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.

Short Form SA1-2E

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FOR COPYRIGHT OFFICE USE ONLY	TNUOMA 25	/20 ₋₅ .	ALLOCATION NUMBER	
FOR COPYRIGHT	DATE RECEIVED			

		_				Return completed workbook
TATEM	ENT	FATEMENT OF ACCOUNT	FOR COPYRIGHT OFFICE USE ONLY	DFFICE USE	ONLY	by email to:
r Seconda	ary Tra	· Secondary Transmissions by	DATE RECEIVED		AMOUNT	
able Syste	3) sine	tble Systems (Short Form)				coplicsoa@loc.gov
r neral instru	. acito	neral instructions are located		0 ۍ		For additional information, contact the U.S. Copyright
he first tab of this workbook	of this	workbook		ALLOC	ALLOCATION NUMBER	Onice Licensing Division at. Tel: (202) 707-8150
⋖	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	Y THIS STATEMENT: (YYYY	//(Period))		
		2019/2	Period 1 = January 1 - June 30	Period 2 = July	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional - see instructions)	e instructions)		
Accounting Period						
a		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.	e cable system. If the owner is a subsidiary poration.	/ of another cor	poration, give the full corpo	orate title
Owner		List any other name or names under which the owner conducts the business of the cable system.	the owner conducts the business of the ca	able 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.	ccounting period, only the owner on the la payment covering the entire accounting I	ast day of the ac period.	counting period should suk	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	If not, enter the system's ID number assig	ned by the Lice	nsing Division.	31224
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ADDRESS OF CABLE SYSTEM			
		Zito Midwest LLC				
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	CABLE SYSTEM (IF DIFFERENT)			
		Zito Media				
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	SABLE SYSTEM			
		PO Box 665 (Number, street, rural route, apartment, or suite number)	mber)			
		Coudersport, PA 16915 (City, town, state, zip)				
ပ	INSTF name	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	ess or trade names used to identify, give the mailing address of the sy	the business rstem, if diffe	and operation of the sent from the address $\mathfrak c$	system unless these given in space B.
System	_	IDENTIFICATION OF CABLE SYSTEM:				
	-	Zito Media - Utica				
		MAILING ADDRESS OF CABLE SYSTEM:				
	7	(Number, street, rural route, apartment, or suite number)	mpunimmunimmunimmunimmunimmunimmunimmuni			
		(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 sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2E Short Form (Rev. 05-17) U.S. Copyright Office

	2010/0									
Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Zito Midwest LLC	31224								
	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 list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hotels.	nmunities within unincorporated areas and including single, twill serve as a form of system identification hereafter known								
Area Served	identified city.									
	CITY OR TOWN	STATE								
First	Utica	NE								
Community	Waco	NE								
Add Rows as Necessary										

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Zito Midwest LLC

31224

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	12	65.61				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
 Residential 						
Non-residential						
		1		1	•	

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 			
 Pay cable—add'l channel 		 Commercial 			
 Fire protection 		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set	30.00	 Burglar protection 			
 Additional set(s) 		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 FORM SA1-2E, PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 31224

Zito Midwest LLC

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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, 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.

2. B'CAST CHANNEL NUMBER

KFXL Lincoln NE 51.1 KLKN 8.1 N Lincoln NE 10.1 N **KOLN** Lincoln NE **KSNB** 4.1 Ν Lincoln NE **KSNB** 4.2 Lincoln NE **KUON** 12.1 Ε Lincoln NE **KXVO** 15.1 **Omaha NE WATM** 23.3 Altoona PA **KOLN** 10.5 Lincoln NE

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC 31224

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
3.3.1				5 5. 5. 5. 1		_,_	
							

ccounting Perio	nd: 2019/2						FORI	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				7 014	SYSTEM ID#
Name	Zito Midwest LLC							31224
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programn 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUTI In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the brot the case of Mexican or Car Column 5: Give the mot first. Example: for May 7 give	ifly every no accounting paining that mu T CONCEI riod, did you tion? ", leave the E PROGR/ titute prograce, please of every no distant star egulations, wries like "mo Bulls." m was broasign of the adcast statinadian statinath and day we "5/7."	eriod, under spist be included RNING SUBS ur cable system e rest of this paradd additional onnetwork teletion and that yor authorizatio ovies" or "bask dcast live, entitation broadd on's location (ons, if any, the yor when your sy	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE of carry, on a substitute based of the carry, on a substitute based of the carry of the general forms to the tables. Vision program ("substitute our cable system substitute programmer "Yes." Otherwise enter the community to which the	a distant star CC rules, reg he general instant sis, any nonres "Yes," you res wherever per program") the dor the program titles, for earn. e station is like station is like program. Use	ulations, of structions in the structions in the structions in the structions in the struction in the struct	reauthorization in the paper Selevision progential YES plete the progentheir meaning the account g of another urther information of the FCC or, als, with the residue of the progential to the p	stem carried on a ns. For a further SA1-2 form. ram X NO gram g is ting station tion. or in
	to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON			
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	1	5. MONTH		CURRED TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
								"
								"
							_	
							.=	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	7STEM ID# 31224
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. 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 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.	ission service amount, see	5,405.90 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 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 time 2 information 1 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)	
	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 AND TOTAL REMATTANCE DUL		
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!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	i: 2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SYSTEM ID# 31224
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting	
	Enter the total number of channels on which the cable system carried television broadcast stations	9
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	125
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	to whom
for Further Information	Name Teri McMullen	Telephone 814-260-0434
	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 (c	pptional)
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	t Office regulations)
	(Owner other than corporation or partnership) I am the owner of the cable system as identif	ied in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the in line 1 of space B and that the owner is not a corporation or partnership; or	e owner of the cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal in line 1 of space B.	entity identified as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of are true, complete, and correct to the best of my knowledge, information, and belief, and are made in goo [18 U.S.C., Section 1001(1986)]	
	X /s/James Rigas	
	Enter an electronic signature on the line above to certify th Enter signature using an "/s/ signature" (e.g., /s/ John Smit	
	Typed or printed name: James Rigas	
	Title: President (Title of official position held in corporation or partnership)	
	Date: 02	/26/2020

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2019/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o Midwest LLC	31224
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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
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 Assessment
x 1%	-
	_
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 \$	
(interest charge)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . 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	
ID average.	
ID number	
First community served Accounting period	

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)