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	NT 4	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
		nsmissions by	DATE RECEIVED	AMOUNT	_
Cable Syster				\$	<u>coplicsoa@loc.gov</u> For additional information,
General instruc	ctions a	are located	02/10/2010		contact the U.S. Copyright Office Licensing Division at:
in the first tab o	of this	workbook	02/19/2019	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCO	UNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
		2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В		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 co	rporate title
Owner		List any other name or names under which	the owner conducts the business of th	ne cable system.	
		If there were different owners during the a single statement of account and royalty fer		he last day of the accounting period should s ing period.	submit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	7145
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Zito Missouri-Kansas LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		Zito Media			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		<b>PO Box 665</b> (Number, street, rural route, apartment, or suite nu	ımber)		
		Coudersport, PA 16915 (City, town, state, zip)			
С				tify the business and operation of the	
	names		2, give the mailing address of the	e system, if different from the address	s given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Marshall			
		MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite nu	umber)		

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.

(City, town, state, zip code)

## U.S. Copyright Office

ime	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
-	Zito Missouri-Kansas LLC	7145
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, It you list will serve as a form of system identification hereafter known ngs.
rea rved	Note: Entities and properties such as hotels, apartments, condominiums, or n identified city.	nobile home parks should be reported in parentheses below the
veu		
	CITY OR TOWN	STATE
nity	Marshall	MO
ecessary		
cessary		
	·	

	LEGAL NAME OF OWNER OF C							FORM SA1	-2E. PAGE
Name	Zito Missouri-Kansas L		•					515	714
		10							
Е	SECONDARY TRANSMISSION								
E_	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	, , ,	,		,			5	
Service: Sub-	Number of Subscribers: Both	•					,		
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
	separately for the particular serv					•		enargea	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			•		0			
	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.		c ngnt-ne						
	BLO	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		726	18.92					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter     Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS	SIONS: RATE	s				
F	In General: Space F calls for ra	•	,		•	• •			
I.	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			•		• • •		
Other Than	amount of the charge and the ur	nit in which it is	usually l	billed. If any ra	ates are ch	narged on a var	iable per-p	rogram basis,	
				,		aigea en a rai			
Secondary	enter only the letters "PP" in the		he cahle	-		-	cas listad		
Secondary ransmissions: Rates	Block 1: Give the standard rai Block 2: List any services that	te charged by t		system for ea	ich of the	applicable serv		were not	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable sys separate charc	stem furr je was m	system for ea hished or offer hade or establi	ch of the ed during	applicable serv the accounting	period that		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable sys separate charc	stem furr je was m	system for ea hished or offer hade or establi	ch of the ed during	applicable serv the accounting	period that		
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	te charged by t t your cable sy separate charg ption and includ BLO	stem furr ge was m de the ra CK 1	system for ea nished or offer nade or establi te for each.	ich of the s ed during shed. List	applicable serv the accounting	period that vices in the	e form of a BLOCK 2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by t t your cable sy separate charg otion and includ BLOO RATE	stem furr ge was m de the ra CK 1 CATEG	system for ea nished or offer nade or establi te for each.	ich of the sed during shed. List	applicable serv the accounting	period that vices in the	e form of a	RAT
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sy separate charg bition and includ BLO0 RATE	stem furr ge was m de the ra CK 1 CATEGO Installa	system for ea hished or offer hade or establi te for each. ORY OF SER tion: Non-res	ich of the sed during shed. List	applicable serv the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable sy separate charg otion and includ BLOO RATE	stem furr ge was m de the ra CK 1 CATEG Installat • Mote	system for ea hished or offer hade or establi te for each. ORY OF SER tion: Non-res el, hotel	ich of the sed during shed. List	applicable serv the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by t t your cable sy separate charg bition and includ BLO RATE	stem furr ge was m de the ra CK 1 CATEG Installat • Mote • Corr	system for ea hished or offer hade or establi te for each. ORY OF SER tion: Non-res el, hotel hmercial	ich of the sed during shed. List	applicable serv the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sy separate charg bition and includ BLO RATE	stem furr ge was m de the ra CK 1 CATEG Installat • Mote • Com • Pay	system for ea hished or offer hade or establi te for each. ORY OF SER tion: Non-res el, hotel hmercial cable	ich of the ed during shed. List VICE idential	applicable serv the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by t t your cable sy separate charg bition and includ BLO RATE	stem furr je was m de the ra CK 1 CATEG Installat • Mote • Corr • Pay • Pay	system for ea hished or offer hade or establi te for each. ORY OF SER tion: Non-res el, hotel hmercial cable cable-add'l ch	ich of the ed during shed. List VICE idential	applicable serv the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sy separate charg bition and includ BLO RATE	stem furr ge was m de the ra CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	system for ea hished or offer hade or establi te for each. ORY OF SER tion: Non-res el, hotel hmercial cable	ich of the ed during shed. List VICE idential	applicable serv the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sy separate charg otion and includ BLO( RATE 19.06	stem furr ge was m de the ra CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg	system for ea hished or offer hade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	ich of the ed during shed. List VICE idential	applicable serv the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	te charged by t t your cable sy separate charg otion and includ BLO( RATE 19.06	stem furr ge was m de the ra CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other s	system for ea hished or offer hade or establic te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	ich of the ed during shed. List VICE idential	applicable serv the accounting these other se	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sy separate charg otion and includ BLO( RATE 19.06	stem furr ge was m de the ra CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	system for ea hished or offer hade or establic te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	ich of the ed during shed. List VICE idential	applicable serv the accounting these other se RATE	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sy separate charg otion and includ BLO( RATE 19.06	stem furr ge was m de the ra CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s • Reco • Disc	system for ea hished or offer hade or establic te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: ponnect	ich of the ed during shed. List VICE idential	applicable serv the accounting these other se RATE	period that vices in the	e form of a BLOCK 2	RAT

