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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

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

		l			
Α	ACCO	JNTING PERIOD COVERED B	BY THIS STATEMENT: (YYY)	//(Period))	
			Period 1 = January 1 - June 30 Barcode Data Filing Period (optional - se	Period 2 = July 1 - December 31 ee instructions)	
Accounting Period					
<b>B</b> Owner	L	of the subsidiary, not that of the parent con ist any other name or names under which	rporation. the owner conducts the business of the ca	y of another corporation, give the full corpo able system. Ast day of the accounting period should sub	
	s	ingle statement of account and royalty fee	e payment covering the entire accounting	period.	25105
	C	Check here if this is the system's first filing.	. If not, enter the system's ID number assig	ned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	Z	Zito Midwest LLC			
	E	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	2	Zito Media			
	(	MAILING ADDRESS OF OWNER OF ( PO Box 665 Number, street, rural route, apartment, or suite nu Coudersport, PA 16915			
•		City, town, state, zip) JCTIONS: In line 1, give any busine	ess or trade names used to identify	the business and operation of the	system unless these
С	names	already appear in space B. In line 2		ystem, if different from the address	
System		DENTIFICATION OF CABLE SYSTEM: Zito Media - Ceresco			
		IAILING ADDRESS OF CABLE SYSTEM:			
		Number, street, rural route, apartment, or suite nu City, town, state, zip code)	imber)		
	• L				
Privacy Act Notice	e: Section 1	11 of title 17 of the United States Code aut	horizes the Copyright Offce to collect the pe	ersonally identifying information (PII) request	ed on this

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-26-20

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.

Nom	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Zito Midwest LLC	2510
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or m	nted communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno ngs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Ceresco	NE
Community		
Add Rows as Necessary		

								FORM SA	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					513	бтем 251
	Zito Midwest LLC								231
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIE	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmissi about other services (including								
Transmission	last day of the accounting period						THOSE EXIS	sing on the	
Service: Sub-	Number of Subscribers: Bot						ble syster	n, broken	
scribers and	down by categories of secondar	•		• • • •		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	Rate: Give the standard rate of					-	,	rge and the	
	unit in which it is generally billed	· ·	,		•	rd rate variatior	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion sorv	vice that cable	
	systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of						nder "Serv	rice to the	
	Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example,	tiers of service	s that inc	clude one or m	nore secor	ndary transmiss	ons), list t	hem, together	
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	e-word descrip	tion of the	service is	
	sufficient.	DCK 1					BLOCK	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Service to first set		3	37.60					
	Service to additional set(s)		3	37.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC							n i o o o dh od u o no	
F	In General: Space F calls for ra	te (not subscri					stem's ser	vices that were	
	not covered in space F that is	those services	that are	not offered in	•	• •			
•	not covered in space E, that is, service for a single fee. There a				combinat	on with any sec	ondary tra	insmission	
Services	service for a single fee. There a furnished at cost or (2) services	re two exception or facilities fur	ons: you nished to	do not need to o nonsubscrib	combinati give rate ers. Rate i	on with any sec information cor nformation sho	ondary tra ncerning (1 uld include	nsmission I) services both the	
Services Other Than	service for a single fee. There a furnished at cost or (2) services amount of the charge and the u	re two exception or facilities fur hit in which it is	ons: you nished to	do not need to o nonsubscrib	combinati give rate ers. Rate i	on with any sec information cor nformation sho	ondary tra ncerning (1 uld include	nsmission I) services both the	
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Services Other Than Secondary	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra <b>Block 2:</b> List any services tha	re two exception or facilities fur hit in which it is rate column. te charged by t your cable sy	ons: you mished to s usually the cable rstem fur	do not need to o nonsubscrib billed. If any r e system for ea nished or offe	combination o give rate ers. Rate in ates are c ach of the red during	on with any sec information cor nformation show harged on a var applicable serv the accounting	ondary tra ncerning (1 uld include iable per-p ices listed period tha	nsmission I) services both the brogram basis, at were not	
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ame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 25105
	Zito Midwest LLC			2010J
G mary mitters: evision	In General: In space G, ide 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 • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. c With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I ( a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations of s call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tel 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), erms, see page (iv) of the general insti- n of each station. For U.S. stations, list	g translator stations and low power tel of (1) stations carried only on a part-tir the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub (the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESP ne-air designation. For example, repo levision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community with which the station in the community with which the station in	me basis under ms [sections ions carried on a astitute program Log)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial andent), "I-M" onal multicast).
		2. B'CAST CHANNEL NUMBER		
	1. CALL SIGN		3. TYPE OF STATION	4. LOCATION OF STATION
	KETV	7.1	N	Omaha NE
	KETV KMTV	7.1 3.1	N N	Omaha NE Omaha NE
as Necessary				
as Necessary	KMTV	3.1	Ν	Omaha NE
as Necessary	KMTV KPTM	3.1 42.1	N N	Omaha NE Omaha NE
as Necessary	KMTV KPTM KUON	3.1 42.1 12	N N	Omaha NE Omaha NE Lincoln NE
as Necessary	KMTV KPTM KUON KXVO	3.1 42.1 12 15.1	N N E I	Omaha NE Omaha NE Lincoln NE Omaha NE
as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE
as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE
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as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE
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as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE

