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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:		
-	ary Transmissions by	DATE RECEIVED	AMOUNT	-	
	ems (Short Form)			<u>coplicsoa@loc.gov</u>	
	uctions are located	2/24/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:	
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150	
				-	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ()	YYY/(Period))		
		Т			
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		Barcode Data Filing Period (optiona	I - see instructions)		
Accounting		1			
Period					
	Instructions:				
В			osidiary of another corporation, give the full	corporate	
Owner	List any other name or names under whi	ch the owner conducts the business of	f the cable system.		
	If there were different owners during the	e accounting period only the owner or	n the last day of the accounting period shoul	d submit a	
	single statement of account and royalty				
	Check here if this is the system's first fili	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	63696	
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	И		
			-		
	Zito Midwest LLC				
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN			
	Zito Media				
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM			
	PO Box 665 (Number, street, rural route, apartment, or suite	number)			
	Coudersport, PA 16915				
	(City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line				
System	IDENTIFICATION OF CABLE SYSTEM:				
	Zito Media - Buffalo				
	MAILING ADDRESS OF CABLE SYSTEM	n			
	2 (Number, street, rural route, apartment, or suite	number)			
	(City, town, state, zip code)				
	(City, town, state, zip code)				
Privacy Act Notic	e: Section 111 of title 17 of the United States Code at	Ithorizes the Convright Offce to collect th	ne personally identifying information (PII) reque	ested 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 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 ID#					
	Zito Midwest LLC	63696					
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 known 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 mob identified city.						
	CITY OR TOWN	07475					
First	Buffalo	STATE TX					
Community	Jewett	TX					
ows as Necessary							
	ากทางสามากและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและการและ						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								-2E. PAG
Name	Zito Midwest LLC								6369
			IRECRI		ATER				
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	-		-		•			
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).								
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetar	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	, umber of billing	gs in tha	t category (the	number c	f persons or or	ganizations		
	separately for the particular serv					•	,		
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· · ·	,		iny stanua		is within a		
	Block 1: In the left-hand block	in space E, th	e form li	sts the catego					
	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								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a					,		, 0	
	sufficient.	ind rates, in th	e ngnt-n		vo- or the	e-word descript		Service is	
		DCK 1					BLOC	< 2	
		NO. OF		DATE	0.1.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		25	59.19					
	Service to additional set(s)		23	59.19					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								l
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are cl	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the		he cable	system for or	ch of the	applicable servi	cae listad		
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								
	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		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	17.95		el, hotel					ļ
	 Pay cable—add'l channel 		• Con	nmercial					
	Fire protection		-	cable					
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	30.00		glar protection					
	Additional set(s) EM radio (if concrete rate)			ervices:		20.00			
	 FM radio (if separate rate) 			onnect connect		30.00			
	· Converter		• • • • • • • • • • • • • • • • • • • •				1		
	Converter					20.00			
	• Converter		• Out	let relocation ve to new addr		30.00 30.00			

ounting Period:	2020/2			FORM SA1-2E. PAGE 3				
Name		CABLE SYSTEM:		SYSTEM ID# 63696				
	Zito Midwest LLC							
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a 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 basis. For further informatic Column 1: List each station	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-ti- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each				
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Cana	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. a case whether the station is a network tring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of the	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio ictions in the paper SA1-2 form. the community to which the station i	noncommercial endent), "I-M" onal multicast). s licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	кwкт	44.1	Ν	Waco TX				
	КВТХ	3.1	N	Bryan TX				
Rows as Necessary	κχχν	25.1	N	Waco TX				
	KXAS	5.1	Ν	Fort Worth TX				
	KCEN	6.1	N	Temple TX				
	кwтх	10.1	Ν	Waco TX				
	кwтх	10.2	NM	Waco TX				
	кwтх	10.3	NM	Waco TX				
	KERA	13.1	E	Dallas TX				
	KXXV	25.2	NM	Waco TX				
		•						

EGAL NAME OI Zito Midwes			I GI EINI.					SYSTEM I 636
	t every radio s	station ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat	y the sys be receint the Co sign of e the stationion's sign	I-Band FM Carriage: Under C tem whenever it is received a 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.	t the system's he system's FM ante his point, see pag	adend, and (2 nna, during ca ge (v) of the g) it can l ertain st eneral ir	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
Column 4: G	ive the station	n's locatio	the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Ferro	d: 2020/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							63696
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every no	nnetwork televi	sion program, broadcast by	/ a distant sta	tion, that yo	our cable sys	stem carried on a
	substitute basis during the a	accounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorizatio	ons. For a further
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 per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tele	evision prog	
Program Log	broadcast by a distant sta	tion?				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 pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wherever po	ossible, if ti	neir meanin	ig is
				vision program ("substitute	e program") tl	nat, during	the accoun	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	01
	Column 2: If the program	m was broa		er "Yes." Otherwise enter				
		0		asting the substitute program				in
	the case of Mexican or Car			the community to which the community with which the			ine FCC or,	, IN
				stem carried the substitute			s, with the	month
	first. Example: for May 7 gi							
	to the nearest five minutes			ogram was carried by you ried by a system from 6:01				
	stated as "6:00–6:30 p.m."	. Example.	a program oan		1. 10 p.m. to o	.20.00 p.m	. Should be	
				n was substituted for prog				
	to delete under FCC rules was substituted for prograr							rogram
	effect on October 19, 1976		your system w			and regul		
	s	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR
	S	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCC	URRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	
		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	URRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED IMES	

Accounting Period:	2020/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 63696
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	8,808.94 oss 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 \$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 \$ 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)	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		jhts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM:				SYSTEM ID# 63696
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	s, and (2) the cable system's t number of channels on which	total number ch the cable s	n which the cable system carried of activated channels during the a	accounting period.	10 68
	and nonbroadc	ast services				
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accourt		IATION IS NEEDED (Identify an i		
for Further Information	Name	Teri McMullen			Telephone 814-	260-0434
	Address	PO Box 665 (Number, street, rural route, apart Coudersport PA 169 (City, town, state, zip)	915			
	Email	teri.mcmullen@	@zitomedia.	com	Fax (optional)	
O Certification	I, the undersigned (Owne (Agenting (Agenting (Afficing (Officing) I have examined	ed, hereby certify that (Check or r other than corporation or p t of owner other than corpor ine 1 of space B and that the of er or partner) I am an officer (ine 1 of space B. I the statement of account and e, and correct to the best of m	one, but only partnership) ration or part owner is not a · (if a corporati d hereby decl	I am the owner of the cable system nership) I am the duly authorized a a corporation or partnership; or	n as identified in line 1 of space B; or agent of the owner of the cable system f the legal entity identified as owner of tements of fact contained herein	
		Typed or printed	Enter an ele Enter signat	s/James Rigas ctronic signature on the line above t ure using an "/s/ signature" (e.g., /s James Rigas		
		Title: (Title of c	Preside official position I	nt leid in corporation or partnership)		
		Date:			02/26/2021	

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unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Midwest LLC	6369
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 Statement Concerning Gross
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.	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 Assessmen
x 1%	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	_
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274	-
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
(interest charge)	-
* 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	
Address	

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