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 COPYRIG	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
·	ems (Short Form)	2/24/21	\$	For additional information, contact the U.S. Copyright
	of this workbook		ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (Y	YYY/(Period))	
		_		
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full o	corporate
Owner	List any other name or names under wh	nich the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty		n the last day of the accounting period should nting period.	d submit a
	Check here if this is the system's first fil	ing. If not, enter the system's ID numbe	er assigned by the Licensing Division.	11840
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	Λ	
	Zito Midwest LLC			
	BUSINESS NAME(S) OF OWNER (	OF CABLE SYSTEM (IF DIFFEREN	т)	

Number, street, rural route, apartment, or suite number)

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

(Number, street, rural route, apartment, or suite number)

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

С

System

1

2

Zito Media

**PO Box 665** 

(City, town, state, zip)

Coudersport, PA 16915

IDENTIFICATION OF CABLE SYSTEM:

Zito Media - Galatia MAILING ADDRESS OF CABLE SYSTEM:

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

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 "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
_	CITY OR TOWN	STATE
First Community	Galatia Raleigh	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM				FORM SA1	TEM IC
Name	Zito Midwest LLC	ADLE STOTEM.				010	1184
Е	SECONDARY TRANSMISSION					5 U U	
-	In General: The information in s system, that is, the retransmission	•	-	•			
Secondary	about other services (including p						
Transmission	last day of the accounting period	<b>`</b>		• •			
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					
Rates	each category by counting the n						
	separately for the particular serv	-		•	-		
	Rate: Give the standard rate c	-				-	
	unit in which it is generally billed category, but do not include disc	• •	,	iy standard rate	e variations withi	n a particular rate	
	Block 1: In the left-hand block			es of secondar	y transmission s	ervice that cable	
	systems most commonly provide	e to their subscr	ibers. Give the numbe	r of subscribers	and rate for ea	ch listed category	
	that applies to your system. Not		-	-			
	categories, that person or entity subscriber who pays extra for ca				• •	•	
	first set" and would be counted of						
	Block 2: If your cable system	has rate catego	ries for secondary trar	smission servio			
	printed in block 1 (for example, t				· · ·		
	with the number of subscribers a sufficient.	and rates, in the	right-hand block. A tw	o- or three-wor	d description of	the service is	
		OCK 1			BL	.OCK 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RATE	CATEGO	RY OF SERVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCINIDE		UNILOUI			
	Service to first set		5 63.95				
	<ul> <li>Service to additional set(s)</li> </ul>						
	• FM radio (if separate rate)						
	Motel, hotel						
	Commercial						
	Converter						
	Residential						
	<ul> <li>Non-residential</li> </ul>						
	SERVICES OTHER THAN SEC In General: Space F calls for rate				cable system's	services that were	
F	not covered in space E, that is, t		,		,		
	service for a single fee. There ar						
Services	furnished at cost or (2) services						
	amount of the charge and the ur	nit in which it is i	usually dilled. If any ra	es are charged	on a variable p	er-program basis,	
Other Than Secondary	enter only the letters "PP" in the	rate column	, ,				
Secondary	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat			ch of the applic	able services lis	ted.	
Secondary	Block 1: Give the standard rat Block 2: List any services that	te charged by th t your cable sys	e cable system for ea tem furnished or offere	d during the ac	counting period	that were not	
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by th t your cable sys separate charge	e cable system for ea tem furnished or offere was made or establis	d during the ac	counting period	that were not	
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that	te charged by the tyour cable sys separate charge ption and include	te cable system for each tem furnished or offere was made or establis the rate for each.	d during the ac	counting period	that were not n the form of a	
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te charged by the your cable syst separate charge otion and include BLOO	te cable system for each tem furnished or offere was made or establis the rate for each. CK 1	ed during the ac hed. List these	counting period other services i	that were not n the form of a BLOCK 2	
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by the tyour cable system separate charged bition and include BLOC RATE	te cable system for each tem furnished or offere was made or establis the rate for each. CK 1 CATEGORY OF SER	d during the ac hed. List these /ICE	counting period other services i	that were not n the form of a	RAT
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by the tyour cable system is separate charge before and include BLOC RATE	te cable system for each tem furnished or offere was made or establis the rate for each. CK 1 CATEGORY OF SER Installation: Non-res	d during the ac hed. List these /ICE	counting period other services i	that were not n the form of a BLOCK 2	RAT
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by the tyour cable system separate charged bition and include BLOC RATE	e cable system for each tem furnished or offere e was made or establis e the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel	d during the ac hed. List these /ICE	counting period other services i	that were not n the form of a BLOCK 2	RATI
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	te charged by the tyour cable system is separate charge before and include BLOC RATE	te cable system for each tem furnished or offere e was made or establis e the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial	d during the ac hed. List these /ICE	counting period other services i	that were not n the form of a BLOCK 2	RAT
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by the tyour cable system is separate charge before and include BLOC RATE	e cable system for each tem furnished or offere e was made or establis e the rate for each. CK 1 CATEGORY OF SERV Installation: Non-rest • Motel, hotel • Commercial • Pay cable	d during the ac hed. List these /ICE     dential	counting period other services i	that were not n the form of a BLOCK 2	RAT
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	te charged by the tyour cable system is separate charge before and include BLOC RATE	te cable system for each tem furnished or offere e was made or establis e the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial	d during the ac hed. List these /ICE     dential	counting period other services i	that were not n the form of a BLOCK 2	RAT
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	te charged by the tyour cable system is separate charge before and include BLOC RATE	te cable system for each tem furnished or offere e was made or establis te the rate for each. CK 1 CATEGORY OF SER Installation: Non-resi • Motel, hotel • Commercial • Pay cable • Pay cable-add'l ch	d during the ac hed. List these /ICE     dential	counting period other services i	that were not n the form of a BLOCK 2	RAT
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	te charged by the tyour cable systeparate charged by the tyour cable systeparate charged by the type of type of the type of ty	e cable system for each tem furnished or offere e was made or establis e the rate for each. CK 1 CATEGORY OF SER' Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection	d during the ac hed. List these /ICE     dential	counting period other services i	that were not n the form of a BLOCK 2	RAT
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	te charged by the tyour cable systeparate charged by the tyour cable systeparate charged by the type of type of the type of ty	e cable system for each tem furnished or offere e was made or establis e the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l ch • Fire protection • Burglar protection	d during the ac hed. List these /ICE     dential	counting period other services i	that were not n the form of a BLOCK 2	RAT
Secondary Fransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	te charged by the tyour cable systeparate charged by the tyour cable systeparate charged by the type of type of the type of the type of the type of type of the type of type o	e cable system for each tem furnished or offere e was made or establis e the rate for each. CK 1 CATEGORY OF SER Installation: Non-resi • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services:	d during the ac hed. List these /ICE     dential	Counting period other services i	that were not n the form of a BLOCK 2	RAT
Secondary Fransmissions:	Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a sibrief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by the tyour cable systeparate charged by the tyour cable systeparate charged by the type of type of the type of the type of the type of type of the type of type o	te cable system for each tem furnished or offere e was made or establis te the rate for each. CK 1 CATEGORY OF SER Installation: Non-rest • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services: • Reconnect	d during the ac hed. List these /ICE     dential	Counting period other services i	that were not n the form of a BLOCK 2	RAT

