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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
2/24/21	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
		Barcode Data Filing Period (optional - see instructions)								
Accounting Period										
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner		List any other name or names under which the owner conducts the business of the cable system.								
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Zito Midwest LLC								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		Zito Media								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO Box 665 (Number, street, rural route, apartment, or suite number)								
		Coudersport, PA 16915 (City, town, state, zip)								
С		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	IDENTIFICATION OF CABLE SYSTEM:									
	Zito Media - Bremond									
		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.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Bremond TX							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kr as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Bremond TX Community	Name		SYSTEM				
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Bremond TX Community							
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 kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Bremond TX Community							
Area Served Area Served CITY OR TOWN STATE Bremond TX Community Giscrete unincorporated areas). 47 C.F.R. 76.5(ad). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Bremond TX	D						
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Bremond TX Community							
Area Served identified city. CITY OR TOWN STATE First Bremond TX Community							
Served identified city. CITY OR TOWN STATE First Bremond TX Community	Aroa		or mobile home parks should be reported in parentheses below the				
First Bremond TX Community		identified city.					
First Community Bremond TX							
First Community Bremond TX							
Community		CITY OR TOWN	STATE				
	First	Bremond	TX				
Rose at Necessary Control of Cont	Community						
Residence of the control of the cont							
	d Rows as Necessary						
	a nows as necessary						

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8351

Zito Midwest LLC

Ε

Secondary Transmission Service: Subscribers and Rates

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 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).

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 each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	9	61.85			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
				1	ĭ

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RAT	Έ
Continuing Services:		Installation: Non-residential			
Pay cable	17.95	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	35.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		 Outlet relocation 	30.00		
		 Move to new address 	30.00		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8351

Zito Midwest LLC

PRIMARY TRANSMITTERS: TELEVISION

G 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, except (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 *not* 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 *only* 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. *Do not* 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 for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent 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 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCEN	6	N	Temple TX
KCEN	6.3	N-M	Temple TX
KXXV	25	N	Waco TX
KXXV	25.2	<u>l</u>	Waco TX
KXXV	25.3	<u>l</u>	Waco TX
KWTX	10	N	Waco TX
KWTX	10.2	<u> </u>	Waco TX
KNCT	46.1		Belton TX
KNCT	46.2	N-M	Belton TX
KWKT	44	N	Waco TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						[
							
	 						
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od: 2020/2						FOR	RM SA1-2E. PAGE 5.
	F CABLE SYS	TEM:				101	SYSTEM ID#
Zito Midwest LLC							8351
In General: In space I, iden substitute basis during the explanation of the program. 1. SPECIAL STATEMEN During the accounting period broadcast by a distant stance. If your answer is "Note in block 2. 2. LOG OF SUBSTITUT In General: List each substitute is substituted in the substitute in the sub	accounting printing that multify every not accounting printing that multiful CONCER eriod, did you ation? To every leave the extension of the country and the country are the extension of the country not account to the country not accoun	nnetwork televereriod, under syst be included RNING SUBS ur cable system e rest of this pa AMS am on a sepan	ision program, broadcast by pecific present and former F in this log, see page (v) of the carry, on a substitute based blank. If your answer is trate line. Use abbreviations	or a distant state CC rules, regulate general instants, any nonnes "Yes," you r	ulations, o tructions i etwork te nust comp	r authorization the paper levision pro YES plete the pro	ons. For a further SA1-2 form. gram X NO ogram
period, was broadcast by a under certain FCC rules, rules, rules and the column 2: If the progration of the calculumn 3: Give the calculumn 4: Give the broadcast of Mexican or Calculumn 5: Give the modifiest. Example: for May 7 gures and column 6: State the tinto the nearest five minutes stated as "6:00—6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra	a distant sta egulations, or ories like "mo . Bulls." Im was broa I sign of the badcast stati onth and day ive "5/7." nes when the s. Example:	tion and that yor authorization ovies" or "bask dcast live, ent station broaddon's location (ons, if any, they when your sy e substitute pra program car listed programions in effect of	your cable system substitutions. See page (v) of the ge setball." List specific prograter "Yes." Otherwise enter casting the substitute prograthe community to which the community with which the stem carried the substitute orgam was carried by you ried by a system from 6:01 m was substituted for programing the accounting period	ted for the proneral instruction titles, for ending the formal instruction is like a station is like a program. Using the following that ad; enter the left of the process of the program in the following that ad; enter the left of the process of t	egramming ons for fu ensed by entified). se numera m. List the :28:30 p.n your syst etter "P" if and regu	g of another of the rinform I Love Lucy the FCC or als, with the times accument should be the was required the listed plations in	station ation. " or , in month rately
S	1		1		AGE OCC	URRED	7. REASON FOR
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION
	Zito Midwest LLC SUBSTITUTE CARRIAGING General: In space I, idensubstitute basis during the explanation of the programm 1. SPECIAL STATEMEN. During the accounting period broadcast by a distant standard by a distant st	Zito Midwest LLC SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant statunder certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast statisthe case of Mexican or Canadian statistic Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that the effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under stexplanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this particular in the substitute program on a separate clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadce Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute proform to the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of t 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter ' Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peric was substituted for programming that your system was permitted to delete under effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stat substitute basis during the accounting period, under specific present and former FCC rules, regiexplanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you not log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever perioder. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the segmental recommendation of the station and that your cable system substitute for the program or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic the case of Mexican or Canadian stations is nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00-6:30 p.m." Column 5: Give the month and day when your system carried by rour cable system to de	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, o explanation of the programming that must be included in this log, see page (v) of the general instructions i 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork te broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comploin block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fu Do not use general categories like "movies" or "basketball." List specific program titles, for example, ""NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numera first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.n. to 6:28:30 p.n." Column 7: Enter the letter "R" if the	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sy substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatic explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television proproadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the propagation block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear, if you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substitute for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or the case of Mexican or Canadian stations, if any, the community to which the station is location (the nonnemanity of the program. Use numer

LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi	SI	STEM II 83					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent		83					
Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent							
	er the total of						
(as identified in space E) during the accounting period. For a further explanation of how to compute this a	ssion service						
gas definited in space L) adming the according period. To a further expansion of now to compute this apage (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	iniount, see						
during the accounting period.	\$ 4	,392.47					
MPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	s receipts)					
DPYRIGHT ROYALTY FEE							
Complete block 1, block 2, or block 3.							
	263,800						
Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 epage (vi) of the general instructions located in the paper SA1-2 form for more information.							
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t	his 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 2 TOTAL BOYALTY FEE DAVADLE FOR ACCOUNTING BEDIOD, Add lines 1 and 2	¢	52.00					
		52.00					
	,						
3. Subtract line 2 from line 1							
4. Enter the amount of gross receipts from space K							
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)						
Enter the amount of gross receipts from space K							
2. Base amount under statutory formula							
3. Subtract line 2 from line 1							
	1 319 00						
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
FILING FEE AND TOTAL REMITTANCE DUE							
	50.00						
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	ter of Copyrigh	ıts!					
	tructions: To compute the royally fee you owe: Domplete block 1, block 2, or block 3. Ise block 1 if the amount of gross receipts in space K is \$137,100 or less Ise block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 ise block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 page (vi) of the general instructions located in the paper SA1-2 form for more information. **BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS** Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for to counting period is \$52.00 Ine 1. Royalty fee for accounting period. Ine 2. Interest charge. Enter the amount from line 4, space Q, page 8. **BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10 and lines 1 and 2. **BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10 and line 1 and 2. **BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10 and line 2 in the statutory formula. **BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10 and line 2 in the statutory formula. **Subtract line 2 from line 1. **Lefter the amount of gross receipts from space K. **Subtract line 2 from line 3. **Subtract line 5 from line 4. **Multiply line 6 by .005 (enter figure here). **Interest charge. Enter the amount from line 4, space Q, page 8. **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, lenter the amount of gross receipts from space K. **Block 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, lenter the amount of gross receipts from space K. **Block 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, lenter the amount of gross receipts from space K. **Block 4: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, lenter the amount of gross receipts from space K. **Block 4: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527, lenter	tructions: To compute the royalty fee you owe: Domplete block 1, block 2, or block 3. Ises block 1 if the amount of gross receipts in space K is \$137,100 or less Ises block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Ises block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,800 Ises block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,800 Ises page (vi) of the general instructions located in the paper \$41-2 form from rere information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon coounting period is \$52,00 Ine 1. Royalty fee for accounting period					

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF OWNER OF Zito Midwest LLC	CABLE SYSTEM:	SYSTEM ID# 8351					
M Channels	to its subscribers, and (2) the subscribers, a	ve (1) the number of channels on which the cable system carried television broadcast stations he cable system's total number of activated channels during the accounting period. If channels on which the cable broadcast stations If activated channels In carried television broadcast stations	10 35					
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s	FACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom statement of account.)						
for Further Information	Name Teri M	cMullen Telephone 814-260-0)434					
	Coude	x 665 street, rural route, apartment, or suite number) ersport PA 16915 state, zip)						
	Email	teri.mcmullen@zitomedia.com Fax (optional)	***************************************					
	CERTIFICATION (This state	ement of account must be certified and signed in accordance with Copyright Office regulations)						
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]							
		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)						

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

Accounting Period: 2020/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 8351 Zito Midwest LLC 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 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. **Interest Assessment** 1% davs 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 * 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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