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
8/27/2021
\$
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	ACCO	DUNTING 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.	6046
		1	
		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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Cameron TX	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
Privacy Act Notice	e: 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 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 it 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	6046
D	Instructions: List each separate community served by the cable system. A "cor" a separate and distinct community or municipal entity (including unincorporadiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	ted communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future film Note: Entities and properties such as hotels, apartments, condominiums, or me	gs.
Area Served	identified city.	solle nome parks should be reported in parentneses below the
First	CITY OR TOWN Cameron	TX
Community	Cameron/Milam County	TX
d Rows as Necessary		

							FORM SA1-	TEM IC
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				313	604
Е	SECONDARY TRANSMISSION							
-	In General: The information in s system, that is, the retransmission	•		-	•			
Secondary	about other services (including p				•			
Transmission	last day of the accounting period	l (June 30 or D	ecember 31	, as the case ma	ay be).		0	
Service: Sub-	Number of Subscribers: Bot	•				2		
scribers and Rates	down by categories of secondar each category by counting the n		•					
Rutes	separately for the particular serv			•••			onargea	
	Rate: Give the standard rate of	-					•	
	unit in which it is generally billed category, but do not include disc	· ·	,		andard rate variation	s within a	particular rate	
	Block 1: In the left-hand block				secondary transmis	sion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers. Give	the number of s	ubscribers and rate	for each lis	sted category	
	that applies to your system. Not			-	-			
	categories, that person or entity subscriber who pays extra for ca					•		
	first set" and would be counted of							
	Block 2: If your cable system	-		•				
	printed in block 1 (for example, t					,		
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-nand	DIOCK. A two- of	Inree-word descript	ion of the s	service is	
	BLC	OCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	ATEGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:							
	Service to first set		136	20.40				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES				
F	In General: Space F calls for ra	te (not subscril	per) informa	tion with respect	to all your cable sys	tem's serv	rices that were	
Г	not covered in space E, that is, t							
	service for a single fee. There a	re two exceptic	ns: vou do r				services	
Services	furnished at cost or (2) services	or facilities fur		Ũ			ooth the	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur		nished to no	nsubscribers. Ra	ate information shou	d include		
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the	nit in which it is rate column.	nished to no usually bille	nsubscribers. Ra d. If any rates a	ate information shou re charged on a vari	d include able per-p		
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra	nit in which it is rate column. te charged by t	hished to no usually bille the cable sys	nsubscribers. Ra d. If any rates an stem for each of	ate information shou re charged on a vari the applicable servio	d include able per-p	ogram basis,	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the	hit in which it is rate column. te charged by t t your cable sys	nished to no usually bille the cable system furnish	nsubscribers. Ra d. If any rates a stem for each of ed or offered du	ate information shou re charged on a vari the applicable servio ring the accounting	ld include able per-p ces listed. period that	rogram basis, were not	
Other Than Secondary ransmissions:	amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that	hit in which it is rate column. te charged by t t your cable system separate charg	nished to no usually bille the cable system furnish ge was made	nsubscribers. Ra d. If any rates a stem for each of ed or offered du or established.	ate information shou re charged on a vari the applicable servio ring the accounting	ld include able per-p ces listed. period that	rogram basis, were not	
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	hit in which it is rate column. te charged by t t your cable system separate charg	nished to no usually bille the cable system furnish ge was made de the rate fo	nsubscribers. Ra d. If any rates a stem for each of ed or offered du or established.	ate information shou re charged on a vari the applicable servio ring the accounting	ld include able per-p ces listed. period that	rogram basis, were not	