				SYSTEM					
Name	LEGAL NAME OF OWNER OF			SYSTEM 7'					
	Zito Missouri-Kansas								
		ntify every television station (including t	translator stations and low nower t	tologian atations)					
G	carried by your cable system	m during the accounting period, except	(1) stations carried only on a part	-time 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								
Transmitters:	substitute program basis, as	s explained in the next paragraph.							
Television	Substitute program basis, as explained in the next paragraph. 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:								
	• Do not list the station here	e in space G—but do list it in space I (th	e Special Statement and Program	n Log)—if the					
	<ul><li>station was carried only on</li><li>List the station here, and a</li></ul>	a substitute basis. also in space I, if the station was carried	both on a substitute basis and als	so on some other					
	basis. For further information	n concerning substitute basis stations,	see page (v) of the general instruc	ctions.					
	multicast stream associated	n's call sign. <i>Do not</i> report origination p I with a station according to its over-the							
	"WETA-2" as the same on the	5	<b>.</b>						
	of license. For example, Wi	RC is channel 4 in Washington, D.C.	-						
		case whether the station is a network s ring the letter "N" (for network), "N-M" (f	•						
	(for independent multicast),	"E" (for noncommercial educational), or	r "E-M" (for noncommercial educa						
		rms, see page (iv) of the general instruction of each station. For U.S. stations, list		n is licensed bv the					
		dian stations, if any, give the name of th	-	-					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WDAF	4	Ν	Kansas City MO					
	ксти	5	N	Kansas City MO					
	KMCI	38	<b>I</b>	Lawrence KS					
	KMCI KMCI	38 38.2	l 1	Lawrence KS Lawrence KS					
	KMCI	38.2	 	Lawrence KS					
	КМСІ КСРТ	38.2 19		Lawrence KS Kansas City MO					
	КМСІ КСРТ КСРТ	38.2 19 19.1	E	Lawrence KS Kansas City MO Kansas City MO					
	КМСІ КСРТ КСРТ КМВС	38.2 19 19.1 9	E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO					
id Rows as Necessary	KMCI KCPT KCPT KMBC KMBC	38.2 19 19.1 9 9.2	E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO					
d Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO	38.2 19 19.1 9 9.2 62	E N I I	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO					
d Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB	38.2 19 19.1 9 9.2 62 41	E N I I	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO					
d Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSHB KSHB	38.2 19 19.1 9 9.2 62 41 29	E N I N I	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO					
d Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB KCWE KMOS	38.2 19 19.1 9 9.2 62 41 29 6	E N 1 1 N 1 E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO					
d Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB KCWE KMOS	38.2 19 19.1 9 9.2 62 41 29 6	E N 1 1 N 1 E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO					
d Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB KCWE KMOS	38.2 19 19.1 9 9.2 62 41 29 6	E N 1 1 N 1 E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO					
d Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB KCWE KMOS	38.2 19 19.1 9 9.2 62 41 29 6	E N 1 1 N 1 E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO					
ld Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB KCWE KMOS	38.2 19 19.1 9 9.2 62 41 29 6	E N 1 1 N 1 E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO					
ld Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB KCWE KMOS	38.2 19 19.1 9 9.2 62 41 29 6	E N 1 1 N 1 E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO					
ld Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB KCWE KMOS	38.2 19 19.1 9 9.2 62 41 29 6	E N 1 1 N 1 E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO					
ld Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB KCWE KMOS	38.2 19 19.1 9 9.2 62 41 29 6	E N 1 1 N 1 E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO					
ld Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB KCWE KMOS	38.2 19 19.1 9 9.2 62 41 29 6	E N 1 1 N 1 E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO					
ld Rows as Necessary	KMCI KCPT KCPT KMBC KMBC KSMO KSHB KCWE KMOS	38.2 19 19.1 9 9.2 62 41 29 6	E N 1 1 N 1 E	Lawrence KS Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Kansas City MO Sedalia MO					

