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

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	S 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))	
		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.	
		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 t as 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 - Jackson County	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
<u>ı</u>			

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	36917
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Jackson County	
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	-2E. PAGE
Name	Zito Midwest LLC								3691
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including period Number of Subscribers: Both down by categories of secondary each category by counting the miseparately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca	pace E should on of television ay cable) in sp (June 30 or Du blocks in space / transmission umber of billing ice at the rate i harged for each (Example: "\$2 ounts allowed in space E, the to their subsci where an inc should be cour	cover all c and radio ace F, not ecember 3 ce E call fo service. In as in that candicated— h category 20/mth"). S for advanc e form lists ribers. Give dividual or nted as a s	ategories of s broadcasts b here. All the 1, as the cas r the number general, you ategory (the r not the numb of service. Ir ummarize an e payment. the categorie e the number organization ubscriber in e	secondary y your sy facts you e may be of subsc can com number o ber of set nclude bo y standar es of seco of subsc is receivi each appl	stem to subscri state must be). ribers to the ca pute the numbor f persons or org s receiving sen th the amount of rd rate variation ondary transmis ribers and rate ng service that icable category	bers. Give those exist ble system er of subsci ganizations vice). of the charg is within a p ssion servic for each lis falls under v. Example:	information ing on the , broken ribers in charged ge and the particular rate ce that cable sted category different a residential	
	first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	nce again und nas rate catego ers of services	er "Service ories for se that inclue	to additional condary trans le one or mo	set(s)." smission	service that are dary transmission	e different fi ons), list the	rom those em, together service is	
	BL	NO. OF					BLUCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		400	47.05					
	 Service to first set Service to additional set(s) 		129	17.35					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	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 furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the 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	e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) informa that are no ns: you do iished to no usually bill he cable sy stem furnis e was mac	ation with res t offered in co not need to g onsubscriber ed. If any rat vstem for eached or offere le or establis	pect to al ombinatio give rate i s. Rate in es are ch ch of the a d during f	n with any secon information con formation shou arged on a vari applicable servi the accounting	ondary tran cerning (1) Id include I able per-pr ces listed. period that	smission services ooth the rogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	17.50	• Motel,	n: Non-resid	uential				
	• Pay caple		• Comm						
	Pay cable Pay cable—add'l channel								£
			• Pay ca	able					
	• Pay cable—add'l channel		,	able able-add'i cha	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay ca • Fire pr	able-add'l cha otection	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	50.00	• Pay ca • Fire pr • Burgla	able-add'l cha otection r protection	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	50.00	• Pay ca • Fire pr • Burgla Other ser	able-add'l cha rotection r protection vices:	annel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	50.00	• Pay ca • Fire pr • Burgla Other ser • Recon	able-add'l cha rotection r protection vices: nect	annel	30.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	50.00	 Pay ca Fire pr Burgla Other ser Recon Discor 	able-add'l cha rotection r protection vices: nect	annel	30.00			

ounting Period: 2	-			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	· CABLE SYSTEM:		369
	Zito Midwest LLC			
G Primary Transmitters:	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t (e)(2) and (4), or 76.63 (referring to 76.6	<i>pt</i> (1) stations carried only on a part-t the carriage of certain network progra	time basis under ams [sections
ransmitters: Television	Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only 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, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	also in space I, if the station was carrie on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination ad with a station according to its over-the	(the Special Statement and Program I ed both on a substitute basis and also s, see page (v) of the general instructi program services such as HBO, ESF he-air designation. For example, repo levision station for broadcasting over k station, an independent station, or a " (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio ructions in the paper SA1-2 form. st the community to which the station	Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI	23.1	Ν	Paducah KY
	KFVS	12.1	N	Cape Girardeau MO
	WDKA	49.1		Paducah KY
			N	
	WPSD	6.1		Paducah KY
	WPSD	6.3		Paducah KY
	WQWQ	12.2		Paducah KY
	WSIL	3.1	<u>N</u>	Paducah KY
	WSIU	8.1	E	Carbondale IL
	WTCT	27.1	l	Marion IL
Rows as Necessary				
		1		
		-		
		4/		

Accounting Period:	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Zito Midwest LLC			3691
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syster FCC rules and regulations i	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-tin he carriage of certain network program	ne basis under ns [sections
Transmitters:	substitute program basis, a	s explained in the next paragraph.		
Television	 basis under specific FCC ru Do not list the station here station was carried only on 	: With respect to any distant stations c iles, regulations, or authorizations: e in space G—but do list it in space I (1 a substitute basis. also in space I, if the station was carrie	the Special Statement and Program Lo	og)—if the
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	n concerning substitute basis stations n's call sign. <i>Do not</i> report origination with a station according to its over-th he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rrms, see page (iv) of the general instr- n of each station. For U.S. stations, lis dian stations, if any, give the name of the	program services such as HBO, ESPN e-air designation. For example, repor evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	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
	I. OALL OION	2. B GAGT CHANNEL NOMBER	J. THE OF OTATION	

Accounting P	eriod: 2019	/1					FORM	I SA1-2E. PAGE 4
LEGAL NAME OF		CABLE SY	/STEM:					SYSTEM ID
Zito Midwes	t LLC							3691
	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 i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei at the Co I 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 t 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 he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain 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	
GALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
		 						

Accounting Perio	counting Period: 2019/1 FORM SA1-2E. PAGE 5.							
-	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							36917
	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					0.0.0, 0.0.	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	
			lcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.			
				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."		program can		· • p · · · · • • • -			
				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	
						_		
						_		
					·			
						_		
						_		
					·			