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	hit in which it is rate column. te charged by t t your cable sy separate charg ption and includ	hished to no usually bille the cable system furnish ge was made de the rate fr CK 1 CATEGOR	nsubscribers. Ra d. If any rates a stem for each of ed or offered du e or established. or each. Y OF SERVICE	ate information shou re charged on a vari the applicable servio ring the accounting List these other ser RATE	d include able per-p ces listed. period that vices in the	rogram basis, were not e form of a	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services :	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLOO RATE	hished to no usually bille the cable system furnish ge was made de the rate fr CK 1 CATEGOR Installation	nsubscribers. Ra d. If any rates a stem for each of ed or offered du or established. or each. Y OF SERVICE : Non-residenti	ate information shou re charged on a vari the applicable servio ring the accounting List these other ser RATE	d include able per-p ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	hit in which it is rate column. te charged by t t your cable sy separate charg btion and inclue BLOO	hished to no usually bille the cable system furnish ge was made de the rate for CK 1 CATEGOR Installation • Motel, h	nsubscribers. Ra d. If any rates a stem for each of ed or offered du or established. or each. Y OF SERVICE :: Non-residenti otel	ate information shou re charged on a vari the applicable servio ring the accounting List these other ser RATE	d include able per-p ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLOO RATE	hished to no usually bille the cable system furnish ge was made de the rate for CK 1 CATEGOR Installation • Motel, h • Comme	nsubscribers. Ra d. If any rates and stem for each of ed or offered du or established. or each. Y OF SERVICE I: Non-residenti otel rcial	ate information shou re charged on a vari the applicable servio ring the accounting List these other ser RATE	d include able per-p ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLOO RATE	hished to no usually bille the cable system furnish ge was made de the rate fr CK 1 CATEGOR Installation • Motel, h • Comme • Pay cab	nsubscribers. Ra d. If any rates a stem for each of ed or offered du e or established. or each. <u>Y OF SERVICE</u> : Non-residenti otel rcial	ate information shou re charged on a vari the applicable servio ring the accounting p List these other ser RATE	d include able per-p ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLOO RATE	hished to no usually bille the cable system furnish ge was made de the rate fr CK 1 CATEGOR Installation • Motel, h • Comme • Pay cab	nsubscribers. Ra d. If any rates a stem for each of ed or offered du e or established. or each. Y OF SERVICE I: Non-residenti otel rcial ole	ate information shou re charged on a vari the applicable servio ring the accounting p List these other ser RATE	d include able per-p ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLO(RATE 17.95	hished to no usually bille the cable system furnish ge was made de the rate fr CK 1 CATEGOR Installation • Motel, F • Comme • Pay cat • Pay cat • Fire pro	nsubscribers. Ra d. If any rates al stem for each of ed or offered du e or established. or each. Y OF SERVICE I: Non-residenti otel rcial ole ole-add'I channel tection	ate information shou re charged on a vari the applicable servio ring the accounting p List these other ser RATE	d include able per-p ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLOO RATE	hished to no usually bille the cable system furnish ge was made de the rate fr CK 1 CATEGOR Installation • Motel, F • Comme • Pay cat • Pay cat • Fire pro	nsubscribers. Ra d. If any rates al stem for each of ed or offered du or established. or each. Y OF SERVICE I: Non-residenti otel rcial ole ole-add'I channel tection protection	ate information shou re charged on a vari the applicable servio ring the accounting p List these other ser RATE	d include able per-p ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLO(RATE 17.95	hished to no usually bille the cable system furnish ge was made de the rate for CK 1 CATEGOR Installation • Motel, h • Comme • Pay cat • Pay cat • Fire pro • Burglar	nsubscribers. Ra d. If any rates a stem for each of ed or offered du or established. or each. Y OF SERVICE : Non-residenti otel rcial ole ole-add'I channel tection protection ices:	ate information shou re charged on a vari the applicable servio ring the accounting p List these other ser RATE	d include able per-p ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLO(RATE 17.95	hished to no usually bille the cable system furnish ge was made de the rate for CK 1 CATEGOR Installation • Motel, f • Comme • Pay cat • Pay cat • Fire pro • Burglar Other serv	nsubscribers. Ra d. If any rates a stem for each of ed or offered due or established. or each. <u>Y OF SERVICE</u> : Non-residenti otel rcial ole-add'I channel tection protection ices: ect	ate information shou re charged on a vari the applicable servio ring the accounting p List these other ser RATE al	d include able per-p ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	hit in which it is rate column. te charged by t t your cable sy separate charg btion and includ BLO(RATE 17.95	hished to no usually bille the cable system furnish ge was made de the rate for CK 1 CATEGOR Installation • Motel, h • Comme • Pay cat • Pay cat • Fire pro • Burglar Other serv • Reconn	nsubscribers. Ra d. If any rates and stem for each of ed or offered due or established. or each. <u>Y OF SERVICE</u> : Non-residenti otel rcial ole-add'I channel tection protection ices: ect ect	ate information shou re charged on a vari the applicable servio ring the accounting p List these other ser RATE al	d include able per-p ces listed. period that vices in the	ogram basis, were not e form of a BLOCK 2	RA1