LEGAL NAME OI Zito Midwes		CABLE 3						SYSTEM I 251
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be rece it the Co sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licent	adend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can certain st general i eparate	be expected, tated 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	
		<b>-</b>				·		
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Accounting Perio	od: 2020/1					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Zito Midwest LLC						25105
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G		
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorization	ons. For a further
Carriage:	1. SPECIAL STATEMEN	-					
Special	<ul> <li>During the accounting per</li> </ul>				asis any nonr	network television pro	aram
Statement and		-		n ouny, on a casonato se			-
Program Log	broadcast by a distant sta	uon?				YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must complete the pro	ogram
	log in block 2. 2. LOG OF SUBSTITUTE	PROCR	MS				
	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 categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ice, please of every no distant sta gulations, o ies like "mo Bulls." n was broa sign of the adcast stati hadian stati hth and day ve "5/7." es when th Example: er "R" if the and regulat	am on a separ add additional onnetwork telev tion and that ye or authorization ovies" or "bask adcast live, enter station broadc on's location (f ons, if any, the y when your systen a program carri- e listed program ions in effect d	I rows to the tables. vision program ("substitut our cable system substitut ns. See page (v) of the ge tetball." List specific progr er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you ried by a system from 6:0 n was substituted for prog luring the accounting period	e program") ti ted for the pro- eneral instruct am titles, for e "No." ram. he station is lid e program. Us in cable system 1:15 p.m. to 6 gramming that bd; enter the l	hat, during the accou ogramming of anothe ions for further inform example, "I Love Lucy censed by the FCC o entified). se numerals, with the m. List the times acco 5:28:30 p.m. should b t your system was <i>re</i> etter "P" if the listed p	nting r station hation. y" or r, in e month urately e quired
	effect on October 19, 1976		E PROGRAM	·	WHE	N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		DELETION
		163 01 140	CALL SIGN	4. STATION S LOCATION			
						_	
					1		
						_	
						_	
						_	

Accounting Period:	<b>2020/1</b> FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Zito Midwest LLC25105
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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 <b>\$ 263,800.00</b>
	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
	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 <b>\$ 263,800.00</b>
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01

0.00	
	-
\$ 52.00 \$ 15.00	-
\$	67.00
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM: .LC	SYSTEM ID# 25105
M Channels		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.	
		number of channels on which the cable television broadcast stations	7
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	25
N Individual to		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
Be Contacted for Further Information	Name	Teri McMullen Telephone 814-2	260-0434
	Address 	PO Box 665         (Number, street, rural route, apartment, or suite number)         Coudersport PA 16915         (City, town, state, zip)         teri.mcmullen@zitomedia.com         Fax (optional)	
O Certification	I, the undersigned     (Owned)     (Agentic in I     X     (Offic in I     I)     I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of t line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

	X /s/James Rigas
	nter an electronic signature on the line above to certify this statement. nter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed na	ame: James Rigas
	President al 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.

unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	251
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<u>v</u>
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment x 1% 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 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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment x 1% 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 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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme

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.