Name Zito Midwest LLC 34 Gross Receipts Gross RECEPTS Instructions: The Signer you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (space yiv) of the inperiod in institution becaded in the paider SAI -2 form. § 24,284. Copyright Royalty Free COPYRIGHT ROYALTY FEE Instructions: Too mpaid to a statement in space P concerning gross receipts. § 24,284. Use book 21 fits amount of gross receipts in space K is 1537,100 or less - Use book 21 fits amount of gross receipts in space K is more than \$257.000 - Use book 21 fits amount of gross receipts in space K is more than \$257.100 or less - Use book 31 fits amount of gross receipts in space K is more than \$257.100 or less - Use book 31 fits amount of gross receipts in space K is more than \$257.100 or less - Use book 31 fits amount of gross receipts in space K is more than \$257.100 or less - Use book 31 fits amount of gross receipts in space K is more than \$257.100 or less - Use book 31 fits amount of gross receipts in space K is more than \$257.100 or less - Use book 31 fits amount of gross receipts in space K is more than \$257.100 or less - Use book 31 fits amount of gross receipts in space K is more than \$257.100 or less - Use book 31 fits amount of gross receipts in space K is more than \$268.000 or less - Use book 31 fits amount from line 4, space Q, page 8 0.01 Line 3. ToTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 263,800.00 2 2. Enter mount of gross receipts from space K . . .	Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
K Instructions: The figure you give in this space determines the form you file and the amount you pay. Either the total of all amounts (space E) during the accounting period. For a further explanation of how to compute this amount, see page for a function for accounting the function of you make system sectors (sector) and the amount of gross receipts for all subscheders for the system's sector of you wake system sectors (sector) and the amount of gross receipts for all subscheders for the system's sector of you wate you wate the you wate system's sector of you wate you wate you wate system's sector of you wate you wate system's sector of you wate you wate you wate system's sector of you wate	Name		S	STEM ID# 36917
L Instructions: To compute the royalty fee you cove: • Complete block 1: block 2, and the pace scale is in space K is sore than \$137,100 but less than or equal to \$263,800 • Use block 1: fit the amount of gross receipts in space K is more than \$137,100 but less than s527,800 See page (v) of the general instructions located in the paper \$A12 com for more information. 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 this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period \$ 52.0 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PENIOD Add lines 1 and 2\$ \$ 263,800.00 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PENIOD Add lines 1 and 2\$ \$ 263,800.00 2. Enter amount of gross receipts from space K.		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 thi 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.	smission service s amount, see \$ 24	, 284.76
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period \$52.0 Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 0.0 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 \$52.0 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		 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 	\$263,800	
accounting period is \$52.00		BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 0.0 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 \$ 52.0 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			this six-month	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 0.0 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 \$ 52.0 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		Line 1. Rovalty fee for accounting period	\$	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				0.00
1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
2. Enter amount of gross receipts from space K		BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
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 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 4. Multiply line 3 by .01 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 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 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		1. Base amount under statutory formula \$ 263,800.00		
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 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 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) 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 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 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 FILING FEE AND TOTAL REMITTANCE DUE		2. Enter amount of gross receipts from space K		
5. Enter the amount from line 3		3. Subtract line 2 from line 1		
6. Subtract line 5 from line 4		4. Enter the amount of gross receipts from space K		
7. Multiply line 6 by .005 (enter figure here)		5. Enter the amount from line 3		
8. Interest charge. Enter the amount from line 4, space Q, page 8 0.0 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 0.0 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		6. Subtract line 5 from line 4		
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 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) 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		7. Multiply line 6 by .005 (enter figure here)		
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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) 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		9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1		BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
3. Subtract line 2 from line 1		1. Enter the amount of gross receipts from space K		
4. Multiply line 3 by .01		2. Base amount under statutory formula		
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		3. Subtract line 2 from line 1		
		4. Multiply line 3 by .01		
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
FILING FEE AND TOTAL REMITTANCE DUE		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		
Total Remittance 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		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)	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 \$ 67.0		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 Register of Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.				nts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito Midwes	OWNER OF CABLE SYSTEM:		SYSTEM ID: 36917
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on whice ers, and (2) the cable system's total number of acti- tal number of channels on which the cable ed television broadcast stations	s	9 113
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATIO t about this statement of account.)	N IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen	Telephone 8	314-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number))	
		Coudersport PA 16915 (City, town, state, zip)		
	Email	teri.mcmullen@zitomedia.com	Fax (optional)	
O	I, the undersi (Ow (Ag X (Of I have examinare true, comp	ned, hereby certify that (Check one, <i>but only one</i> , of her other than corporation or partnership) I am the ent of owner other than corporation or partnership n line 1 of space B and that the owner is not a corpori- icer or partner) I am an officer (if a corporation) or a n line 1 of space B. ed the statement of account and hereby declare under ete, and correct to the best of my knowledge, informa- tion 1001(1986)] $\underbrace{X /s/Jan}_{Enter an electronic Enter signature usi}$	e owner of the cable system as identified in line 1 of space B; o p) I am the duly authorized agent of the owner of the cable systemation or partnership; or a partner (if a partnership) of the legal entity identified as owner er penalty of law that all statements of fact contained herein	tem as identified
		Title: President		

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

inting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	369
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 fol- lowing 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 sub- scribers 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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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 Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here x days	Interest Assessm
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessm
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 -	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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 days Line 4 Multiply line 3 by 0.00274** and enter here -	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * - (interest charge) * * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> * To view the interest rate chart click on <i>www.copyright.gov/licensing@loc.gov.</i> ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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