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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/25/2020	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	۸۵۵۵	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period))					
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting							
Period							
		Instructions:					
В		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)					
		p 22 - 5 - 5 0					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	Zito Media - Carrier Mills						
		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 fling, a determination that would be made by a court of law.

• · · · · · · · · · · · · · · · · · · ·	2040/2							
Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Zito Midwest LLC	11842						
	Instructions: List each separate community served by the cable system. A "communit							
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete 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, t will serve as a form of system identification hereafter known						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	Carrier Mills	IL						
Community	Saline County	IL						
Add Rows as Necessary								
		000000000000000000000000000000000000000						

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

110.10

11842

## E

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Zito Midwest LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	BLOCK 2		
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	158	17.35				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

# F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** 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 brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2019/2

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
| Zito Midwest LLC | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2 | 2019/2

G

#### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**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:

- Do *not* 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 *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBSI	23.1	N	Cape Girardeau MO
KFVS	12.1	N	Cape Girardeau MO
WDKA	49.1	1	Paducah KY
WPSD	6.1	N	Paducah KY
WSIL	3.1	N	Harrisburgh IL
WSIU	8.1	E	Carbondale IL
WTCT	27.1	<u> </u>	Marion IL
KFVS	12.3	I	Cape Girardeau MO
	""		

Add Rows as Necessary

Accounting Period:	: 2019/2			FORM SA1-2E. PAGE 3.
N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Zito Midwest LLC			11842
	PRIMARY TRANSMITTERS:	TELEVISION		
Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	n during the accounting period, exception effect on June 24, 1981, permitting (2)(2) and (4), or 76.63 (referring to 76.83 explained in the next paragraph.	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subs	ne basis under ns [sections ons carried on a
	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 ti 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	a substitute basis.  also in space I, if the station was carrie in concerning substitute basis stations is call sign. Do not report origination with a station according to its over-th he form. In number the FCC assigned to the tel 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), rms, see page (iv) of the general instration of each station. For U.S. stations, lise	the Special Statement and Program Lord both on a substitute basis and also is, see page (v) of the general instruction program services such as HBO, ESPN iteration designation. For example, report evision station for broadcasting over the station, an independent station, or a refer of the formation of the page of the page of the community of the station is the community with which the station is	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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

11842

Zito Midwest LLC

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

0411 010::		0/0		T 0411 01011	l	0.10	L 004TION 05 0T: T: 0:
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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		1					

: 2019/2 EGAL NAME OF OWNER OF Zito Midwest LLC	0.1515016						RM SA1-2E. PAGE 5
	CABLE SYS	TEM:					SYSTEM ID#
NIBOTITUTE ALBERT							11842
n General: In space I, identification of the programm  I. SPECIAL STATEMENT  During the accounting perforced cast by a distant state  Note: If your answer is "Note in block 2.  I. LOG OF SUBSTITUTE  IN General: List each substelear. If you need more spa	ify every noicecounting pring that mu  CONCERTION, did you tion?  ", leave the  E PROGRA titute progra ice, please	nnetwork televineriod, under spist be included in RNING SUBS ur cable system a rest of this paramon a separadd additional	pecific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute bath age blank. If your answer is ate line. Use abbreviations	or a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r	ulations, of structions network te nust com	elevision province YES plete the province their mean	ons. For a further SA1-2 form.  ogram  X NO  ogram
Column 3: Give the call section of the case of Mexican or Can Column 5: Give the monitars. Example: for May 7 give Column 6: State the time of the nearest five minutes. Stated as "6:00–6:30 p.m."	gulations, of ies like "mo Bulls." In was broaking of the adcast stationation stati	or authorization ovies" or "bask dcast live, ente station broadcon's location (tons, if any, the when your system of the substitute proap or program carrollisted program carrollisted program ions in effect d	ns. See page (v) of the general sets and the sets and the sets and the sets as the set of the sets as the set of the sets and the substitute programs as the community to which the community with which the stem carried the substitute or carried the substitute or sets as the set of the sets and the sets and the sets are the sets and the sets and the sets and the sets and the sets are the sets and the sets a	neral instruct am titles, for e 'No." ram. e station is lid e program. Us r cable systel 1:15 p.m. to 6 ramming that od; enter the l ler FCC rules	censed by entified). se numera m. List the :28:30 p.i your sys- etter "P" i	orther inform I Love Luc I the FCC or I the FCC or I the FCC or I the saccom. should be I tem was re I the listed I the listed I the listed I the listed	nation. y" or  r, in e month urately e
SI	JBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO			7. REASON FOR
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.		
				AND DAY	FROM	<u>— то</u>	DELETION
				Yes or No CALL SIGN 4. STATIONS LOCATION	Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY	Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM	TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC	S	STEM ID# 11842
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this apage (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.	ission service amount, see	0,041.16 ss receipts)
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 \$200.  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-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		02.00
	1. Base amount under statutory formula	/	
	Enter amount of gross receipts from space K	•	
	3. Subtract line 2 from line 1	•	
	Substact line 2 information in a contract 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)	
	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		
	TENOT LE TITO TO TAL 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		nts!

Accounting Period:	i: 2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC	SYSTEM ID# 11842
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	ations
	Enter the total number of channels on which the cable     system carried television broadcast stations	8
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	107
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Teri McMullen Tele	ephone <b>814-260-0434</b>
	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)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regul	ations)
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 o	of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or	e cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B.	ed as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]	ed herein
	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)	
	Typed or printed name: James Rigas	
	Title: <b>President</b> (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.

counting Period: 2019/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Midwest LLC	11842
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	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form.  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	
1 E.S. Enter the total here and list the sateline carrier(s) below	_
Name Mailing Address Name 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
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or 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.	
Owner	
Address	111
	nn
ID number	
First community served  Accounting period	
Accounting Period	

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