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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:		
	ary Transmissions by	DATE RECEIVED	AMOUNT			
General instru	ems (Short Form) uctions 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: (YY	Period 2 = July 1 - December 31			
Accounting Period		,,, _,, _				
B Owner	of the subsidiary, not that of the parent of List any other name or names under which	orporation. h the owner conducts the business of th accounting period, only the owner on th ee payment covering the entire account	he last day of the accounting period should s ing period.			
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM				
	Zito Midwest LLC					
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)				
	Zito Media					
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
	PO Box 665 (Number, street, rural route, apartment, or suite n	number)				
	Coudersport, PA 16915 (City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line					
System	1					
	Zito Media - Syracuse MAILING ADDRESS OF CABLE SYSTEM	1:				
	2 (Number, street, rural route, apartment, or suite n	umber)				
	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Zito Midwest LLC	84
	Instructions: List each separate community served by the cable system. A "communi	ty" is the same as a "community unit" as defined in FCC rule
	"a separate and distinct community or municipal entity (including unincorporated co	mmunities within unincorporated areas and including single
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Syracuse	NE
Community	Murdock	NE
	Elmwood	NE
d Rows as Necessary	Palmyra	NE
· · · · · · · · · · · · · · · · · · ·		NE
	Eagle	
	Weeping Water	NE
	Bennet	NE
	Johnson	NE
	Murray	NE
	Unadilla	NE
	Cook	NE
	Nemaha County	NE
	Cass County	NE
		NE
	Sterling	
		0 0101010101010101010101010101010101010

								FORM SA1-	2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					313	840
Е	SECONDARY TRANSMISSION								
<b>_</b>	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	about other services (including p			•					
Transmission	last day of the accounting period	l (June 30 or E	ecembe	r 31, as the case	may be	e).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	•		0		•			
Nates	separately for the particular serv		0	0,0				charged	
	Rate: Give the standard rate of	-	-	•					
	unit in which it is generally billed	· ·	,		standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				s of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not	e: Where an ir	ndividual	or organization is	s receiv	ing service that	falls under	different	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					I in the count ur	ider "Servi	ce to the	
	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 two-	<ul> <li>or thre</li> </ul>	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	(2	
		NO. OF SUBSCRIB		RATE				NO. OF	RAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RAIL	CATE	EGORY OF SEF	<b>VICE</b>	SUBSCRIBERS	RA
	Service to first set		361	18.62					
	Service to additional set(s)			10.02					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rain not covered in space E, that is, t	•	,	•		• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services	or facilities fur	nished to	nonsubscribers.	. Rate ir	nformation shou	ld include l	both the	
Other Than	amount of the charge and the ur		usually	billed. If any rates	s are ch	arged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable	e svstem for each	of the	applicable servi	ces listed.		
Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1		E			BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIC	-	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:			tion: Non-reside	ential				
	• Pay cable	17.95		el, hotel					
	Pay cable—add'l channel		_	nmercial					
	Fire protection     Purglar protection		-	cable	nol				
	•Burglar protection		· ·	cable-add'l chan	nei				
		30.00		protection glar protection					
	Additional set(s)	30.00		ervices:					
	• FM radio (if separate rate)			onnect		30.00			
	Converter			connect		00.00			
	Converter					30.00			
	Gonverter		• Out	let relocation ve to new address	3	30.00 30.00			

ccounting Period: 2	2019/2			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	Zito Midwest LLC 8								
	PRIMARY TRANSMITTERS: TELEVISION								
<b>G</b> Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru	n during the accounting period, except n effect on June 24, 1981, permitting to )(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (f	g translator stations and low power tel- bt (1) stations carried only on a part-tin the carriage of certain network program $\delta^1(e)(2)$ and $(4))];$ and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L	ne basis under ns [sections ons carried on a stitute program					
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, Wit Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form. I number the FCC assigned to the tele 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 instru- n of each station. For U.S. stations, lis	ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent station, or a (for network multicast), "I" (for independent station), or evisions in the paper SA1-2 form. t the community to which the station is the community with which the station is	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					
	KETV	7.1	Ν	Omaha NE					
	KLKN	8.1	N	Lincoln NE					
Add Rows as Necessary	KMTV	3.1	N	Omaha NE					
	KOLN	10.1	N	Lincoln NE					
	КРТМ	42.1	Ν	Omaha NE					
	KSNB	4.2	Ι	Lincoln NE					
	KUON	12	Е	Lincoln NE					
	κχνο	15.1	l	Omaha NE					
	WATM-TTV	23.3	I	Johnstown PA					
	wowt	6.1	Ν	Omaha NE					
	WOWT	6.5		Omaha NE					

EGAL NAME OF		JABLE S	I STEM.					SYSTEM 84
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	/ the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,5				5,0		
						·		

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							8408
	SUBSTITUTE CARRIAG	E: SPFCI	AL STATEME		G			
I I	In General: In space I, ident				-	tion that you	ır cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per				asis any noni	network telev	vision prog	ram
Statement and				in ourry, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	ete the prog	gram
	log in block 2.							
	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							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		oopood by th		in
	the case of Mexican or Car							
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m.	should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour syster	n was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program							0
	effect on October 19, 1976	•						
	s		E PROGRAM	4		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH			DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -		
							-	
						-	-	
							_	
						_	_	
							-	
							_	
						_	_	
							_	
							_	
							-	
						_	_	
							-	
						_	_	
1			L				-	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Zito Midwest LLC		8408
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	<b>),542.93</b> 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 accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	<u> </u>	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
546	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		nts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 8408
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota 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 television broadcast stations	11
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 81	14-260-0434
	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; of t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys 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. on 1001(1986)]	stem as identified
		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	

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ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o Midwest LLC	840
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul> </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address	a a a
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x dove	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$         .       (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$         .       (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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