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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2021/1 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.	31345
		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 un 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 - Freeman Spur	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
		[00], 000, 20 000)	
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 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
Name	Zito Midwest LLC	3134
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter know
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Freeman Spur	
Community	Orient	
	Cedar Grove	IL
dd Rows as Necessary	Franklin County	L.

								FORM SA1	
Name		ABLE SYSTEM	:					515	TEM II 3134
	Zito Midwest LLC								010
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot						ble system	ı, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular service		0	0,0		•		s charged	
	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			-		-			
	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 th	e nym-i	Iand Diock. A tw					
	BLO	OCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		1	63.95					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There a	•			•		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	billed. If any fa	les are cr	larged on a van	lable bei-b	rogram basis,	
ransmissions:	Block 1: Give the standard ra		the cabl	e system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a				shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	plion and inclue	ue ine ra	ate for each.			1		
		BLO	1		105	DATE	OATEO	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable	17.95		tel, hotel					
	• Pay cable—add'l channel			mmercial					
	Fire protection		_	/ cable					•
	•Burglar protection		-	/ cable-add'l ch	annel				
	Installation: Residential		· ·	protection					
	• First set	30.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		30.00			
	• Converter			connect					1
	Conventer								
	Conventer					30.00			
	Gonventer		• Out	tlet relocation ve to new addre	ess	30.00 30.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Zito Midwest LLC			313
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: relevision	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 informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried I on concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro od with a station according to its over-the-a	(1) stations carried only on a part carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a su e Special Statement and Program both on a substitute basis and al- ee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep sion station for broadcasting over ation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. ne community to which the station	E-time basis under arams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI	23.1	N	Cape Girardeau MO
	KFVS	12.1	N	Cape Girardeau MO
	KFVS	12.3	I	Cape Girardeau MO
	WDKA	49.1	I	Paducah KY
	WPSD	6.1	N	Paducah KY
	WQWQ	12.2	l	Paducah KY
	WSIL	3.1	N	Harrisburgh IL
		<u>3.1</u> 8.1	N E	Harrisburgh IL Carbondale IL
	WSIL			
ows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
ows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
lows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
ows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
ows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
Rows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
Rows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
Rows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
Rows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
₹ows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
Rows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
Rows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
Rows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL
Rows as Necessary	WSIL WSIU WTCT	8.1		Carbondale IL

	2021/1			FORM SA1-2E. PAG
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Zito Midwest LLC			313
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	m during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tim	ne basis under
Primary ransmitters:	76.59(d)(2) and (4), 76.61(6 substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static	ons carried on a
Television	basis under specific FCC ru	lles, regulations, or authorizations: e in space G—but do list it in space I (carried by your cable system on a subs the Special Statement and Program Lo	
	• List the station here, and a basis. For further informatic Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination	ed both on a substitute basis and also o s, see page (v) of the general instruction program services such as HBO, ESPN	ns. I, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channed	the form.	e-air designation. For example, report evision station for broadcasting over th	
	Column 3: Indicate in each educational station, by ente (for independent multicast),	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	station, an independent station, or a n (for network multicast), "I" (for indepen or "E-M" (for noncommercial education	ident), "I-M"
	Column 4: Give the locatio		uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	-
	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 Zito Midwes			т С т Е IVI.					SYSTEM 31:
	t 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 opyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (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 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i 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.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							31345
	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	iccounting 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	-			isis, anv noni	network tel	evision proa	ram
Statement and Program Log	broadcast by a distant sta		,	<i>,</i>	, ,	Γ	YES	× NO
Frogram Log	-				"X "	L	_	
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proc	gram
	log in block 2. 2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa	ace, please	add additional	l rows to the tables.				-
	Column 1: Give the title period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general categor	ries like "mo						
	"NBA Basketball: 76ers vs.		deast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car			e community with which th stem carried the substitute			le with the r	nonth
	first. Example: for May 7 gi		when your sy		e program. O	se numera	is, with the f	nonun
	Column 6: State the tim	es when th		ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m	. should be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming tha	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules	and regulat	ions in effect d	luring the accounting perio	od; enter the	letter "P" if	the listed pr	
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	der FCC rules	s and regula	ations in	
		•			WHE	N SUBSTI		
	S	1	E PROGRAM		CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	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
							_	
							<u> </u>	
							_	
							_	
								"
							_	
								"
							_	
							_	
								1
								+

Accounting Period:	2021/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 31345
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 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	113.10 sss 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	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 \$ 263,800.00		
	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 Due	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		hts!

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Zito Midwest	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 31345
M Channels	 to its subscribe Enter the tot system carrie Enter the tot on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	9
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephor	e 814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersig (Owr (Age ir X (Off ir I have examinare true, completion	A (This statement of account must be certified and signed in accordance with Copyright Office regulations ned, hereby certify that (Check one, but only one, of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable h line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as h line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained here ate, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] X /s/James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ce B; or le system as identified owner of the cable system
		Typed or printed name: James Rigas	
		Critle of official position held in corporation or partnership) Date: 08/29/2021	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
o Midwest LLC	3134
 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays Line 3 Multiply line 2 by the number of days late 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	

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