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 COPYRIG	HT OFFICE USE ONLY	Return completed workboo 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
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	ļ
		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 unless is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Utica	
		MAILING ADDRESS OF CABLE SYSTEM:	
	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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Midwest LLC	31224
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single,
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.	
	CITY OR TOWN	STATE
First	Utica	NE
Community	Waco	NE
Add Rows as Necessary		

Name E Secondary Transmission	LEGAL NAME OF OWNER OF CA	2.01600						0.0	TEM ID
Secondary Transmission									3122
Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sy system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include discc Block 1: In the left-hand block systems most commonly provide	pace E should on of television ay cable) in sp (June 30 or Do blocks in space transmission umber of billing ce at the rate i narged for each (Example: "\$2 pounts allowed f in space E, the	cover a and rac ace F, r ecembe ce E cal service. gs in tha ndicate h catego 20/mth") for adva e form li	Ill categories of dio broadcasts I not here. All the er 31, as the ca- ll for the number . In general, you at category (the d—not the num ory of service. I b. Summarize a ance payment. ists the categor	secondar by your sy facts you se may be r of subsc u can com number o ber of set nclude bo ny standar	stem to subscrit state must be t). ribers to the cat pute the numbe f persons or org s receiving serv th the amount o rd rate variations	bers. Give hose existi ole system r of subscr anizations ice). f the charg s within a p sion servic	information ng on the , broken ibers in charged e and the particular rate we that cable	
	that applies to your system. Note categories, that person or entity s subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	Where an inc should be cour ble service to a nce again undo has rate catego ers of services nd rates, in the	dividual nted as a additiona er "Serv pries for a that inc	or organization a subscriber in al sets would b vice to additiona secondary tran clude one or mo	is receivi each appl e included al set(s)." asmission ore second	ng service that f icable category. in the count un service that are dary transmissio	alls under Example: der "Servic different fr ns), list the on of the s	different a residential e to the rom those em, together ervice is	
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		14	17.31					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rate not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exception or facilities furn it in which it is rate column. e charged by th your cable sys separate charg tion and includ	ber) infor that are ns: you hished to usually he cable stem fur he was n le the ra	rmation with re- not offered in c do not need to o nonsubscribe billed. If any ra e system for ea nished or offeren nade or establis	spect to al combination give rate in rs. Rate in tes are ch ch of the a ed during f	n with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not form of a	
		BLO0 RATE		GORY OF SER		RATE	CATEC	BLOCK 2	RAT
	CATEGORY OF SERVICE Continuing Services:	RATE		ation: Non-res		RATE	CATEG	UNI OF SERVICE	RAI
	• Pay cable	17.50		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection		-	y cable					
	•Burglar protection Installation: Residential			y cable-add'l ch e protection	annei				
	• First set	50.00		rglar protection					
	Additional set(s)	00100		services:					
	• FM radio (if separate rate)			connect		30.00			
	Converter		• Dis	connect					
				tlet relocation	ess	30.00 30.00			

ting Period: 2	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID# 31224
	PRIMARY TRANSMITTERS:			• - <u></u> -
G mimary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	of (1) stations carried only on a part-tim he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute the Special Statement and Program Long the	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne 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
	KFXL	51.1	Ν	Lincoln NE
	KLKN	8.1	Ν	Lincoln NE
lecessary	KOLN	10.1	N	Lincoln NE
	KSNB	4.1	N	Lincoln NE
	KSNB	4.2	<u> </u>	Lincoln NE
	KUON	12.1	E	Lincoln NE
	κχνο	15.1	<u> </u>	Omaha NE
	WATM	23.3	I	Altoona PA

Accounting F			/STEM [.]					I SA1-2E. PAGE
Zito Midwes		ADLE 31	ISTEM.					3122 3122
								012
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on the 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	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
			· · · · · · · · · · · · · · · · · · ·	1				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							l	

Accounting Perio	od: 2019/1						FORM	1 SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							31224
	SUBSTITUTE CARRIAGE				<u>^</u>			
I I	In General: In space I, identi substitute basis during the a							
Cubatituta	explanation of the programm							
Substitute Carriage:					e general mot			
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting period 	-	r cable system	carry, on a substitute bas	is, any nonne	twork televisio	n program	×
Program Log	broadcast by a distant stat	tion?					YES	× 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 program	1
	log in block 2.	,		,,,	, j	····		
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their m	neaning is	
	clear. If you need more spa							
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
			Icast live enter	r "Yes." Otherwise enter "N	lo "			
				isting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	ne community to which the	station is lice		CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, wit	h the mont	h
	first. Example: for May 7 giv		aubatituta pro	arem was corriad by your	achla avatam	List the times		
	to the nearest five minutes.			gram was carried by your				/
	stated as "6:00–6:30 p.m."		program carne		15 p.m. to 0.2	0.50 p.m. snot		
		er "R" if the	listed program	was substituted for progra	amming that y	our system wa	as required	1
	to delete under FCC rules a							m
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTITU	ITE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCUF		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
					-			
						_		
						_		
						_		
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					-			
					-			
							-	
					-			

Accounting Period:	2019/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	¥STEM ID# 31224
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 servies s amount, see	6,897.24
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		ghts!

Accounting renou.	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito Midwes	F OWNER OF CABLE SYSTEM: t LLC		SYSTEM ID# 31224
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	bers, and (2) the cable system's otal number of channels on whic ied television broadcast stations otal number of activated channe e cable system carried television	s	8
N Individual to Be Contacted		TO BE CONTACTED IF FURTH ct about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom int.)	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apar	tment, or suite number)	
		Coudersport PA 169 (City, town, state, zip)	115	
	Email	teri.mcmullen@	Zitomedia.com	
O	I, the undersig (Ow (Ag X (Of I have examinare true, comp	gned, hereby certify that (Check or vner other than corporation or p lent of owner other than corpora in line 1 of space B and that the of fficer or partner) I am an officer (in line 1 of space B. ned the statement of account and	partnership) I am the owner of the cable system as identified in line 1 of space B; ation or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified as owner hereby declare under penalty of law that all statements of fact contained herein y 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)	stem as identified
		T 24.	President	
		Title: (Title of	official position held in corporation or partnership)	

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	FORM SA1-2E. PAG
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	312
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.	P Special Statemer Concerning Gros Receipts Exclusio
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. \$	
	_
Name Name 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.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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