U.S. COPYRIGHT OFFICE INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT The SA1-2E is a U.S. Copyright Office Form Email completed workbook to: coplicsa@loc.gov

Submitting the form

• This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@loc.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

· Alphabetization: Alphabetization is NOT required for any spaces.

• Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.

• Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

· Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at:

https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2017/1 fill-in "20171"). **DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.**

• For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 – Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 – Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- \cdot Space K input the total gross receipts for the cable system in the highlighted box.
- Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.

Page 7 – Spaces M-O

- \cdot $\;$ Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith).

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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							
8-26-20	\$							
	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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A		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
•	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	Zito Media - Galatia
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or sulte number)
		(City, town, state, zip code)
Privacy Act Notic	e: Section	n 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 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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Zito Midwest LLC	11840						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the							
Area Served	identified city.							
	CITY OR TOWN	STATE						
First	Galatia	IL						
Community	Raleigh	IL						
dd Rows as Necessary								

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Zito Midwest LLC	ABLE SYSTEM	:					515	TEM IC 1184
Е	SECONDARY TRANSMISSION								
_	In General: The information in s system, that is, the retransmission	-		-		•			
Secondary	-			•					
Transmission	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).								
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken								
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in								
Rates	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	· ·	,		/ standa	rd rate variation	s 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	•		-		•			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.			<u></u>			DLOOK		
	BLU	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:		_						
	Service to first set		5	63.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
	• NON-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATES					
F	In General: Space F calls for ra	te (not subscri	ber) info	rmation with resp	ect to a	ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•		•			0 ()		
Other Than									
Secondary	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.								
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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 congrete charge was made or octablished. List these other services in the form of a								
	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.								
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERVI	CE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:			tion: Non-reside	-				
	• Pay cable	17.95		el, hotel					
	• Pay cable—add'l channel		• Cor	nmercial					
	Fire protection		• Pay	^r cable					
	•Burglar protection		• Pay	cable-add'l char	nnel				
	Installation: Residential		• Fire	protection					I
	• First set	30.00	• Bur	glar protection					
	 Additional set(s) 		Other s	services:					
	• FM radio (if separate rate)		• Rec	connect		30.00			
	• Converter		• Dise	connect					
			Out	let relocation		30.00			
				let relocation ve to new addres	s	30.00 30.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM						
Name	Zito Midwest LLC			118						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ansmitters: Felevision	 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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 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. <i>Do not</i> 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 multi									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KBSI	23.1	N	Cape Girardeau MO						
	KFVS	12.1	N	Cape Girardeau MO						
	KFVS	12.3	I	Cape Girardeau MO						
	NF V J									
	WDKA	49.1	l	Paducah KY						
			l N							
	WDKA	49.1	I N I	Paducah KY						
	WDKA WPSD	49.1 6.1	-	Paducah KY Paducah KY Paducah KY						
	WDKA WPSD WQWQ WSIL	49.1 6.1 12.2	<u>l</u>	Paducah KY Paducah KY Paducah KY Harrisburgh IL						
	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
we as Necessary	WDKA WPSD WQWQ WSIL	49.1 6.1 12.2 3.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL						
ows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
ows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
ows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
ows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
Rows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
tows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
Rows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
Rows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
Rows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
Rows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
Rows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
Rows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						
Rows as Necessary	WDKA WPSD WQWQ WSIL WSIU	49.1 6.1 12.2 3.1 8.1	i N	Paducah KY Paducah KY Paducah KY Harrisburgh IL Carbondale IL						

ounting Period:	: 2020/1			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Zito Midwest LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syste	m during the accounting period, excer	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under					
Primary	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.	the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static						
ransmitters: Television	Substitute Basis Stations basis under specific FCC re	lles, regulations, or authorizations:	arried by your cable system on a subs						
	station was carried only on	a substitute basis.	ed both on a substitute basis and also						
	basis. For further information Column 1: List each station	on concerning substitute basis stations n's call sign. <i>Do not</i> report origination	, see page (v) of the general instructio program services such as HBO, ESPN	ns. N, 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								
	Column 3: Indicate in each		station, an independent station, or a r (for network multicast), "I" (for indeper						
	(for independent multicast) For the meaning of these to	, "E" (for noncommercial educational), erms, see page (iv) of the general instr	or "E-M" (for noncommercial education	nal multicast).					
			the community with which the station is	•					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

