This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT FOR COPYRIGHT OFFICE USE ONLY by email to: for Secondary Transmissions by DATE RECEIVED AMOUNT					
Cable Systems (Short Form)	<u>v</u>				
S For additional infor	,				
General instructions are located 2/24/21					
in the first tab of this workbook Tel: (202) 707-815					
A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Barcode Data Filing Period (optional - see instructions)					
Accounting Period					
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					
B 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	, 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)					
	se				
C INSTRUCTIONS: In line 1, give any business of trade names used to identify the business and operation of the system unless the 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 1 IDENTIFICATION OF CABLE SYSTEM:					
Zito Media - Utica					
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					

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 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.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I						
Name	Zito Midwest LLC	312						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	Utica	NE						
Community	Waco	NE						
dd Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								-2E. PAG
Name	Zito Midwest LLC								312
			IRECRI		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	about other services (including p						those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period						hla svetar	broken	
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in								
Rates	each category by counting the n	umber of billing	gs in tha	t category (the	number c	of persons or or	ganizations		
	separately for the particular serv					•	,	na and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				any standa		is within a		
	Block 1: In the left-hand block	in space E, th	e form l	sts the catego					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			0		0			
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a						,		
	sufficient.		c ngnt-n						
	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		1	65.61					
	 Service to additional set(s) 								•••••••
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	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 rate column.								
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	BIOCK 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	17.95		el, hotel					
	Pay cable—add'l channel			nmercial					
	Fire protection		-	cable					ļ
	•Burglar protection		-	cable-add'l cl	nannel				
	Installation: Residential			protection					
	• First set	30.00		glar protection					
	Additional set(s) EM radio (if concrete rate)			services:		20.00			
	• FM radio (if separate rate)			connect		30.00			
	· Converter								
	Converter					20.00			
	• Converter		• Out	connect let relocation /e to new addr		30.00 30.00			

ccounting Period: 2	2020/2			FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
	Zito Midwest LLC			31224			
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: TELEVISION 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. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multic						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KFXL	51.1	N	Lincoln NE			
	KLKN	8.1	Ν	Lincoln NE			
d Rows as Necessary	KOLN	10.1	Ν	Lincoln NE			
	KOLN	10.5	I	Lincoln NE			
	KSNB	4.1	Ν	Lincoln NE			
	KSNB	4.2	I	Lincoln NE			
	KUON	12.1	E	Lincoln NE			
	κχνο	15.1	I	Omaha NE			
	WATM	23.3		Altoona PA			

LEGAL NAME OF								SYSTEM I 312
	t every radio s	tation ca	rried on a separate and discrence of the second s					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sigr g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal 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 this point, see pag ed by the cable s ne station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se wed by the FC) it can l ertain st eneral ir eparate 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	

	od: 2020/2						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	Zito Midwest LLC							31224	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute Carriage:					ne general ins	structions in	the paper a	5A1-2 form.	
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 								
Statement and			ur cable syster	n carry, on a substitute ba	isis, any nonr				
Program Log	broadcast by a distant sta					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	lete the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUT			ate line. Use abbreviation	s wherever n	ssible ift	heir meanir	na is	
	clear. If you need more spa				s wherever p			19 15	
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general catego								
	"NBA Basketball: 76ers vs.	Bulls."							
				er "Yes." Otherwise enter ' asting the substitute prog					
		0		the community to which th		censed by	the FCC or	, in	
	the case of Mexican or Car								
	Column 5: Give the more first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	ls, with the	month	
	, , , ,		e substitute pr	ogram was carried by you	r cable syste	n. List the	times accu	rately	
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m	i. should be		
	stated as "6:00–6:30 p.m."	tor "P" if the	listed program	n was substituted for prog	ramming that	vour evet	m was rea	uired	
	to delete under FCC rules								
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regul	ations in		
	effect on October 19, 1976								
					WHE	N SUBST	ITUTE		
		1		1	CARRI	AGE OCC	URRED	7. REASON FOR DELETION	
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC			

Accounting Period:	2020/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	¥STEM ID# 31224
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	609.48
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM: LLC				SYSTEM ID# 31224
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's t I number of channels on which television broadcast stations I number of activated channels able system carried television	total number of the cable the cable the cable the cable the cable the cable of the cable the cable of the cable the cable of the cable the cable	which the cable system carried television broad f activated channels during the accounting peri		9 117
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		TION IS NEEDED (Identify an individual to wh	iom	
for Further Information	Name	Teri McMullen			Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, aparti Coudersport PA 169 (City, town, state, zip) teri.mcmullen@	915			
	Email	len.mcmullen(d			nal)	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	ed, hereby certify that (Check of er other than corporation or p at of owner other than corpora- line 1 of space B and that the of cer or partner) I am an officer (line 1 of space B. d the statement of account and te, and correct to the best of my	one, <i>but only on</i> partnership) I a ration or partne owner is not a c (if a corporation d hereby declare	am the owner of the cable system as identified in ership) I am the duly authorized agent of the own	n line 1 of space E ner of the cable s r identified as owr contained herein	ystem as identified
			Enter an elect Enter signatur	/James Rigas ronic signature on the line above to certify this star re using an "/s/ signature" (e.g., /s/ John Smith)	tement.	
		Typed or printed Title: (Title of o	Presiden	ames Rigas t d in corporation or partnership)		
		Date:		02/26/2	2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Midwest LLC	31224
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	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	interest Assessment
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	
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	

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