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	T OFFICE USE ONLY	Return completed workbool 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	8/27/2019	\$ 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))	
		2019/1 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.	23346
		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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Valparaiso	
		MAILING ADDRESS OF CADLE STSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	23346
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Valparaiso	NE
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAG
Name		ABLE SYSTEM:						313	2334
	Zito Midwest LLC								200
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should	cover a	Il categories of	secondary				
Secondary Transmission Service: Sub-	about other services (including p last day of the accounting period Number of Subscribers: Both	(June 30 or D	ecembe	er 31, as the cas	se may be).		-	
scribers and Rates	down by categories of secondary each category by counting the ni separately for the particular serv	y transmission umber of billing ice at the rate i	service. Is in tha ndicate	. In general, you it category (the d—not the num	i can com number o ber of set	pute the numbe persons or org receiving serv	r of subsci anizations ice).	ribers in charged	
	Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block	. (Example: "\$2 ounts allowed	20/mth") for adva). Summarize ar ance payment.	ny standar	d rate variations	s within a p	oarticular rate	
	systems most commonly provide that applies to your system. Note categories, that person or entity	to their subsc Where an inc	ribers. (dividual	Give the numbe or organization	r of subsc is receivi	ribers and rate fing service that f	or each lis alls under	sted category different	
	subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, to with the number of subscribers a	ble service to a ince again und has rate catego iers of services	addition er "Serv pries for that ind	al sets would be vice to additiona secondary tran clude one or mo	e included Il set(s)." Ismission pre second	in the count un service that are lary transmissio	der "Servio different fr ns), list the	ce to the rom those em, together	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	• Service to first set		9	59.59					
	 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, t service for a single fee. There ar	e (not subscrib hose services f e two exceptio	er) info hat are ns: you	rmation with res not offered in c do not need to	spect to al ombinatio give rate i	n with any seco nformation cond	ndary tran cerning (1)	smission services	
Services Other Than Secondary	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the	iit in which it is rate column.	usually	billed. If any ra	tes are ch	arged on a varia	able per-pr		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	your cable sys	stem fur e was r	nished or offere	ed during t	he accounting p	eriod that		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services: Pay cable	47.50		ation: Non-resi	dential				
	Pay cable Add'l channel	17.50		tel, hotel mmercial					
	• Fire protection			y cable					
	•Burglar protection		• Pa	, y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	50.00		rglar protection					
	 Additional set(s) FM radio (if separate rate) 			services: connect		30.00			
	Converter			connect		50.00			
							L		
			• Ou	tlet relocation		30.00			

nting Period: 2	2019/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito Midwest LLC PRIMARY TRANSMITTERS:			23346
G rimary smitters: evision	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	Ilso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a subs- he Special Statement and Program Le d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a function (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KETV	7.1	Ν	Omaha NE
	KLKN	8.1	Ν	Lincoln NE
cessary	κωτν	3.1	Ν	Omaha NE
	КРТМ	42.1	Ν	Omaha NE
	KUON	12	E	Lincoln NE
	κχνο	15.1	l	Omaha NE
	WOWT	6.1	N	Omaha NE

Accounting P			(STEM [.]					I SA1-2E. PAGE
Zito Midwes								233
	•							233
	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 for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Identify the call tate whether if the radio stat this by placing tive the station	y the sys be recein the Co sign of e the static ion'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 he station is licen:	eadend, 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	
						5,5		

Accounting Perio	od: 2019/1						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							23346
	SUBSTITUTE CARRIAGE				^			
I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					s general mat			2 101111.
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting period 	-	r cable system	carry, on a substitute basi	s, any nonne	work televisio	n program	
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No'	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou mu	ist complete th	ne progran	n
	log in block 2.	,		, ,	, ,	····	1 3	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their n	neaning is	
	clear. If you need more spa						ioug io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							l.
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	tball." List specific program	n titles, for exa	ample, "I Love	LUCY OF	
			dcast live enter	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				e community to which the			CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv		substituto pro	gram was carried by your	cablo svetom	List the times	accuratel	N .
	to the nearest five minutes.							у
	stated as "6:00–6:30 p.m."		i program oann		· • p · · · · • • • -	0.00 p 0.10		
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	sin	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM	I		AGE OCCUP		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	ES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						··		
1								

