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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	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) INSTRUCTIONS: In line 1, give any business 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, give the mailing address of the system, if different from the address given in space B.	
System	IDENTIFICATION OF CABLE SYSTEM:	
	Zito Media - Nelson MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	
Privacy Act Noti	Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Zito Midwest LLC	2984
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rule porated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter know e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Nelson	NE
dd Rows as Necessary		

								FORM SA1	-2E. PAG
Name		ABLE SYSTEM	:					515	2984
	Zito Midwest LLC								200-
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	BERS AND RA	TES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including								
Transmission	last day of the accounting period	. , ,						sting on the	
Service: Sub-	Number of Subscribers: Bot						able 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	-	-					-	
	category, but do not include disc								
	Block 1: In the left-hand block			•		•			
	systems most commonly provid that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						nder "Serv	ice to the	
	first set" and would be counted of	•			• • •		! : ((fac	
	Block 2: If your cable system printed in block 1 (for example, 1)	-		-					
	with the number of subscribers a					•			
	sufficient.	,,	3						
	BLO	DCK 1	-				BLOCK		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		2	64.55					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all vour cable sv	stem's ser	vices that were	
F	not covered in space E, that is,	•			•				
	service for a single fee. There a								
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		susually	/ billed. If any ra	ites are c	narged on a val	Table per-p	brogram basis,	
ransmissions:	Block 1: Give the standard ra		the cab	le system for ea	ch of the	applicable serv	ices listed		
Rates	Block 2: List any services that				-	-	•		
	listed in block 1 and for which a	•	-		shed. List	t these other se	rvices in th	e form of a	
	brief (two- or three-word) descrip	Stion and Inclu	de the r	ate for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:	47.05		ation: Non-resi	dential				
	• Pay cable	17.95		tel, hotel					
	Pay cable—add'l channel Eiro protoction			mmercial					
	 Fire protection 			/ cable / cable odd'l ob/	oppol				
			•Pay	/ cable-add'l cha	annel				
	•Burglar protection			protoction					
	•Burglar protection Installation: Residential	20.00		e protection					
	•Burglar protection Installation: Residential • First set	30.00	• Bur	glar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)	30.00	• Bur Other :	glar protection		20.00			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	30.00	• Bur Other s • Red	rglar protection services: connect		30.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)	30.00	• Bur Other s • Rec • Dis	rglar protection services: connect connect					
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	30.00	• Bur Other s • Red • Dis • Our	rglar protection services: connect		30.00 30.00 30.00 30.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 29840
	Zito Midwest LLC PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC rule. 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 Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-til the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program I 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, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education cuctions in the paper SA1-2 form. at the community to which the station	me basis under ms [sections ions carried on a postitute program _og)—if the pon some other ons. N, etc. Identify each wrt multistream the air in its community 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
		51	Ν	I Second State
	KFXL			
	KFXL KHGI	13	N	Kearney NE
ows as Necessary				
ows as Necessary	KHGI	13	N	Kearney NE
ows as Necessary	KHGI KHNE	13 29	N	Kearney NE Hastings NE
iws as Necessary	KHGI KHNE KNHL	13 29 5	N E I	Kearney NE Hastings NE Hastings NE
ows as Necessary	KHGI KHNE KNHL KOLN	13 29 5 10	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE
ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
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ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
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ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE
ows as Necessary	KHGI KHNE KNHL KOLN KSNB	13 29 5 10 4.2	N E I N	Kearney NE Hastings NE Hastings NE Lincoln NE Lincoln NE

EGAL NAME O		CABLE 3						SYSTEM I 298
	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 recein at the Co sign of e 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 c ge (v) of the g system as a se sed by the FC	2) it can eertain st general i eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio	od: 2020/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Zito Midwest LLC						29840
	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 authoriz	zations. For a further
Carriage:	1. SPECIAL STATEMEN	-			-		
Special	 During the accounting per 				asis any nonr	network television	program
Statement and		-		n ouny, on a substitute be			
Program Log	broadcast by a distant sta	uon?				YE	
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	is "Yes," you r	nust complete the	program
	log in block 2. 2. LOG OF SUBSTITUTE		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- nth and day ve "5/7." es when th Example: er "R" if the and regulat nming that	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	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 tasting 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 in was substituted for prog ouring the accounting period	e program") t ted for the pro- eneral instruct am titles, for e "No." gram. he station is id e program. Us ir cable syste 1:15 p.m. to 6 gramming that od; enter the l	hat, during the acc ogramming of ano ions for further info example, "I Love L censed by the FCC entified). se numerals, with m. List the times a 5:28:30 p.m. should t your system was etter "P" if the liste	counting other station ormation. Lucy" or C or, in the month accurately d be <i>c required</i> ed program
	SI	JBSTITUT	E PROGRAM	1		N SUBSTITUTE	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		DELETION TO
						_	
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Accounting Period:	2020/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID Zito Midwest LLC 2984
K 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	 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 \$263,800 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.
	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 \$ 52.00
	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 \$ 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
	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

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 2984	
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	number of activated channels able system carried television broadcast stations ast services	31	
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-	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	CERTIFICATION • I, the undersigne (Owne) (Owne) (Agentinn) X (Officient) • 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 ine 1 of space B. If 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.		

	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. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Midwest LLC	298
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	
INTEREST ASSESSMENT	
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
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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

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.