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	
General instru	ems (Short Form) actions are located of this workbook	2/25/2020	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period)) Period 2 = July 1 - December 31	
	2019/2			
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c		idiary of another corporation, give the full co	rporate title
Owner	List any other name or names under whic	ch the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty free statements of account and royalty free statements of account and royalty free statements are statements as a statement of account and royalty free statements are statements as a statement of account and royalty free statements are statements as a statements are statements are statements as a statements are statements as a statements are statements as a statements as a statements are statements as a statements are statements as a statements as a statements are statements as a statements as a statements as a statements are statements as a statements are statements as a statements are statements as a statements as		the last day of the accounting period should sting period.	submit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	1561
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	Zito Midwest LLC			
	BUSINESS NAME(S) OF OWNER OI	F CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 665			
	(Number, street, rural route, apartment, or suite r Coudersport, PA 16915 (City, town, state, zip)	number)		
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:	- 0		
	1 Zito Media - Deshler			
	MAILING ADDRESS OF CABLE SYSTEM	Λ:		

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 filing, 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)

ame	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	1561
D	as the "first community." Please use it as the first community on all futur	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the
erved		
	CITY OR TOWN	STATE
First	Deshler	ТХ
munity		
as Necessar	у	

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM I
Name	Zito Midwest LLC	ABLE SYSTEM	:					515	15 15
Е	SECONDARY TRANSMISSION							h a sabla	
-	In General: The information in s system, that is, the retransmission	-		•		•			
Secondary	about other services (including p								
Fransmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both	•					,		
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
nutoo	separately for the particular serv			0,1		•		onargou	
	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	ondarv 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						idel Selvi		
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t						,.		
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descrip	tion of the s	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТІ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	CODOCIND	LINO	TUTE	0/11		WICE	OODOONIDENO	101
	Service to first set		9	17.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								I
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for rai					ll vour cable sv	stom's son	vices that were	
F	not covered in space E, that is, t		,		•	• •			
	service for a single fee. There are	•	2		•	information cor	cerning (1)		
Services	furnished at cost or (2) services	or facilities fur	nished to	nonsubscribe	rs. Rate ir	information cor	icerning (1)	both the	
Other Than	furnished at cost or (2) services amount of the charge and the ur	or facilities furn nit in which it is	nished to	nonsubscribe	rs. Rate ir	information cor	icerning (1)	both the	
	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	or facilities furn hit in which it is rate column. te charged by t	nished to usually the cable	nonsubscribe billed. If any ra system for ea	rs. Rate in ites are ch ch of the	information corn formation shou narged on a var applicable servi	icerning (1) ild include i iable per-pl ces listed.	both the rogram basis,	
Other Than Secondary	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	or facilities furn hit in which it is rate column. te charged by t t your cable sy	hished to usually the cable stem furr	nonsubscribe billed. If any ra system for ea hished or offer	rs. Rate in ites are ch ch of the ed during	information corn formation shout narged on a var applicable servithe accounting	icerning (1) ild include iable per-p ces listed. period that	both the rogram basis, were not	
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ccounting Period: 2	2019/2			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	Zito Midwest LLC			1561				
	PRIMARY TRANSMITTERS:	TELEVISION						
G 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, <i>except</i> (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 <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. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other 							
	Column 1: List each station multicast stream associated "WETA-2" as the same on the	's call sign. <i>Do not</i> report origination with a station according to its over-th ne form.	, see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over th	l, etc. Identify each multistream				
	of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of	station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	oncommercial ident), "I-M" nal multicast). licensed by the s identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KFXL	51.1	Ν	Lincoln NE				
	KLKN	8.1	N	Lincoln NE				
d Rows as Necessary	KOLN	10.1	N	Lincoln NE				
	KSNB	4.1	N	Lincoln NE				
	KSNB	4.2	_ I	Lincoln NE				
	KUON	12.1	E	Lincoln NE				
	кхvо	15.1	I	Omaha NE				
	WATM	23.3	I	Altoona PA				
	KOLN	10.5	<u> </u>	Lincoln NE				

EGAL NAME OF		JABLE 5	YSTEM:					SYSTEM 15
	t 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 abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein the Co sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright 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 th 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 nna, during c ge (v) of the g ystem 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	od: 2019/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							1561
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I	In General: In space I, ident	ify every no	nnetwork telev	ision program, broadcast by	/ a distant sta			
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				5			
Special	 During the accounting per 	-			isis, any noni	network telev	vision prog	ram
Statement and Program Log	broadcast by a distant sta	-					YES	× NO
r rogram Log	Note: If your answer is "No		rest of this pa	ae blank. If your answer i	с "Vec " уоц и			
	log in block 2.	, leave the		ige blank. It your answer h	s res, your	nust comple	te the prog	Jian
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa Column 1: Give the title			i rows to the tables. vision program ("substitute	e program") t	hat during th	ne account	ina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy	or
	Column 2: If the program	m was broa		er "Yes." Otherwise enter				
				asting the substitute prog		oonood by th	a FOO ar	in
	the case of Mexican or Car			the community to which the community with which the			erccor,	in
	Column 5: Give the mor	nth and day		stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		o oubotituto pr	ogram was carried by you	r ochlo ovoto	m lict the ti		atoby
	to the nearest five minutes.							atery
	stated as "6:00-6:30 p.m."				·	·		
	Column 7: Enter the lett to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976					Ū		
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCU		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	6. TIN FROM —	MES - TO	DELETION
							-	
							-	
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	/STEM ID# 1561
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 transmit (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 mount, see	, 625.51 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 \$2 Use block 3 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	his six-mon	
	accounting period is \$52.00 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	-	52.00
	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 \$ 263,800.00		
	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 Francis			
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:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito Midwest L	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 1561
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou 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 I television broadcast stations	9 125
N Individual to Be Contacted		D 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	4-260-0434
	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 Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , 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 th of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	em as identified
		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: 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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Midwest LLC	156
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. 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. 	P Special Statement Concerning Gross Receipts Exclusion
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
× 1%	
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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