Accounting Period:	2019/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Zito Midwest LLC		23346
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.	mission servic s amount, see	e 3,731.24
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 • 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 \$527	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		hts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Midwes	F OWNER OF CABLE SYSTEM: t LLC		SYSTEM ID# 23346
M Channels	 to its subscrib 1. Enter the to system carr 2. Enter the to on which the 	pers, and (2) the cable system's to otal number of channels on which ied television broadcast stations otal number of activated channels e cable system carried television	5	7 30
N Individual to Be Contacted		ct about this statement of accour		
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartr Coudersport PA 169 (City, town, state, zip)		
	Email	teri.mcmullen@	zitomedia.com Fax (optional)	
Certification	I, the undersi (Ov (Ag X (O I have exami are true, comp	gned, hereby certify that (Check or mer other than corporation or par- in line 1 of space B and that the or fficer or partner) I am an officer (if in line 1 of space B. med the statement of account and f lete, and correct to the best of my action 1001(1986)] Figure Corporation Typed or printed Title: (Title of or	artnership) I am the owner of the cable system as identified in line 1 of space B tion or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or Fa corporation) or a partner (if a partnership) of the legal entity identified as own hereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith. X /s/James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) name: James Rigas President ficial position held in corporation or partnership)	vstem as identified
		Date:	08/27/2019	

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unting Period: 201		
	R OF CABLE SYSTEM:	SYSTEM
Midwest LLC		233
The Satellite Hom lowing sentence: "In determ service of scribers ar	TEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ne Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ining the total number of subscribers and the gross amounts paid to the cable system for the basic providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- nd amounts collected from subscribers receiving secondary transmissions pursuant to section 119." tion on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statemer Concerning Gros Receipts Exclusio
	nting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
made by satellite	carriers to satellite dish owners?	
YES. Enter th	ne total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST AS		
You must comple	te this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanatio	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment	Q Interest Assessme
For an explanatio	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment	Q Interest Assessme
For an explanatio	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment	Q Interest Assessme
For an explanatio Line 1 Enter the Line 2 Multiply lin	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment	Q Interest Assessme
For an explanation Line 1 Enter the Line 2 Multiply lin Line 3 Multiply lin	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment	Q Interest Assessme
For an explanation Line 1 Enter the Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment x 1% ne 1 by the interest rate* and enter the sum here x days ne 2 by the number of days late and enter the sum here x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x <	Q Interest Assessme
For an explanation Line 1 Enter the Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment	Q Interest Assessm
For an explanation Line 1 Enter the Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the l	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment amount of late payment or underpayment x 1% ne 1 by the interest rate* and enter the sum here x days ne 2 by the number of days late and enter the sum here x 0.00274** and enter here ., (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	Q Interest Assessme
For an explanation Line 1 Enter the Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the l ** This is the of NOTE: If you are	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment . x 1% ne 1 by the interest rate* and enter the sum here . x x days ne 2 by the number of days late and enter the sum here . x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x x<	Q Interest Assessm
For an explanation Line 1 Enter the Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the l ** This is the of NOTE: If you are	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment	Q Interest Assessme
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For an explanation Line 1 Enter the Line 2 Multiply lin Line 3 Multiply lin Line 4 Multiply lin in space L * To view the in contact the I ** This is the of NOTE: If you are list below the own Owner Address	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment	Q Interest Assessme
For an explanation Line 1 Enter the Line 2 Multiply line Line 3 Multiply line in space L * To view the in contact the l ** This is the of NOTE: If you are list below the own	n of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. amount of late payment or underpayment	Q Interest Assessme

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