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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito Midwest LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless 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		IDENTIFICATION OF CABLE SYSTEM:
.,	1	Zito Media - Cameron TX
		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.

	2010/2	
Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Midwest LLC	6046
	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, t will serve as a form of system identification hereafter known
Area Served	identified city.	one parks should be reported in parentheses sclow the
	CITY OR TOWN	STATE
First	Cameron	TX
Community	Cameron/Milam County	TX
		0001101101010101010101010101010101010101
Add Rows as Necessary		
		0001010101010101010101010101010101010101
		011111111111111111111111111111111111111
		011111111111111111111111111111111111111
		011111111111111111111111111111111111111
		0.0000
		011111111111111111111111111111111111111

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Zito Midwest LLC

SYSTEM ID# 6046

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 	219	20.40			
 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 1			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. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6046 Zito Midwest LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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
KCEN	6	N	Temple TX
KCEN	6.2	<u> </u>	Temple TX
KXXV	25	N	Waco TX
KXXV	25.2	l	Waco TX
KWTX	10	N	Waco TX
КТВС	7	N	Austin TX
KLRU	18.1	E	Austin TX
KNCT	46.1	IM	Waco TX
KNCT	46.2	IM	Waco TX

Add Rows as Necessary

Accounting Period:	: 2019/2			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Zito Midwest LLC			6046
	PRIMARY TRANSMITTERS:	TELEVISION		
Primary Transmitters: Television	carried by your cable systel FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information	entify every television station (including m during the accounting period, exception effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6) as explained in the next paragraph. With respect to any distant stations caules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, in's call sign. Do not report origination processes the second concerning substitute basis stations, in's call sign. Do not report origination processes are second concerning substitute basis stations, in's call sign.	(1) stations carried only on a part-tie carriage of certain network progratice) (2) and (4))]; and (2) certain state arried by your cable system on a subsection of the Special Statement and Program both on a substitute basis and also see page (v) of the general instruct	time basis under ams [sections tions carried on a bstitute program Log)—if the oon some other tions.
	"WETA-2" as the same on a Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these to Column 4: Give the location	d with a station according to its over-the the form. el number the FCC assigned to the tele (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), cerms, see page (iv) of the general instrunt of each station. For U.S. stations, list dian stations, if any, give the name of the	vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepor "E-M" (for noncommercial educatications in the paper SA1-2 form. the community to which the station	the air in its community a noncommercial endent), "I-M" onal multicast). is 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#

Zito Midwest LLC 6046

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
							
							
							
