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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Short Form) uctions are located of this workbook	2/25/2020	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	II - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full co	rporate title
Owner	List any other name or names under whi	ch the owner conducts the business of t	the cable system.	
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should sting period.	submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	11835
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Zito Midwest LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	)	
	Zito Media			
	MAILING ADDRESS OF OWNER OF PO Box 665	F CABLE SYSTEM		
	(Number, street, rural route, apartment, or suite			
	Coudersport, PA 16915 (City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busi names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	Zito Media - Pittsburg			
1	MAILING ADDRESS OF CABLE SYSTE	IVI :		

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.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	11835
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 the as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Pittsburg Williamson County	
initiality	willianson county	IL.
s as Necessary		
,,		

								FORM SA1-	TEM I						
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	118						
Е	SECONDARY TRANSMISSION														
E	In General: The information in s	-		-		•									
Secondary	system, that is, the retransmission about other services (including particular services)														
Transmission	last day of the accounting period							ing on the							
Service: Sub-	Number of Subscribers: Bot	•					,								
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•									
Rates	separately for the particular serv			•••		•		scharged							
	Rate: Give the standard rate of	-	-	•			-	-							
	unit in which it is generally billed category, but do not include disc	· ·	,		ny standa	rd rate variatior	ns 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			-		•									
	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	has rate categ	ories for s	econdary trar	smission										
	printed in block 1 (for example, t						,.								
	with the number of subscribers a sufficient.	tion of the s	service is												
	BLO				BLOCK										
	CATEGORY OF SERVICE	RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA								
	Residential:							_							
	<ul> <li>Service to first set</li> </ul>		1	63.64											
	<ul> <li>Service to additional set(s)</li> </ul>														
	• FM radio (if separate rate)														
	Motel, hotel														
	Commercial														
	Converter														
	Residential														
	Non-residential														
	SERVICES OTHER THAN SEC	ONDARY TRA		ONS: RATE	6										
F	In General: Space F calls for ra	te (not subscril	ber) inforn	nation with re	spect to a	ll your cable sy	stem's serv	vices that were							
Г	not covered in space E, that is, t														
Services	service for a single fee. There al furnished at cost or (2) services	•			•			,							
Other Than	amount of the charge and the ur														
<b>•</b> •	enter only the letters "PP" in the				-1641		11-41								
Secondary	I Disals 4. Obvis the standard and	te charged by t	ine cable s	svstem tor ea		applicable servi		were not							
ransmissions:			stem furni		d durina	the accounting	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
-	Block 2: List any services that	t your cable sy		shed or offere	0	•	•	e form of a							
ransmissions:	Block 2: List any services that	t your cable systems separate charg	ge was ma	shed or offerended or offerended or establis	0	•	•	e form of a							
ransmissions:	<b>Block 2:</b> List any services that listed in block 1 and for which a	t your cable systems separate charg	ge was ma de the rate	shed or offerended or offerended or establis	0	•	•	e form of a BLOCK 2							
ransmissions:	<b>Block 2:</b> List any services that listed in block 1 and for which a	t your cable sy separate charg ption and includ	ge was ma de the rate CK 1	shed or offerended or offerended or establis	shed. List	•	vices in the		RAT						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sy separate charg otion and includ BLO( RATE	ge was ma de the rate CK 1 CATEGC Installati	shed or offere ade or establis of for each. ORY OF SER\ on: Non-resi	shed. List	these other ser	vices in the	BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable system separate chargotion and inclue BLOO	ge was ma de the rate CK 1 CATEGC Installati • Motel	shed or offere ade or establis of for each. RY OF SER\ <b>on: Non-resi</b>	shed. List	these other ser	vices in the	BLOCK 2	RAT						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sy separate charg otion and includ BLO( RATE	ge was ma de the rate CK 1 CATEGC Installati • Motel • Comr	shed or offere ade or establis of for each. DRY OF SER\ <b>on: Non-resi</b> , hotel nercial	shed. List	these other ser	vices in the	BLOCK 2	RAT						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	t your cable sy separate charg otion and includ BLO( RATE	ge was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c	shed or offere ade or establis of for each. <u>RY OF SER</u> <b>on: Non-resi</b> , hotel mercial sable	/ICE dential	these other ser	vices in the	BLOCK 2	RAT						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	t your cable sy separate charg otion and includ BLO( RATE	ge was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c	shed or offere ade or establis of for each. <u>NRY OF SERV</u> <b>on: Non-resi</b> , hotel mercial sable sable	/ICE dential	these other ser	vices in the	BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	t your cable sy separate charg otion and inclu BLO0 RATE 17.95	ge was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p	shed or offere ade or establis of for each. <u>ORY OF SERV</u> <b>on: Non-resi</b> , hotel mercial able able-add'l ch protection	/ICE dential	these other ser	vices in the	BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sy separate charg otion and includ BLO( RATE	ge was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Fire p • Burgl	shed or offere ade or establis of for each. <u>RY OF SER\</u> <b>on: Non-resi</b> , hotel mercial able able able-add'l ch protection ar protection	/ICE dential	these other ser	vices in the	BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sy separate charg otion and inclu BLO0 RATE 17.95	ge was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p	shed or offere ade or establis of for each. RY OF SER\ on: Non-resi , hotel nercial able-add'I ch protection ar protection rvices:	/ICE dential	RATE	vices in the	BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sy separate charg otion and inclu BLO0 RATE 17.95	de was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se	shed or offere ade or establis of for each.	/ICE dential	these other ser	vices in the	BLOCK 2	RA						
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sy separate charg otion and inclu BLO0 RATE 17.95	ge was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco • Disco	shed or offere ade or establis of for each.	/ICE dential	RATE	vices in the	BLOCK 2	RA						

