		-	cable-add'l cha	IIIIei				
	• Fire protection •Burglar protection Installation: Residential		• Fire	protection					
	 Fire protection Burglar protection Installation: Residential First set 	50.00	• Fire • Bur	protection glar protection					
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	50.00	• Fire • Bury Other s	protection glar protection services:					
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	50.00	• Fire • Bur • Bur • Rec	protection glar protection services: connect		30.00			
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 	50.00	• Fire • Bury Other s • Rec • Disc	protection glar protection services: connect connect					
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	50.00	• Fire • Bur • Bur • Rec • Disc • Out	protection glar protection services: connect		30.00 30.00 30.00			

ccounting Period:	2018/2			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	Zito Midwest LLC			25106					
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable system FCC rules and regulations ir	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program	ne basis under ns [sections					
Primary Fransmitters: 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 station carried by your cable system on a subs						
	• Do <i>not</i> list the station here station was carried <i>only</i> on	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 independent station or "E-M" (for noncommercial education	dent), "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	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	κμτν	3.1	Ν	Omaha NE					
	WOWT	6.1	N	Omaha NE					
d Rows as Necessary	KETV	7.1	N	Omaha NE					
	КРТМ	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
	KXVO	15.1		Omaha NE					

EGAL NAME OF								SYSTEM 25 ⁷
	t every radio s	station ca	arried on a separate and discre 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 abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Cc sign of e the static 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. hal was electronically processes (mark in the "S/D" column. on (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	
5.122 01011		5,0		C. LE CION		5,0		
							·	
							·	
		l						

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							25106
	SUBSTITUTE CARRIAG	-	-					
I I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<u></u>			
Special	During the accounting per	-			isis anv noni	network telev	ision prog	am
Statement and		-	ui cabie syster	fi carry, on a substitute be	1313, arry 110111			
Program Log	broadcast by a distant sta	lion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you ı	must complet	e the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	ir meaning	g is
				vision program ("substitute	e program") t	hat during th	e account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ent	er "Yes." Otherwise enter	"No "			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
				the community to which th			e FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitute			with the n	onth
	first. Example: for May 7 gi		When your by		program. o	ee numerale,		lonar
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	listed program	n was substituted for prog	ramming that	t vour svstem	was requ	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regulati	ons in	
	effect on October 19, 1976							
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
					·			
						_		
						_		
						_		
						_		
						_		
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# 25106
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 transmi (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	66.86 ess 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		<u>52.00</u> 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	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		hts!

Accounting Period:	2018/2				FORM SA1-2E. PAGE	E 7.
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM:			SYSTEM I 251	
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	number of channels on whic	total numb	t stations	tations6	
N Individual to Be Contacted for Further		BE CONTACTED IF FURTH bout this statement of account		RMATION IS NEEDED (Identify an individual to whom	ephone 814-260-0434	
Information	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169				
	Email	(City, town, state, zip) teri.mcmullen@	2jzitomedi	a.com Fax (optional)		
O Certification	I, the undersigned (Owne (Agenti in I X (Offici in I . I have examined	ed, hereby certify that (Check or r other than corporation or p t of owner other than corpor ine 1 of space B and that the of er or partner) I am an officer ine 1 of space B. I the statement of account and e, and correct to the best of m on 1001(1986)]	one, but on partnershi ration or p owner is no (if a corpor d hereby de ny knowledg	tified and signed in accordance with Copyright Office regule <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of artnership) I am the duly authorized agent of the owner of the ot a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified reclare under penalty of law that all statements of fact contained is, information, and belief, and are made in good faith. /s/James Rigas	of space B; or ne cable system as identified ed as owner of the cable system	
		Typed or printer Title: (Title of c Date:	Enter signed name:	electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas lent n held in corporation or partnership) 02/26/2019		

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o Midwest LLC	2510
 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days 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 x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
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 - k 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.	-
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. For further assistance please	-
x	-
x	
x	
x	
x	

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