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.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

SA1-2E Short Form

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

the first tab	of this	s workbook <u>ALLOCATION NUMBER</u>					
Α							
A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting							
Period							
		Instructions:					
В		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 as 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:					
e je te m	1	Zito Media - Utica					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2						
	2	(Number, street, rural route, apartment, or suite number)					

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

02/22/22

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Midwest LLC	31224
D	Instructions: List each separate community served by the cable system. A "con separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mu	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Area	city.	obile nome parks should be reported in parentneses below the identified
Served	uty.	
	CITY OR TOWN	STATE
First	Utica	NE
mmunity	Waco	NE
as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	
Name		ADLE STOTEM.						010	3122
	Zito Midwest LLC								• • • •
-	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND RA	TES				
E	In General: The information in space E should cover all categories of secondary transmission service of the cable								
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						lilose exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondary								
Rates	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 of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca					I in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that are	different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.								
	BLC	OCK 1 NO. OF					BLOC	(2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1	70.92					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
-	In General: Space F calls for rate					ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There and furnished at cost or (2) services	•			•		0.	·	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					C		C	
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rales	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	
		BL O	CK 1						
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:	1	CATEG	ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
		1	CATEG Installa			RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	RATE	CATEG Installa • Mot	ation: Non-resi		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable	RATE	CATEG Installa • Mot • Cor	ation: Non-resi tel, hotel		RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mot • Cor • Pay	ition: Non-res i tel, hotel nmercial	dential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay	ation: Non-resi tel, hotel nmercial r cable	dential	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res itel, hotel nmercial / cable / cable-add'l ch	dential	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.95	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-resi tel, hotel nmercial / cable / cable-add'l ch e protection	dential	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 17.95 30.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	tion: Non-resi tel, hotel nmercial / cable / cable-add'l ch e protection glar protection	dential	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.95 30.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-resident tel, hotel nmercial cable cable-add'l ch protection glar protection services:	dential		CATEG	DRY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.95 30.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	tion: Non-resident tel, hotel nomercial vable vable-add'I ch protection glar protection services: connect	dential		CATEG	DRY OF SERVICE	RAT

Name				FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID
	Zito Midwest LLC			3122
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC f • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these the coating Column 4: Give the locating	entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pre- ed with a station according to its over-the-	1) stations carried only on a part-tin e carriage of certain network program (e)(2) and (4))]; and (2) certain stati- rried by your cable system on a sub- e Special Statement and Program L- both on a substitute basis and also see page (v) of the general instruction ogram services such as HBO, ESPI air designation. For example, repor- ision station for broadcasting over the tation, an independent station, or a to or network multicast), "I" (for indepen- et "E-M" (for noncommercial education to the paper SA1-2 form. he community to which the station is	ne basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFXL	51.1	N	
	KLKN	8.1	N	Lincoln NE
Rows as Necessary	KOLN	10.1	N	Lincoln NE
	KOLN	10.5	I	Lincoln NE
	KSNB	4.1	Ν	Lincoln NE
	KSNB KSNB	4.1	N	Lincoln NE Lincoln NE
			N I E	
	KSNB	4.2	<u> </u>	Lincoln NE
	KSNB KUON	4.2 12.1	l E	Lincoln NE Lincoln NE

	OWNER OF (CABLE S	YSTEM:					SYSTEM I
Zito Midwes	t LLC							312
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: St Column 3: If gnal, indicate t	it is carried by monitoring, to ormation abou m. lentify the call tate whether to the radio stati this by placing	y the sys be recei t the Co sign of e he statio on's sigr g a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically processed mark in the "S/D" column. on (the community to which th	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the			J OI, III U	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito Midwest LLC							31224
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm	• •		•				
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	vision prograr	n
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if the	eir meaning is	6
				sion program ("substitute	program") that	t. durina ti	ne accounting	1
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific prograr	n titles, for ex	ample, "I L	ove Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "I	No."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	am.			
				e community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv		when your sys		piografii. Use	numerais	, with the mo	iiui
			substitute pro	gram was carried by your	cable system	List the ti	mes accurate	ely
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	amming that w	our system	n was <i>require</i>	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
			E PROGRAM		11	EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
					•			
					•			
							_	
							_	
							.—	

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	31224 SYSTEM
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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	529.28 ross 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 th accounting period is \$52.00	s six-month	
	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 informati		hts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O Zito Midwest L	WNER OF CABLE SYSTEM: LC			SYSTEM ID# 31224
M Channels	to its subscriber: 1. Enter the tota system carrie	s, and (2) the cable system's I number of channels on whic d television broadcast station	3	g period.	9
	on which the	I number of activated channe cable system carried televisio Icast services			104
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	ER INFORMATION IS NEEDED (Identify an individual t nt.)	to whom	
for Further Information	Name	Teri McMullen		Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartr Coudersport PA 169 (City, town, state, zip)			
	Email	teri.mcmullen@	zitomedia.com Fax ((optional	
ο		This statement of account mu	st be certified and signed in accordance with Copyright	Office regulations)	
Certification			e, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identifie	ed in line 1 of space E	3; or
	X (Office	in line 1 of space B and that th	tion or partnership) I am the duly authorized agent of the event is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal er		
		e, and correct to the best of m	ereby declare under penalty of law that all statements of fa knowledge, information, and belief, and are made in good		
			X /s/James Rigas Enter an electronic signature on the line above to certify this Enter signature using an "/s/ signature" (e.g., /s/ John Smith		
		Typed or printed	name: James Rigas		
		Title: (Tit	President e of official position held in corporation or partnership)		
		Date:	02	2/23/2022	

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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Midwest LLC	31224
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. 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. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here -	Interest Assessment
× 1%	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - - - x days Line 3 Multiply line 2 by the number of days late and enter the sum here -	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - - - x 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - - x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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