ounting Period:				FORM SA1-2E. PAGE
Name		F CABLE SYSTEM:		SYSTEM IE 604
	Zito Midwest LLC PRIMARY TRANSMITTERS:			002
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p of with a station according to its over-the	(1) stations carried only on a part-tipe carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESF e-air designation. For example, report vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- per "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KCEN	6	Ν	Temple TX
	KCEN	6.2	I	Temple TX
	KCEN KXXV	<u>6.2</u> 25		Temple TX Waco TX
		6.2 25 25.2	I N NM	Temple TX Waco TX Waco TX
	KXXV KXXV	25 25.2	N NM	Waco TX Waco TX
	KXXV KXXV KXXV	25 25.2 25.3	N NM NM	Waco TX Waco TX Waco TX
	KXXV KXXV KXXV KWTX	25 25.2 25.3 10	N NM NM N	Waco TX Waco TX Waco TX Waco TX
	KXXV KXXV KXXV KWTX KTBC	25 25.2 25.3 10 7	N NM NM N N N	Waco TX Waco TX Waco TX Waco TX Austin TX
	KXXV KXXV KXXV KWTX KTBC KLRU	25 25.2 25.3 10 7 18.1	N NM NM N N N E	Waco TX Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX
	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
id Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU	25 25.2 25.3 10 7 18.1	N NM NM N N N E	Waco TX Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX
id Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
id Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
ld Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
ld Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
id Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
ld Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
ld Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
ld Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
ld Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
ld Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
łd Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX
id Rows as Necessary	KXXV KXXV KXXV KWTX KTBC KLRU KNCT	25 25.2 25.3 10 7 18.1 46.1	N NM NM N N N E IM	Waco TX Waco TX Waco TX Waco TX Austin TX Austin TX Waco TX

ounting Period	. 2021/1			FORM SA1-2E. PA				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	Zito Midwest LLC			60				
	PRIMARY TRANSMITTERS:	TELEVISION						
•	In General: In space G, ide	entify every television station (including	translator stations and low power tele	vision stations)				
G		• • • •	t (1) stations carried only on a part-tim					
			he carriage of certain network program					
Primary ransmitters:		e)(2) and (4), or 76.63 (reterring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain static	ins carried on a				
Television			arried by your cable system on a subs	titute program				
		lles, regulations, or authorizations:		F3				
	• Do not list the station here	e in space G—but do list it in space I (t	the Special Statement and Program Lo	g)—if the				
	station was carried only on							
		1 /	ed both on a substitute basis and also					
		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 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.							
			t the community to which the station is	licensed by the				
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	the community with which the station is	identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

EGAL NAME OF		JABLE S	ISTEM:					SYSTEM 60
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of a For 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 statior	y the sys be recei t the Co sign of e he statio ion's sign 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. on is AM or FM. nal was electronically processor (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions 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	
						·		
						·		
						·	·	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							6046
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC)G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				5			
Special	During the accounting per	-			asis. anv non	network tel	evision proa	ram
Statement and	broadcast by a distant sta	-						× NO
Program Log	-						YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must comp	lete the proo	gram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meanin	a is
	clear. If you need more spa	ace, please	add additional	l rows to the tables.				-
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.						-	
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which the		censed by	the FCC or,	in
	the case of Mexican or Car							
	Column 5: Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitut	e program. U	se numera	ls, with the r	nonth
			e substitute pr	ogram was carried by you	ır cable syste	m. List the	times accur	ately
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming tha	t vour evet	m was real	uired
	to delete under FCC rules							
	was substituted for program	nming that						5
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM	1		N SUBST		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
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM		
							<u> </u>	
							_	
							_	
								"
							_	
							_	
								"
								"
							_	
							_	
								1
								+
							_	
	,				, p			

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 6046
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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.	ssion service mount, see	,262.44 ss 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 \$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.	63,800	
	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 t	his 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	·	
	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		nts!

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Midwest	OWNER OF CABLE SYSTEM:			SYSTEM ID# 6046
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the ota 	rs, and (2) the cable system's to al number of channels on which d television broadcast stations al number of activated channels cable system carried television	total numb h the cable s broadcast		10 75
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen		Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartr	ment, or suite	e number)	
		Coudersport PA 169 (City, town, state, zip)	15		
	Email	teri.mcmullen@	zitomedia	a.com Fax (optional)	
O Certification	I, the undersign (Own (Age in X (Offi in · I have examine	ned, hereby certify that (Check c er other than corporation or p nt of owner other than corpora line 1 of space B and that the c cer or partner) I am an officer (line 1 of space B. ed the statement of account and te, and correct to the best of my	one, <i>but onl</i> partnership ation or pa owner is no (if a corpora I hereby de	tified and signed in accordance with Copyright Office regulations) <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as our inclare under penalty of law that all statements of fact contained here is, information, and belief, and are made in good faith. /s/James Rigas	system as identified wner of the cable system
		Typed or printed Title: (Title of of	Enter sign d name: Presid	electronic signature on the line above to certify this statement. hature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas lent n held in corporation or partnership)	
		Date:		08/29/2021	

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

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
o Midwest LLC	604
 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. 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? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name 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 Assessmer
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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	-
x	-
x	-
x	
x	
x	
x	
x	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and 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.