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.

8/27/2021

## **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 \$ 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	ACC	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.
		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	1	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Clay Center
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notic	ce: Section	n 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 suffciency 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	1263
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Clay Center	NE
Community	Sutton	NE
	Fairfield	NE NE
ld Rows as Necessary	Harvard	
	Edgar	NE

	LEGAL NAME OF OWNER OF C						FORM SA1-	DEL PAG	
Name	Zito Midwest LLC	ABLE SYSTEM	:				313	12(	
Е	SECONDARY TRANSMISSION						h		
<b>-</b>	In General: The information in s system, that is, the retransmission		-		•				
Secondary	about other services (including p			• • •					
Transmission	last day of the accounting period	d (June 30 or D	December 31, as th	e case may be	e).		0		
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n		Ũ		•				
Rates	separately for the particular serv		• • • •	•			charged		
	Rate: Give the standard rate of						ge and the		
	unit in which it is generally billed	• •	,		rd rate variation	s within a	particular rate		
	category, but do not include disc				ondony transmir		o that cable		
	Block 1: In the left-hand block systems most commonly provide			-	•				
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca				d in the count ur	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system				service that are	different f	rom those		
	printed in block 1 (for example, t	-							
	with the number of subscribers a				•	,			
	sufficient.								
	BLC	OCK 1 NO. OF	-			BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA	
	Residential:								
	Service to first set		27 17.0	0					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC			ATES					
_	In General: Space F calls for ra				اا your cable sy،	stem's serv	rices that were		
F	not covered in space E, that is, t	hose services	that are not offered	d in combination	on with any seco	ondary trar	smission		
	service for a single fee. There are	•		0					
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually blied. If al	ly fales are ci	larged on a van	able pei-p	ograffi basis,		
ransmissions:	Block 1: Give the standard rat	te charged by t							
Rates	Block 2: List any services that			•		•			
	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.								
		•		1.	F				
		BLO	1		DATE		BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF S	-	RATE	CATEGO	DRY OF SERVICE	RA	
	Pay cable	17.95	Motel, hotel						
	Pay cable—add'l channel		Commercial						
	Fire protection		Pay cable						
	•Burglar protection		Pay cable-add	l'I channel					
	Installation: Residential		Fire protection						
	• First set	30.00	Burglar protect						
	Additional set(s)		Other services:						
	\ /				30.00				
	• FM radio (if separate rate)		<ul> <li>Reconnect</li> </ul>		30.00				
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>		Reconnect     Disconnect		30.00				
	, , ,		Disconnect	on					
	, , ,				30.00 30.00 30.00				

counting Period: 2	2021/1			FORM SA1-2E. PAGE 3.			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 1263			
-	Zito Midwest LLC PRIMARY TRANSMITTERS: TELEVISION						
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channe of license. For example, WF <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	httify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carrien o concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-th e form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instr of each station. For U.S. stations, lis	translator stations and low power tele of (1) stations carried only on a part-tim the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Loc ed both on a substitute basis and also of , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over th station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a titute program ng)—if the on some other ns. I, etc. Identify each multistream e air in its community oncommercial dent), "I-M" nal multicast).			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KXFL	51.1	N				
	KLKN	8.1	N				
Rows as Necessary	KOLN	10.1					
	KSNB	4	N				
	KSNB	4.1		Lincoln NE			
	KUON	12.1	E	Lincoln NE			
	κχνο	15.1		Omaha NE			
	WATM	23.3	<b>.</b>	Altoona PA			
	KOLN	10.5	l	Lincoln NE			

EGAL NAME OF		CABLE 5	YSTEM:					SYSTEM   12
	t every radio s	station 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 recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	t 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 c ge (v) of the g ystem as a se sed by the FC	!) it can   ertain st eneral ii eparate a	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	
		5,0				5,0	LOOMION OF STATION	

Accounting Perio	od: 2021/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							1263
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM I O	G			
I I	In General: In space I, ident	-	-			tion that you	coble eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			sis anv noni	network telev	ision prog	ram
Statement and		-		n ouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa			vision program ("substitute	program") t	hat during th		ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.				(N.L., 2)			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by th	e FCC or.	in
	the case of Mexican or Car						,	
			when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	. схаптріе.	a program car	neu by a system nom 0.01	. 15 p.m. to c	.20.30 p.m. s		
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	t your system	n was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regulat	ons in	
	effect on October 19, 1976	•						
					WHF	N SUBSTIT	UTF	
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
	1. THE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	ТО	
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SY	YSTEM ID# 1263
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	5,802.95 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 \$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 \$ 263,800.00	,	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Midwest	OWNER OF CABLE SYSTEM:			SYSTEM ID# 1263
M Channels	<ol> <li>to its subscribe</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the other</li> </ol>	rs, and (2) the cable system's t al number of channels on whic d television broadcast stations al number of activated channel cable system carried television	total numb h the cable ls i broadcas		9 117
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of account		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, apart	tment, or sui	te number)	
		Coudersport PA 169 (City, town, state, zip)	015		
	Email	teri.mcmullen@	zitomedi	ia.com Fax (optional)	
O Certification	<ul> <li>I, the undersign</li> <li>(Own</li> <li>(Age ir</li> <li>X</li> <li>(Offi ir</li> <li>I have examine are true, completion</li> </ul>	ned, hereby certify that (Check on the other than corporation or p not of owner other than corpor not ine 1 of space B and that the of cer or partner) I am an officer not ine 1 of space B.	one, <i>but on</i> partnershi ration or p owner is no (if a corpor	rtified and signed in accordance with Copyright Office regulations) <i>ily one</i> , of the boxes.) <b>ip</b> ) I am the owner of the cable system as identified in line 1 of space <b>partnership</b> ) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as or eclare under penalty of law that all statements of fact contained herei ge, information, and belief, and are made in good faith. /s/James Rigas	system as identified wner of the cable system
		Typed or printed	Enter sig	electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas dent	
	· Section 111 of till	Date:		on held in corporation or partnership) 08/29/2021	

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ounting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Midwest LLC	126
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 4. Enter the annual of late annual enter and an annual t	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x 1%	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here         x	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       -         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$	Interest Assessmer
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmei

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