ounting Period:				OVOTEN
Name	LEGAL NAME OF OWNER OF			SYSTEM
-	Zito Missouri-Kansas	LLC		7'
	PRIMARY TRANSMITTERS:	TELEVISION		
G	· · · · · · · · · · · · · · · · · · ·		g translator stations and low power tele	,
9			ot (1) stations carried only on a part-tin the carriage of certain network progran	
Primary			61(e)(2) and (4))]; and (2) certain static	
ransmitters:	substitute program basis, as	explained in the next paragraph.		
Television		les, regulations, or authorizations:	carried by your cable system on a subs	stitute program
	• Do not list the station here	in space G—but do list it in space I (	the Special Statement and Program Lo	og)—if the
	station was carried only on			
		•	ed both on a substitute basis and also ( s, see page (v) of the general instructio	
			program services such as HBO, ESPN	
		0	e-air designation. For example, report	t multistream
	"WETA-2" as the same on the channel of the channel		evision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C.		
			station, an independent station, or a r	
			(for network multicast), "I" (for indeper or "E-M" (for noncommercial education	
		rms, see page (iv) of the general instr		nai muilGast).
			at the community to which the station is	s licensed by the
	FCC. For Mexican or Canad	lian stations, if any, give the name of	the community with which the station is	
		and statistic, it any, give the name of	the community with which the station is	s identified.
				s identified.
				s Identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN		ŕ	
	1. CALL SIGN		ŕ	
	1. CALL SIGN		ŕ	
	1. CALL SIGN		ŕ	
	1. CALL SIGN		ŕ	
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EGAL NAME OF			ISTEM:					SYSTEM 7
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive 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 pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 his point, see pa ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem 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	
		-, -				2,2		
						·		
						<b></b>		

Accounting Perio	od: 2018/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Missouri-Kansas	LLC						7145
	SUBSTITUTE CARRIAG				G			
I 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							
Special	During the accounting per	-			isis anv noni	network telev	ision nroa	ram
Statement and		-		frouny, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				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		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour system	was requ	ired
	to delete under FCC rules							
	was substituted for program							9.9.1
	effect on October 19, 1976							
	e		E PROGRAM	1		N SUBSTIT		7. REASON FOR
	3	1	3. STATION'S		-	AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	то	
					·		-	
						_		
		+						
						_		
						_		
						_		
						_		

Accounting Period:	2018/2		FORM SA	A1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
Name	Zito Missouri-Kansas LLC			7145
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how to 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.	econdary transm to compute this a	ission service amount, see	<b>2,681.33</b> pss 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 th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600 n.	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 y accounting period is \$52.00			
	Line 1. Royalty fee for accounting period			
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but me		00)	
	1. Base amount under statutory formula			
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1	51,118.67		
	4. Enter the amount of gross receipts from space K	. \$ 2	212,681.33	
	5. Enter the amount from line 3	. \$	51,118.67	
	6. Subtract line 5 from line 4	<b>\$</b> 1	61,562.66	
	7. Multiply line 6 by .005 (enter figure here)		\$	807.81
	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		\$	807.81
	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			
	Multiply line 5 by .01     S. 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			
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	807.81	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	827.81
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		hts!

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Missouri	DWNER OF CABLE SYSTEM: Kansas LLC	SYSTEM ID# 7145
M Channels	<ol> <li>to its subscribe</li> <li>Enter the tot system carrie</li> <li>Enter the tot on which the</li> </ol>	ou must give (1) the number of channels on which the cable system s, and (2) the cable system's total number of activated channels du I number of channels on which the cable television broadcast stations	ring the accounting period.
N Individual to Be Contacted		<b>D BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Ide about this statement of account.)	entify 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) terri.mcmullen@zitomedia.com	Fax (optional)
O Certification	<ul> <li>I, the undersig</li> <li>(Owr</li> <li>(Age</li> <li>ir</li> <li>X</li> <li>(Off</li> <li>ir</li> <li>I have examined</li> </ul>	(This statement of account must be certified and signed in accordated, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ar other than corporation or partnership) I am the owner of the cate at of owner other than corporation or partnership) I am the duly au line 1 of space B and that the owner is not a corporation or partnership are or partner) I am an officer (if a corporation) or a partner (if a partner line 1 of space B. d the statement of account and hereby declare under penalty of law the tee, and correct to the best of my knowledge, information, and belief, a on 1001(1986)]	le system as identified in line 1 of space B; or thorized agent of the owner of the cable system as identified ip; or ership) of the legal entity identified as owner of the cable system hat all statements of fact contained herein nd are made in good faith.
		Typed or printed name: James Rigas	
		(Title of official position held in corporation or partners) Date: 17 of the United States Code authorizes the Copyright Office to collect th	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 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. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Missouri-Kansas LLC	714
<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> </ul> </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>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</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.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<b>~</b>
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
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