							
	_						
	 						

d: 2019/2 LEGAL NAME OF OWNER OF Zito Midwest LLC SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the program. 1. SPECIAL STATEMEN During the accounting per broadcast by a distant stance of the stance of t	GE: SPECI. ntify every not accounting prints that multiple in the interest of	AL STATEME connetwork televiceriod, under spust be included in RNING SUBS cur cable system e rest of this param on a separare add additional connetwork televation and that y or authorization ovies" or "bask adcast live, enterestation broadcaton's location (to ions, if any, the y when your sy the substitute program carre e listed program carre e listed program carre to in substitute program carre e listed program carre e listed program carre to your system w	ision program, brobecific present and in this log, see par TITUTE CARRIAN carry, on a subage blank. If your ate line. Use abborows to the table rows to the community to the community with stem carried the table rows as substituted uring the account as permitted to dispersion was substituted to dispersion to the table rows to the table	oadcast by d former FC age (v) of the AGE ostitute base or answer is or eviations es. "substitute n of the general of the substitute of the substitute ed by your from 6:01:	y a distant starCC rules, reghe general instant stars, any nonres "Yes," you res wherever program") the ted for the program. It is station is like e station is like program. Using the control of the program of the program of the control of the program of the progr	must commust consible, if the consed by lentified), see numerous communities and commu	plete the their me g the acing of anurther in "I Love I als, with their mes m. shoultern was if the list ulations	eaning counting other sufformation the maccura alld be sometime ted programments.	s. For a further A1-2 form. am X NO ram is ng tation ion. or
Zito Midwest LLC SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the program. 1. SPECIAL STATEMEN During the accounting pe broadcast by a distant state. Note: If your answer is "Note in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, in Do not use general catego. "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the broad the case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	GE: SPECI. ntify every not accounting pring that mu. NT CONCEI eriod, did you ation? Io", leave the stitute prograde, please e of every not a distant staregulations, ories like "mos. Bulls." arm was broad andian statificandian s	AL STATEME connetwork televiceriod, under spust be included in RNING SUBS cur cable system e rest of this param on a separare add additional connetwork televation and that y or authorization ovies" or "bask adcast live, enterestation broadcaton's location (to ions, if any, the y when your sy the substitute program carre e listed program carre e listed program carre to in substitute program carre e listed program carre e listed program carre to your system w	ision program, brobecific present and in this log, see par TITUTE CARRIAN carry, on a subage blank. If your ate line. Use abborows to the table rows to the community to the community with stem carried the table rows as substituted uring the account as permitted to dispersion was substituted to dispersion to the table rows to the table	oadcast by d former FC age (v) of the AGE ostitute base or answer is or eviations es. "substitute n of the general of the substitute of the substitute ed by your from 6:01:	y a distant starCC rules, reghe general instant stars, any nonres "Yes," you res wherever program") the ted for the program. It is station is like e station is like program. Using the control of the program of the program of the control of the program of the progr	must commust consible, if the consed by lentified), see numer community community community community community commusted by the community commu	plete the their me g the acing of anurther in "I Love I als, with their mes m. shoultern was if the list ulations	eaning counting other sufformation the maccura alld be sometime ted programments.	em carried on a s. For a further 1-2 form. am X NO ram is ng tation ion. or n onth tely red gram
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In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the broad Column 5: Give the mo first. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	stitute prograde, please e of every no a distant staregulations, ories like "mos. Bulls." am was broad ll sign of the badcast stationth and day give "5/7." mes when the s. Example: " "tter "R" if the stand regulation in the standard in the standard regulation in the	ram on a separ and additional connetwork televation and that yor authorization ovies" or "bask adcast live, entrevation broadcion's location (tions, if any, the yowhen your syme substitute pra a program carries listed program tions in effect dyour system w	rows to the table vision program (" our cable system ns. See page (v) etball." List specier "Yes." Otherwisasting the substitute community to ecommunity with stem carried the ogram was carrieried by a system on was substituted uring the account as permitted to despite the community with stem carried to despite the organ was carried by a system of the account as permitted to despite the country of the accountry	es. "substitute n substitute of the gen cific prograr rise enter "I itute progra o which the n which the substitute ed by your from 6:01: d for progra nting period	e program") titled for the program titles, for e "No." ram. e station is lide program. Use program. Use program. Use program. To be program. To be program. Use program. To be program. To be program. WHE	hat, during ogramming ogramming ions for fuexample, dentified). See numers of the control of the	g the ac ng of and urther in "I Love of the FC als, with the times m. shou tem was if the list ulations	ccounting other sufformation of the maccura all dispersion of the maccura all dispersion of the disper	ng tation ion. or n onth tely red gram
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	2. LIVE?	3. STATION'S			CARRI	AGE OC	CURRE	ΞD	REASON FOR
1. TITLE OF PROGRAM					ı		TIL 4E0		DELETION
		CALL SIGN	4. STATION'S LC	CATION	5. MONTH AND DAY	FROM	TIMES —	то	

Accounting Period:			1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	Sì	STEM ID# 6046
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 mount, see	,915.92 ss receipts)
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 \$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
i	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		
	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)	
	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		
Filing Fee and Total Remittance	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		its!

Accounting Period:	: 2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SYSTEM ID# 6046
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televisi to its subscribers, and (2) the cable system's total number of activated channels during the account	
	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	75
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individue we can contact about this statement of account.)	al 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 Fa:	(optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyri I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	ght Office regulations)
	(Owner other than corporation or partnership) I am the owner of the cable system as ide	ntified in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent o in line 1 of space B and that the owner is not a corporation or partnership; or	the 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 leg in line 1 of space B.	al 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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in g [18 U.S.C., Section 1001(1986)]	
	X /s/James Rigas	
	Enter an electronic signature on the line above to certify Enter signature using an "/s/ signature" (e.g., /s/ John S	
	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.

ounting Period: 2019/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o Midwest LLC	6046
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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 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 number	
First community served Accounting period	

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