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			
STATEMI	ENT OF ACCOUNT	FOR COPYRIGH	by email to:				
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov			
Cable Syste	ems (Short Form)	2/24/24	\$	For additional information, contact the U.S. Copyright			
General instru	ictions are located	2/24/21		Office Licensing Division at:			
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150			
-							
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))				
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
	2020/2		·				
		-					
		Barcode Data Filing Period (optional	I - see instructions)				
Accounting		_					
Period							
	Instructions:						
В	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 c	orporate			
_							
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.				
	If there were different owners during th single statement of account and royalty		the last day of the accounting period should	submit a			
				25105			

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)
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Ceresco
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Zito Midwest LLC	251
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat 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	ted communities within unincorporated areas and including single you list will serve as a form of system identification hereafter knc gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Ceresco	NE
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF O	ABLE SYSTEM	:					FORM SA1	TEM II			
Name	Zito Midwest LLC							010	251			
					ATES							
E	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable											
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information											
Secondary		ng pay cable) in space F, not here. All the facts you state must be those existing on the riod (June 30 or December 31, as the case may be). Both blocks in space E call for the number of subscribers to the cable system, broken										
Transmission Service: Sub-												
scribers and	down by categories of secondar	•										
Rates	each category by counting the n		0	U I I I		•		s charged				
	separately for the particular serv Rate: Give the standard rate of					•	,	ae and the				
	unit in which it is generally billed	-	-	•				-				
	category, but do not include disc	counts allowed	for adva	ance payment.	•							
	Block 1: In the left-hand block											
	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							e				
	Block 2: If your cable system printed in block 1 (for example, t											
	with the number of subscribers a											
	sufficient.	,	5			·						
	BLO	DCK 1					BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA			
	Residential:											
	Service to first set		4	37.60								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial											
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		ANSMIS	SIONS: RATE	S							
F	In General: Space F calls for ra											
	not covered in space E, that is, t service for a single fee. There a											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the ur	nit in which it is										
Secondary	enter only the letters "PP" in the						1'- 4 1					
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
natoo	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) descrip	ption and inclue										
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA			
	Continuing Services:		Installa	ation: Non-res	idential							
	• Pay cable	17.95		tel, hotel								
	Pay cable—add'l channel			nmercial								
	Fire protection		-	/ cable								
	•Burglar protection		-	/ cable-add'l ch	annel							
	Installation: Residential • First set	20.00		Fire protection								
	Additional set(s)	30.00		glar protection services:								
	• FM radio (if separate rate)			connect		30.00						
	,					00.00						
	Converter			connect								
	Converter			connect let relocation		30.00						
	Converter		• Out	connect let relocation ve to new addr	ess	30.00 30.00						

unting Period: 2	•											
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#								
	Zito Midwest LLC			25105								
	PRIMARY TRANSMITTERS: TELEVISION											
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: 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	 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, <i>except</i> (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), or 76.63 (referring to 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 <i>not</i> 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 <i>only</i> 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. 										
		I with a station according to its over-the	-	-								
	Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by enter	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" (station, an independent station, or a l (for network multicast), "I" (for indepe	noncommercial indent), "I-M"								
	(for independent multicast), For the meaning of these ter Column 4: Give the location	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 multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.										
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	AST CHANNEL NUMBER 3. TYPE OF STATION 4. L									
				4. LOCATION OF STATION								
	ΚΕΤΥ	7.1	N	Omaha NE								
	KETV KMTV	7.1 3.1	N N									
ws as Necessary				Omaha NE								
s as Necessary	KMTV	3.1	N	Omaha NE Omaha NE								
as Necessary	KMTV KPTM	3.1 42.1	N	Omaha NE Omaha NE Omaha NE								
as Necessary	KMTV KPTM KUON	3.1 42.1 12	N	Omaha NE Omaha NE Omaha NE Lincoln NE								
is as Necessary	KMTV KPTM KUON KXVO	3.1 42.1 12 15.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE								
vs as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Dmaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
s as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
vs as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
ws as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
ws as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
ws as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
ws as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
ws as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
ows as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
tows as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
ows as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
ows as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
ows as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
Rows as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								
Rows as Necessary	KMTV KPTM KUON KXVO WOWT	3.1 42.1 12 15.1 6.1	N N E I	Omaha NE Omaha NE Omaha NE Lincoln NE Omaha NE Omaha NE Omaha NE								

