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 | 02/19/2019 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |

| A | ACC | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|----------------------|-----|---|------|
| | | | |
| | | 2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| | | | |
| | | Barcode Data Filing Period (optional - see instructions) | |
| | | | |
| Accounting Period | | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. | |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. | |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. | |
| | | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. | 5592 |
| | | | |
| | | 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) | |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in | |
| System | | IDENTIFICATION OF CABLE SYSTEM: | - |
| - | 1 | Zito Media - Graves County | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | | |
| | 2 | (Number, street, rural route, apartment, or suite number) | |
| | | (City, town, state, zip code) | |
| L | | | |

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.

| | | FORM SA1-2E. PAG |
|----------------------|--|---|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| | Zito Midwest LLC | 55 |
| | Instructions: List each separate community served by the cable system. A "communi | |
| D | "a separate and distinct community or municipal entity (including unincorporated con | |
| | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list | st will serve as a form of system identification hereafter kn |
| | as the "first community." Please use it as the first community on all future filings. | |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mobile h | ome parks should be reported in parentheses below the |
| Served | identified city. | |
| Ocived | | |
| | | |
| | CITY OR TOWN | STATE |
| First | Airport - Mayfield | KY |
| Community | Ballard County/Lovelaceville | KY |
| Community | | |
| | Pryorsburg | KY |
| ld Rows as Necessary | Carlisle County/Cunningham | КҮ |
| | Wingo | KY |
| | Sedalia | KY |
| | Symsonia | KY |
| | Fancy Farm | KY |
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| | LEGAL NAME OF OWNER OF CA | | | | | | | FORM SA1 | TEM II |
|--|---|---|--|---|--|---|--|--------------------------------------|--------|
| Name | Zito Midwest LLC | ADLE STOTEM. | | | | | | 515 | 55 |
| | | | | | | | | | |
| E | SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission | pace E should on of television | cover a and rad | Il categories of lio broadcasts b | secondary by your sy | stem to subscrib | oers. Give i | information | |
| Secondary Transmission Service: Sub- scribers and | about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary | (June 30 or De blocks in space transmission | ecembe ce E cal service. | r 31, as the cas I for the numbe In general, you | se may be r of subsc ı can com |). ribers to the cat pute the numbe | ble system, r of subscr | broken ibers in | |
| Rates | each category by counting the nu separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc | ice at the rate i harged for eacl . (Example: "\$2 | ndicate h catego 20/mth") | d—not the num bry of service. In . Summarize ar | ber of set nclude bo | s receiving serv th the amount o | ice). f the charg | e and the | |
| | Block 1: In the left-hand block systems most commonly provide that applies to your system. Note | in space E, the to their subscr : Where an inc | e form li ribers. G dividual | sts the categori Give the numbe or organization | r of subsc is receivi | ribers and rate fing service that f | or each lis alls under | ted category different | |
| | categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a | ble service to a nce again und nas rate catego ers of services | additiona er "Serv pries for that inc | al sets would be ice to additiona secondary tran clude one or mo | e included Il set(s)." Ismission Pre second | in the count un service that are dary transmissio | der "Servic different fr ns), list the | e to the om those em, together | |
| | sufficient. | DCK 1 | | | | | BLOCK | (2 | |
| | | NO. OF | | DATE | CAT | | | NO. OF | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIBI | ERS | RATE | CATI | EGORY OF SEI | RVICE | SUBSCRIBERS | RA |
| | Service to first set | | 193 | 20.05 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential Non-residential | | | | | | | | |
| | | | | | | | | | |
| F | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar | e (not subscrib hose services t | er) infoi hat are | mation with res | spect to al ombinatio | n with any seco | ndary trans | smission | |
| Services Other Than Secondary | furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the | or facilities furn it in which it is rate column. | ished to usually | o nonsubscriber billed. If any ra | rs. Rate in tes are ch | formation shoul arged on a varia | d include b able per-pro | oth the | |
| ransmissions: Rates | Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip | your cable sys | stem fur e was n | nished or offere nade or establis | ed during t | he accounting p | eriod that | | |
| | | BLO | | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | | ORY OF SER | | RATE | CATEGO | ORY OF SERVICE | RA |
| | Continuing Services: Pay cable | 17.50 | | ation: Non-resi tel, hotel | dential | | | | |
| | Pay cable Add'l channel | 17.50 | | nmercial | | | | | |
| | Fire protection | | | / cable | | | | | |
| | •Burglar protection | | , | v cable-add'l ch | annel | | | | |
| | Installation: Residential | | • Fire | e protection | | | | | |
| | • First set | 50.00 | | glar protection | | | | | |
| | Additional set(s) | | | services: | | | | | |
| | • FM radio (if separate rate) | | | connect | | 30.00 | | | |
| | Converter | | | connect | | 20.00 | | | |
| | | | • Out | let relocation | | 30.00 | | | |

| | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM |
|--|---|--|---|---|
| Name | Zito Midwest LLC | | | 55 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G Primary ransmitters: Television | carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(disubstitute program basis, a Substitute Basis Stations basis under specific FCC rule. Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further information 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 | also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | t (1) stations carried only on a part-ti- he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. | ime basis under ams [sections tions carried on a bostitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | WPSD | 6.1 | N | Paducah KY |
| | WTCT | 27.1 | | Marion IL |
| | | | l | |
| | WSIL | 3.1 | N | Harrisburgh IL |
| | WKPD | 29 | E | Paducah KY |
| | KFVS | 12.1 | N | Cape Girardeau MO |
| | KBSI | 23.1 | N | Cape Girardeau MO |
| | WDKA | 49.1 | I | Paducah KY |
| | WQWQ | 12.2 | I | Paducah KY |
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| counting Period: | : 2018/2 | | | FORM SA1-2E. PAGE |
|--|--|---|--|--------------------------------------|
| Name | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTEM ID |
| Name | Zito Midwest LLC | | | 559 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G | carried by your cable syste FCC rules and regulations | 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: | | |
| | • Do not list the station her station was carried only on | e in space G—but do list it in space I (t | | |
| | basis. For further information 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 | , see page (v) of the general instructio program services such as HBO, ESPN | ns. N, etc. Identify each |
| | Column 2: Give the chann 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. n case whether the station is a network | station, an independent station, or a r | noncommercial |
| | (for independent multicast) For the meaning of these te Column 4: Give the location | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, list | or "E-M" (for noncommercial education actions in the paper SA1-2 form. t the community to which the station is | nal multicast). s licensed by the |
| | FCC. For Mexican or Cana | dian stations, if any, give the name of t | ne community with which the station is | s identified. |
| | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |

| Accounting P | | | (STEM: | | | | | I SA1-2E. PAGE |
|---|---|--|---|--|---|--|--|----------------------------------|
| Zito Midwes | | | | | | | | 55 |
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| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | Н |
| eceivable if (1) on the basis of i 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 about rm. dentify the call tate whether f the radio stat this by placing Sive 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 (stem whenever it is received a ved at the headend, with the pyright 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 | It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ærtain st general i 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 | |
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| Accounting Perio | od: 2018/2 | | | | | | FORM SA1-2E. PAGE 5. |
|--------------------------|--|--------------|------------------|---|-------------------|------------------------|----------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | SYSTEM ID# |
| Name | Zito Midwest LLC | | | | | | 5592 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | NT AND PROGRAM LOO | 3 | | |
| I I | In General: In space I, identi | | | | | ion, that your cable s | 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 | SA1-2 form. |
| Carriage: | 1. SPECIAL STATEMEN | | | 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 sta | tion? | | | | YE | s 🔽 NO |
| | Note: If your answer is "No | , leave the | rest of this pag | e blank. If your answer is " | Yes," you mu | ust complete the pro | gram |
| | log in block 2. | | | · | • | | - |
| | 2. LOG OF SUBSTITUTE | | MS | | | | |
| | In General: List each subst | | | | wherever pos | sible, if their meani | ng is |
| | clear. If you need more spa | | | rows to the tables. Ision program ("substitute p | program") that | it during the accourt | ntina |
| | period, was broadcast by a | | | | | | |
| | under certain FCC rules, re | | | | | | |
| | Do not use general categor "NBA Basketball: 76ers vs. | | vies" or "baske | tball." List specific program | i titles, for exa | ample, "I Love Lucy | ″ Or |
| | | | dcast live, ente | r "Yes." Otherwise enter "N | 0." | | |
| | | | | sting the substitute program | | | |
| | the case of Mexican or Can | | | e community to which the | | | r, in |
| | | | | tem carried the substitute p | | | month |
| | first. Example: for May 7 giv | | | | | | |
| | to the nearest five minutes. | | | gram was carried by your o | | | |
| | stated as "6:00–6:30 p.m." | | i program cam | | 5 p.m. to 0.2 | | - |
| | | | | was substituted for progra | | | |
| | to delete under FCC rules a was substituted for program | | | | | | rogram |
| | effect on October 19, 1976. | | our system wa | | | | |
| | | | | | | | |
| | S | UBSTITUT | E PROGRAM | 1 | | EN SUBSTITUTE | 7. REASON FOR |
| | 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 — T | 0 |
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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 | S | STEM ID# |
| | | | 5592 |
| 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. | smission service s amount, see | , 296.47 |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$ 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 \$52) | 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 | | nts! |
| | | | |

| Accounting Period: | 2018/2 | | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|--|---------------------|
| Name | LEGAL NAME OF Zito Midwest | OWNER OF CABLE SYSTEM: | SYSTEM ID 5592 |
| M Channels | to its subscribe Enter the tot system carrie Enter the tot on which the | You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations | 8 90 |
| N Individual to Be Contacted | | O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.) | |
| for Further Information | Name | Teri McMullen Telephone 8 | 14-260-0434 |
| | 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 Certification | I, the undersign (Owr (Age in X (Offi in thave examine are true, complet | N (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of ant of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable systen n line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] $\underbrace{X /s/James Rigas}_{inter an electronic signature on the line above to certify this statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)$ | tem as identified |
| | | Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership) | |
| | | Date: 02/26/2019 | |

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 fing, a determination that would be made by a court of lave.

| unting Period: 2018/2 | FORM SA1-2E. PAGE |
|---|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| Midwest LLC | 559 |
| 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 | |
| | |
| 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 Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| ave dave | |
| x days Line 3 Multiply line 2 by the number of days late and enter the sum here | |
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