ounting Period:	-			OVOTEN
Name	LEGAL NAME OF OWNER C	)F CABLE SYSTEM:		SYSTEM 11
	Zito Midwest LLC			11
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 Station</b> basis under specific FCC r • Do <i>not</i> list the station he 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 eace educational station, by ent (for independent multicast For the meaning of these the <b>Column 4:</b> Give the location	dentify every television station (including tr em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>us</b> : With respect to any distant stations car rules, regulations, or authorizations: ere in space G—but do list it in space I (the on a substitute basis. d also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pri- ed with a station according to its over-the- in the form. nel number the FCC assigned to the televi WRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list the	(1) stations carried only on a part- e carriage of certain network progu- l(e)(2) and (4))]; and (2) certain sta- rried by your cable system on a su- e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep- rision station for broadcasting over tation, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	e community with which the statio 3. TYPE OF STATION	A. LOCATION OF STATION
	KBSI	23.1	Ν	Paducah KY
	KFVS	12.1	N	Cape Girardeau MO
	WDKA	49.1	I	Paducah KY
	WPSD	6.1	N	Paducah KY
	WSIL	3.1	N	Harrisburgh IL
	WSIU	8	E	Carbondale IL
		27	l	Marion IL
	WTCT			
	WTCT KFVS	12.3	I	Cape Girardeau MO
Rows as Necessary	KFVS		I	Cape Girardeau MO
Rows as Necessary	KFVS		I	Cape Girardeau MO
Rows as Necessary	KFVS		I	Cape Girardeau MO
Rows as Necessary	KFVS		I	Cape Girardeau MO
Rows as Necessary	KFVS		I	Cape Girardeau MO
Rows as Necessary	KFVS			Cape Girardeau MO
Rows as Necessary	KFVS			Cape Girardeau MO
l Rows as Necessary	KFVS			Cape Girardeau MO
ł Rows as Necessary	KFVS			Cape Girardeau MO
d Rows as Necessary	KFVS			Cape Girardeau MO
d Rows as Necessary	KFVS			Cape Girardeau MO
d Rows as Necessary	KFVS			Cape Girardeau MO

ounting Period	: 2019/2			FORM SA1-2E. PAG			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	Zito Midwest LLC			118			
	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-tim	ne basis under			
Primary			the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static				
ransmitters: Television	substitute program basis, as explained in the next paragraph.						
	<ul> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</li> <li>Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.</li> </ul>						
	List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to 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 the form. el number the FCC assigned to the tel- (RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instr- n of each station. For U.S. stations, lis	ed both on a substitute basis and also of s, see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a n (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station is the community with which the station is	ns. I, etc. Identify each multistream e air in its community noncommercial ident), "I-M" nal multicast). licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

EGAL NAME OF								SYSTEM
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a 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 ive 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 stem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor 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 anna, during co ge (v) of the g system 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							11835
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident				-	tion that ve	ur cable eve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network tele	<u>evis</u> ion prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this pr	an blonk. If your anower is	- "Vee " veuu	⊐ must sompl	-	
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer is	s res, you	must comp	iete trie proç	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible if t	heir meanin	a is
	clear. If you need more spa							9.0
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		consod by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi							. ( . ) .
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00-6:30 p.m."		a program car	lice by a system from 0.01	. 10 p.m. to t		. Should be	
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ier FCC rules	s and regula	ations in	
		•						1
						N SUBSTI		
	S		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	IMES — TO	5222.11011
							-	
							_	
							===	
								"
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								1

Accounting Period:	2019/2	FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 11835
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	731.03 pss 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 \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for 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	00)	
	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		
	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		
Filian Frederick			
Filing Fee and Total Remittance Due	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 informati		hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM: LC	SYSTEM ID# 11835
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	8 38
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814	<u>1-260-0434</u>
	Address 	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersigned     (Owne     (Agenti in I     X     (Offici in I     . I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations)         ed, hereby certify that (Check one, but only one, of the boxes.)         er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system         line 1 of space B and that the owner is not a corporation or partnership; or         er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of line 1 of space B.         d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.         on 1001(1986)]         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)	em as identified
		Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	
		Date: 02/26/2020	

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

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o Midwest LLC	1183
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>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	
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	-
x davs	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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Line 3 Multiply line 2 by the number of days late and enter the sum here       -         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	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         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 www.copyright.gov/licensing/interest-rate.pdf.         *       To view the interest rate chart click on www.copyright.gov/licensing@loc.gov.         **       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.	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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