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	ти	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	- configura @loc gov
Cable Syste General instru- in the first tab	ctions	are located	02/19/2019	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	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					
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		liary 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 fe		he last day of the accounting period should a 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.	8943
		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 no	umber)		
		Coudersport, PA 16915 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busin s already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		Zito Media - Hazel			
		MAILING ADDRESS OF CABLE SYSTEM	: 		
	2	(Number, street, rural route, apartment, or suite n	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)

lame	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	8943
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, t you list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or m	
Area erved	identified city.	
	CITY OR TOWN	STATE
First	Hazel	КҮ
nity	Puryear	KY
ecessary		

								FORM SA1	TEM I
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					513	894 894
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecember	<sup>·</sup> 31, as the ca	se may be	e).		C C	
Service: Sub-	Number of Subscribers: Both	•					,		
scribers and Rates	down by categories of secondar each category by counting the n	•				•			
Rutes	separately for the particular serv			•••		•		onargea	
	Rate: Give the standard rate of	-	-	•					
	unit in which it is generally billed category, but do not include disc	• •	,		ny standa	rd rate variatior	is within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers. G	ive the numbe	er of subse	cribers and rate	for each lis	sted category	
	that applies to your system. Not			0		0			
	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.	ind rates, in th	e ngnt-na	and DIOCK. A ly	vo- or thre	e-word descrip	lion of the s	service is	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		17	17.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential     Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
			her) infor						
E	In General: Space F calls for ra	te (not subscri		mation with re	spect to a	Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are i	not offered in o	combinatio	on with any sec	ondary trar	smission	
-	not covered in space E, that is, t service for a single fee. There ar	hose services e two exception	that are i ons: you o	not offered in a	combinatio give rate	on with any sec information cor	ondary trar cerning (1	nsmission ) services	
F Services Other Than	not covered in space E, that is, t	hose services e two exceptic or facilities fur	that are i ons: you o nished to	not offered in o do not need to nonsubscribe	combinatio give rate rs. Rate in	on with any sec information con	ondary trar icerning (1 ild include	nsmission ) services both the	
Services Other Than Secondary	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	hose services e two exceptic or facilities furn hit in which it is rate column.	that are nons: you on nished to usually b	not offered in o do not need to nonsubscribe pilled. If any ra	combinatio give rate rs. Rate in ites are cl	on with any secon information cor nformation shou narged on a var	ondary tran cerning (1 Id include iable per-p	nsmission ) services both the	
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rate	hose services re two exception or facilities fund hit in which it is rate column. re charged by t	that are nons: you on hished to usually the cable	not offered in o do not need to nonsubscribe pilled. If any ra system for ea	combination give rate rs. Rate in tes are ch nch of the	on with any sec information cor nformation shou narged on a var applicable servi	ondary tran icerning (1 ild include iable per-p ces listed.	nsmission ) services both the rogram basis,	
Services Other Than Secondary	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	hose services e two exceptio or facilities furn it in which it is rate column. e charged by f your cable sy	that are nons: you on nished to usually h the cable stem furr	not offered in o do not need to nonsubscribe oilled. If any ra system for ea hished or offer	combination give rate rs. Rate in tes are ch nch of the ed during	on with any sec information cor- nformation shou- narged on a var applicable servi the accounting	ondary tran icerning (1 ild include iable per-p ces listed. period that	nsmission ) services both the rogram basis, were not	
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Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a	hose services e two exceptic or facilities furn it in which it is rate column. te charged by the your cable sy separate charge	that are nons: you on hished to usually he the cable stem furr ge was m de the rat	not offered in o do not need to nonsubscribe billed. If any ra system for ea hished or offer ade or establi	combination give rate rs. Rate in tes are ch nch of the ed during	on with any sec information cor- nformation shou- narged on a var applicable servi the accounting	ondary tran icerning (1 ild include iable per-p ces listed. period that	nsmission ) services both the rogram basis, were not	
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	LEGAL NAME OF OWNER O			SYSTEM
Name	Zito Midwest LLC	F CABLE STSTEW.		89 81
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chanr of license. For example, V <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast For the meaning of these t	also in space I, if the station was carried ion concerning substitute basis stations, son's call sign. <i>Do not</i> report origination pred with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a si e Special Statement and Program I both on a substitute basis and al- see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI	23.1	N	Paducah KY
	KFVS	12.1	N	Cape Girardeau MO
	WPSD	6.1	Ν	Paducah KY
	WDKA	49.1	I	Paducah KY
	WKMU	21	E	Murray KY
		9	I	Beduech KV
	WQWQ	3		Paducah KY
	WQWQ WSIL	3.1	· N	Paducah KY Paducah KY
Rows as Necessary	WSIL WTCT	3.1		Paducah KY
Rows as Necessary	WSIL WTCT	3.1		Paducah KY
Rows as Necessary	WSIL WTCT	3.1		Paducah KY
Rows as Necessary	WSIL WTCT	3.1		Paducah KY
Rows as Necessary	WSIL WTCT	3.1		Paducah KY
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Rows as Necessary	WSIL WTCT	3.1		Paducah KY
Rows as Necessary	WSIL WTCT	3.1		Paducah KY