EGAL NAME OI								SYSTEM 251
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eccivable 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 abour m. dentify the call tate whether t the radio stat this by placing sive the station	y the sys be recei it the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 pag ed by the cable s le station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se wed by the FC0) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions 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	
	7.001101	5,6				5,0		
		*						

	od: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							25105
_	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every no	nnetwork televi	<i>ision program,</i> broadcast by	/ a <i>distant</i> sta	tion, that yo	our cable sys	stem carried on a
	substitute basis during the a	01	, ·	•	, 0	,		
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of t	he general ins	structions in	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	T CONCEP	RNING SUBS	TITUTE CARRIAGE				
Statement and	 During the accounting pe 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tele	evision prog	Iram
Program Log	broadcast by a distant sta	ition?				L	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comp	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT			ata lina. Llas abbraviation		aacibla ift		a ia
	In General: List each subs clear. If you need more spa				s wherever p	ossible, il li	ieir meanin	gis
				vision program ("substitute	e program") tl	nat, during	the account	ting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ted for the pro	ogramming	of another	station
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		JVIES OF DASK	etball. List specific progra		example, i	Love Lucy	0I
	Column 2: If the program	m was broa		er "Yes." Otherwise enter				
		0		asting the substitute prog			500	•
	the case of Mexican or Cal			the community to which the community with which the			ine FCC or,	In
				stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi							
	Column 6: State the tim to the nearest five minutes			ogram was carried by you				
	stated as "6:00–6:30 p.m."	. Example.	a program can	ned by a system from 0.01	1.15 p.m. to d	.20.30 p.m	. should be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	your syste	m was <i>requ</i>	uired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	and regula	ations in	
		-						
	6					N SUBSTI		
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	1		AGE OCC		7. REASON FOR DELETION
	S	1		4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1		

Accounting Period:	2020/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 25105
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	1,088.16 pss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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.	263,800	
	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 six-mon	
	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		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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)	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:	2020/2																FORM SA	\1-2E. F	PAGE 7
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM: LC															9		EM ID# 25105
M Channels	to its subscribers 1. Enter the total system carried	bu must give (1) the number of s, and (2) the cable system's to I number of channels on which television broadcast stations .	otal numb n the cabl	mber able	er of act	ctivated	d chan	nels du	iring the	e acco	unting pe		stations			7			
	on which the ca	able system carried television ast services	broadcas													25			
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		ORN	RMATIC	ON IS	NEED	DED (Ide	entify ar	n indiv	idual to v	whom							
for Further Information	Name	Teri McMullen										т	elephon	e 814	-260-0	434			
	Address	PO Box 665 (Number, street, rural route, apartr Coudersport PA 169 (City, town, state, zip)		suite n	e number	er)													
	Email	teri.mcmullen@	zitomed	edia.	a.com						Fax (opti	ional)							
O Certification	I, the undersigned (Owned) (Agen in l X (Offic in l · I have examined	(This statement of account mu ed, hereby certify that (Check o er other than corporation or p t of owner other than corpora line 1 of space B and that the o er or partner) I am an officer (i line 1 of space B. d the statement of account and e, and correct to the best of my on 1001(1986)]	artnersh ation or p wwner is n if a corpo hereby d knowled	only (ship) r part s not a porati r decla edge, / an ele	ly one, c p) I am t artnersh ta corp ation) or clare un je, inforr /s/Ja electroni	of the I the ow hip) I a poration or a par nder per mation	boxes. wher of am the on or pa rther (if enalty n, and t Riga ature o	.) the cab duly au artnersh f a partn of law th belief, a as	thorized ip; or tership) nat all s nd are r	em as i d agen of the statemede i made i	identified It of the o legal ent ents of fa in good fa	in line ⁻ owner of tity ident ct conta aith.	l of spac the cabl ified as o	e B; or e syster			n		
		Typed or printed Title:	d name: Presic	side					nip)										
		Date:	indiai positi	StuOff				Parutersi	י <i>יי</i> ן		02/26	6/2021							

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 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 fing, a determination that would be made by a court of law.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Midwest LLC	2510
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.	P Special Statement Concerning Gross Receipts Exclusion
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. \$	
Name Name Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
x 1% 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 here	
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	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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 the 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.