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
· ·	Zito Midwest LLC			118
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a <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 informatic	also in space I, if the station was carried on concerning substitute basis stations,	t (1) stations carried only on a part-tine carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat (arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction.	ime basis under ams [sections tions carried on a postitute program Log)—if the o on some other ons.
	multicast stream associated "WETA-2" as the same on a 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 to Column 4: Give the location	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of th	e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education actions in the paper SA1-2 form.	ort 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
	KBSI	23.1	Ν	Cape Girardeau MO
	KFVS	12.1	N	Cape Girardeau MO
	KFVS	12.3	l	Cape Girardeau MO
	WOKA	49 1		Daducah KY
	WDKA	<u>49.1</u> 6.1		Paducah KY Paducah KY
	WPSD	6.1	N	Paducah KY
	WPSD WQWQ	6.1 12.2	N 	Paducah KY Paducah KY
	WPSD WQWQ WSIL	6.1 12.2 3.1	N I N	Paducah KY Paducah KY Harrisburgh IL
	WPSD WQWQ WSIL WSIU	6.1 12.2	N 	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
	WPSD WQWQ WSIL	6.1 12.2 3.1	N I N	Paducah KY Paducah KY Harrisburgh IL
cessary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
essary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
essary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
ecessary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
ecessary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
ecessary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
ecessary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
ecessary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
lecessary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
ecessary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
Vecessary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL
Necessary	WPSD WQWQ WSIL WSIU	6.1 12.2 3.1 8.1	N I N	Paducah KY         Paducah KY         Harrisburgh IL         Carbondale IL