ounting Period:	2018/2			FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Zito Midwest LLC			89
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	m during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under
Primary			the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static	
Fransmitters:		s explained in the next paragraph.	(e)(z) and $(4))], and (z) certain static$	ons carried on a
Television			carried by your cable system on a subs	titute program
I CICVISION		ules, regulations, or authorizations:		
			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	
		· · ·	e-air designation. For example, report	
	"WETA-2" as the same on	5		
	Column 2: Give the channe	el number the FCC assigned to the tel	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	nal multicast).
		erms, see page (iv) of the general instr	uctions in the paper SA1-2 form.	licensed by the
			the community with which the station is	-
	FCC. FOI MEXICAL OF CALLA	dian stations, if any, give the name of		s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF		CABLE S	YSTEM:					SYSTEM I 89
	t every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i 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 m. lentify the call tate whether t the radio stati this by placing vive the statior	y the sys be recein the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. That was electronically process k 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 par ed by the cable s e station is licens	adend, and (2 enna, during c 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	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							8943
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I C	G			
	In General: In space I, ident				-	tion that vo	ur cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer i	s "Yes " vouu	must comp	-	
	log in block 2.			age blank. If your answer i	3 103, your	inusi comp		gram
	2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa							-
	Column 1: Give the title period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			۵ <u>۷</u> ۳ ΟΙΙ	«NI "			
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numeral	ls, with the r	nonth
			e substitute pr	ogram was carried by you	r cable svste	m. List the	times accur	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."					· · · - · · · · · · · · · · · · · · · ·		sine of
	to delete under FCC rules			n was substituted for prog luring the accounting perio				
	was substituted for program							ogram
	effect on October 19, 1976							
						N SUBSTI	TUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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Accounting Period:	2018/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Zito Midwest LLC		8943
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.	ssion service mount, see	3,236.36 ss receipts)
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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	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 \$ 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 \$ 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 Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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 informati		hts!

Accounting Period:	2018/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Midwest	DWNER OF CABLE SYSTEM: LLC		SYSTEM ID# 8943
M Channels	<ol> <li>to its subscribe</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the other</li> </ol>	s, and (2) the cable system's total numb I number of channels on which the cable television broadcast stations I number of activated channels able system carried television broadcast		8 75
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFO about this statement of account.)	RMATION 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 Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia		
O Certification	I, the undersign     (Own     (Age     ir     X     (Offri     ir     · I have examine	ed, hereby certify that (Check one, <i>but on</i> er other than corporation or partnershi t of owner other than corporation or pa line 1 of space B and that the owner is no cer or partner) I am an officer (if a corpor- line 1 of space B. d the statement of account and hereby de te, and correct to the best of my knowledg on 1001(1986)]	p) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable	system as identified /ner of the cable system
			n 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 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
BAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o Midwest LLC	894
<ul> <li>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."     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?     </li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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	-
	-
Line 2 Multiply line 1 by the interest rate and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -	-
x	-
x	-
x	
x	
x	
x	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.