EGAL NAME OF		JABLE 5	YSTEM:					SYSTEM 118	
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н	
all-band basis whose signals were generally receivable by your cable system during the accounting period. 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. Column 1: Identify the call sign of each station carried. 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		
-				-					
						·	·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.			
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	Zito Midwest LLC							11840			
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further										
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	he general in	structions ir	the paper S	A1-2 form.			
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE							
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Program Log											
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must comp	lete the proo	gram			
	log in block 2.										
	2. LOG OF SUBSTITUTI										
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if t	heir meanin	g is			
				vision program ("substitut	e program") t	hat, during	the account	ting			
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	of another	station			
	under certain FCC rules, re Do not use general categor										
	"NBA Basketball: 76ers vs.			etball. List specific progra		example, i	LOVE LUCY	01			
				er "Yes." Otherwise enter							
				casting the substitute prog the community to which th		oonood by	the ECC or	in			
	the case of Mexican or Car							111			
	Column 5: Give the mor	nth and day		stem carried the substitut			ls, with the r	nonth			
	first. Example: for May 7 gi		a aubatituta ar		r aabla avata	m listthe	times see	atalı			
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0				alely			
	stated as "6:00-6:30 p.m."				·						
				n was substituted for prog							
	to delete under FCC rules a was substituted for program							ogram			
	effect on October 19, 1976		, ,								
								7. REASON FOR			
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC		DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то				
							_				
							_				
								"			
							<u> </u>				
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							_				
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							_				
						 					

Accounting Period:	2020/1	FORM SA	A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 11840						
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	3,814.98 pss 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 \$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 \$137,100)								
	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								
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		hts!						

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Zito Midwest	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 11840
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the other 	ou must give (1) the number of channels on which the cable system carried television broadcast s s, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	stations 9 38
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 Te	elephone 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 (optional)	
O Certification	I, the undersign (Own (Agen (Agen (Agen) (Affi) (I have examine	Enter an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	of space B; or the cable system as identified fied as owner of the cable system ned herein
		Typed or printed name: James Rigas	
		Title: President (Title of official position held in corporation or partnership)	
		Date: 08/27/2020	

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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
o Midwest LLC	1184
 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 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 Assessmen
¥ 1%	
x 1%	-
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
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C	Cable Worksheet		Cable Total amount of Number of SAs rearistance Norksheet				c'd Initials		
			Date of remittance	Check	EFT	G FILIN	G FEES		
Cable ID #						Amount	Initials		
Examined by	F	Reviewed by	Date examination completed	Allocation	n number				
Space A Accounting Period									
	🔲 Januar	y 1 - June 30, 2017	[July 1 - Decemb	er 31, 2017				
	Letter	sent	E	Information reco	eived				
	Accept	ed	Ε	Phone call/Date	/Contact				
Space B Owner									
	Letter	sent	C	Information reco	eived				
	C Accept	ed	C	Phone call/Date	/Contact				
Space D Area Served									
	Letter :	sent	Ľ	Information reco	eived				
	C Accept	ed	E	Phone call/Date	/Contact				
Space E Secondary Transission									
Service Subscribers:	Letter :	sent	Γ	Information reco	eived				
and Rates	Accept	ed	Γ	Phone call/Date	/Contact				
Space G Primary Transmitters:									
Television	Letter :	sent	[Information rec	eived				
	Accept	ed	[Phone call/Date	/Contact				
Space H Primary Transmitters:									
Radio	Accept	ed	[Phone call/Date	/Contact				

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	