ounting Period:	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
Name	Zito Midwest LLC			1184
	PRIMARY TRANSMITTERS:	TELEVISION		
~			g translator stations and low power tele	
G		• • • •	ot (1) stations carried only on a part-tin	
Drimon			the carriage of certain network prograr 61(e)(2) and (4))]; and (2) certain station	
Primary ransmitters:		s explained in the next paragraph.		ons carried on a
Television			carried by your cable system on a subs	stitute program
		lles, regulations, or authorizations:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 5
		1 1 1	the Special Statement and Program Lo	og)—if the
	station was carried only on			
		· · · ·	ed both on a substitute basis and also	
			s, see page (v) of the general instructio program services such as HBO, ESPN	
			ne-air designation. For example, report	
	"WETA-2" as the same on t	8	ie all designation. Tor example, report	
			evision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C.		
			station, an independent station, or a r	
			(for network multicast), "I" (for indeper	
			or "E-M" (for noncommercial education	nal multicast).
		rms, see page (iv) of the general instr	uctions in the paper SA1-2 form. It the community to which the station is	licensed by the
			the community with which the station is	
		and stations, if any, give the name of		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OI								SYSTEM I 118
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of or detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be rece It the Co I sign of the static tion'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 popyright 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 this point, see pa ed by the cable s he 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 i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	od: 2020/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							11840
	SUBSTITUTE CARRIAG	E: SPECIA	AI STATEME	NT AND PROGRAM I C	)G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every no.	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or	r authorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE	-			
Special	<ul> <li>During the accounting per</li> </ul>	-			isis, anv noni	network tel	evision proa	ram
Statement and	broadcast by a distant sta		,	,, <b>,</b> ,	····, ···, ····,	]		XNO
Program Log	5					L	YES	
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you ı	nust comp	lete the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossible ift	heir meaning	n is
	clear. If you need more spa					0001010, 11 1		<i>y</i> 10
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		stample, i	LOVE LUCY	01
	Column 2: If the program	n was broa		er "Yes." Otherwise enter				
				asting the substitute prog			the FCC or	in
	the case of Mexican or Car			he community to which the community with which the			the FCC or,	In
				stem carried the substitute			ls, with the n	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program cari	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m	n. should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	vour syste	em was <i>requ</i>	ired
	to delete under FCC rules a							
	was substituted for program	nming that						0
	effect on October 19, 1976							
					WHE	N SUBST	ITUTE	
		UBSTITUT	E PROGRAN 3. STATION'S		5. MONTH	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> </u>	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
1								

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SYSTEM 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. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	on service
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, • 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.	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 this accounting period is \$52.00	six-montl
	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	
	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)	19.00
	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 Register of See page i of the general instructions in the paper SA1-2 form for more information.	f Copyrights!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Zito Midwest	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 11840
M Channels	<ol> <li>to its subscriber</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the o</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, 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	9 38
N Individual to Be Contacted		<b>D BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersign     (Owned)     (Agen     in     X     (Office)	I (This statement of account must be certified and signed in accordance with Copyright Office regulations and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ar other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space at of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 ow line 1 of space B.	B; or system as identified
		d the statement of account and hereby declare under penalty of law that all statements of fact contained hereir te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	1
		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: 02/26/2021	

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 th 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 telephon 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 i 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 th 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 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
Midwest LLC		1184
SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section 17 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broa scribers and amounts collected from subscribers receiving se For more information on when to exclude these amounts, see the no located in the paper SA1-2 form.	11(d)(1)(A), of the Copyright Act by adding the fol- s amounts paid to the cable system for the basic ideast transmitters, the system shall not include sub- econdary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amomade by satellite carriers to satellite dish owners?	ounts of gross receipts for secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below	\$	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments subm		0
For an explanation of interest assessment, see page (viii) of the gen	eral instructions located in the paper SA1-2 form.	<u>v</u>
Line 1 Enter the amount of late payment or underpayment	····	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	x 1%	Interest Assessmen
	x 1%	
Line 1 Enter the amount of late payment or underpayment	x <u>1%</u>	
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here . Line 3 Multiply line 2 by the number of days late and enter the sum	x 1%	
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Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here . Line 3 Multiply line 2 by the number of days late and enter the sum Line 4 Multiply line 3 by 0.00274** and enter here	x 1% x 1% x days here x 0.00274 x 3 line 6 \$ (interest charge) <i>ssing/interest-rate.pdf.</i> For further assistance please	
<ul> <li>Line 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here .</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum</li> <li>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</li> <li>* To view the interest rate chart click on <i>www.copyright.gov/licer</i></li> </ul>	x 1% x 1% x 0.00274 x 0.00274	
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