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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Zito Midwest LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Zito Media
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 665 (Number, street, rural route, apartment, or suite number)
	Coudersport, PA 16915
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 - Hazel
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)
Privacy Act Notic	ce: 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#
	Zito Midwest LLC	8943
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Hazel	КҮ КҮ
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Name Zit E Secondary Transmission Service: Sub- scribers and Rates Ra unit i categ Syste abou last C Nu dowr each sepa Ra unit i categ Syste that a categ Syste that a categ Syste that a categ Syste that a categ Subs first s Blo printe with suffic C/ Resi · S · S · F Mote Com Com · Charles · S · S · S · S · S · S · S · S	IGAL NAME OF OWNER OF C Ito Midwest LLC CONDARY TRANSMISSION iseneral: The information in s em, that is, the retransmission ut other services (including p day of the accounting period umber of Subscribers: Both n by categories of secondary n category by counting the n arately for the particular serv- tate: Give the standard rate c in which it is generally billed gory, but do not include disc ock 1: In the left-hand block ems most commonly provide applies to your system. Not gories, that person or entity scriber who pays extra for ca set" and would be counted c ock 2: If your cable system ted in block 1 (for example, t the number of subscribers a cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel mercial verter	I SERVICE: SI space E should on of television bay cable) in sp d (June 30 or E h blocks in spa y transmission number of billing vice at the rate charged for eace I. (Example: "\$ counts allowed c in space E, th e to their subsc te: Where an ir should be cou able service to once again und has rate categ tiers of services	UBSCR d cover a pace F, Decembe ace E ca a service gs in tha indicate ch categ 20/mth" f for adva the form I cribers. (ndividua inted as addition der "Sen jories for s that in- the right-h	all categories of dio broadcasts not here. All the er 31, as the ca ll for the number . In general, yo at category (the ed—not the num ory of service.). Summarize a ance payment. lists the categor Give the number I or organizatio a subscriber in nal sets would b vice to addition r secondary tra clude one or m	f secondar by your sy e facts you se may be er of subso u can com number of second number of second number of second ries of second er of subso n is receiv each app be included al set(s)."	vistem to subscri u state must be e). cribers to the ca npute the number of persons or or ts receiving service th the amount of and rate variation condary transmission cribers and rate ving service that blicable category d in the count un service that are idary transmission	ibers. Give those exist ble system er of subsc ganizations vice). of the charg ssion servin falls under v. Example nder "Servi e different f ons), list th tion of the s BLOCK	the cable information ting on the ribers in s charged ge and the particular rate ce that cable sted category r different : a residential ce to the from those uem, together service is	RATE
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Categ subs first s Bld printe with suffic Resi • S • S • F • Mote Com • • • • • • • • • • • • • • • • • • •	gories, that person or entity scriber who pays extra for ca set" and would be counted o ock 2: If your cable system ted in block 1 (for example, t the number of subscribers a cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) "M radio (if separate rate) el, hotel nmercial	should be cou able service to once again und has rate categ tiers of service: and rates, in th OCK 1 NO. OF	Inted as addition der "Sen jories for s that in the right-h ERS	a subscriber in nal sets would b vice to addition r secondary tra clude one or m nand block. A tw RATE	each app e included al set(s)." nsmission ore secon vo- or thre	blicable category d in the count ur a service that are dary transmission ee-word descript	y. Example nder "Servi e different f ons), list th tion of the s BLOCk	: a residential ce to the from those nem, together service is (2 NO. OF	RAT
F Services Other Than Secondary Transmissions:	scriber who pays extra for ca set" and would be counted o ock 2: If your cable system ted in block 1 (for example, t the number of subscribers a cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel nmercial	able service to once again und has rate categ tiers of service: and rates, in th OCK 1 NO. OF	addition der "Serv jories foi s that in ie right-h	nal sets would b vice to addition r secondary tra clude one or m nand block. A tw RATE	e includea al set(s)." nsmission ore secon vo- or thre	d in the count ur service that are dary transmissione-word descript	nder "Servi e different f ons), list th tion of the s BLOCK	ce to the from those em, together service is (2 NO. OF	RAT
F Services Other Than Secondary Fransmissions: first s Blo Printe Blo Blo Blo Blo Blo Blo Blo Blo	set" and would be counted cock 2: If your cable system ted in block 1 (for example, to the number of subscribers a cient. ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel mmercial	once again und has rate categ tiers of services and rates, in th DCK 1 NO. OF	der "Sen jories for s that in- he right-h	vice to addition r secondary tra clude one or m hand block. A tw RATE	al set(s)." nsmission ore secon vo- or thre	a service that are idary transmission ee-word descript	e different f ons), list th tion of the s BLOCk	from those em, together service is (2 NO. OF	RAT
F Services Other Than Secondary Transmissions:	ted in block 1 (for example, t the number of subscribers a cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) FM radio (if separate rate) el, hotel nmercial	tiers of services and rates, in th OCK 1 NO. OF	s that in he right-h	clude one or m nand block. A tw RATE	ore secon vo- or thre	dary transmissio ee-word descript	ons), list th tion of the s BLOCK	em, together service is (2 NO. OF	RAT
F Services Other Than Secondary Transmissions:	the number of subscribers a cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel nmercial	and rates, in th OCK 1 NO. OF	e right-r	RATE	vo- or thre	ee-word descript	tion of the s	service is	RAT
F Services Other Than Secondary Transmissions:	cient. BLC ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel nmercial	OCK 1 NO. OF	ERS	RATE			BLOCK	X 2 NO. OF	RAT
F Services Other Than Secondary Transmissions: Block Resi Mote Com Com Com Servi Ser	ATEGORY OF SERVICE idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel nmercial	NO. OF	ERS		CATE	EGORY OF SEF		NO. OF	RAT
F Services Other Than Secondary Fransmissions: Block Resi Servi Se	idential: Service to first set Service to additional set(s) M radio (if separate rate) el, hotel nmercial		ERS		CATE	EGORY OF SEP	RVICE		RAI
• S • S • S • F • Mote Com • R • N • N • N • N • N • N • N • N • N • N	Service to first set Service to additional set(s) M radio (if separate rate) el, hotel nmercial		2	17.00					
F Services Other Than Secondary Transmissions:	Service to additional set(s) FM radio (if separate rate) el, hotel nmercial		2	17.00					
F Services Other Than Secondary ransmissions:	M radio (if separate rate) el, hotel nmercial								
F Services Other Than Secondary Transmissions: Block	el, hotel nmercial								
F Services Other Than Secondary Transmissions:	nmercial								
F Services Other Than Secondary Fransmissions:									
F Services Other Than Secondary Transmissions: Blo	verter								
F Services Other Than Secondary fransmissions:	S 2.1 (2.1								
F Services Other Than Secondary Fransmissions: Blo	Residential Ion-residential								
F In Generation of the services Services Other Than Secondary Enterties Block Secondary Enterties Block Second Sec									
Services furnis Other Than amou Secondary enter Transmissions: Blo	VICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATE	S				
Services furnis Other Than amor Secondary enter Transmissions: Blo	eneral: Space F calls for rat	te (not subscri	ber) info	ormation with re	spect to a	all your cable sys	stem's serv	vices that were	
Services furnis Other Than amou Secondary enter Transmissions: Blo	covered in space E, that is, t								
Other ThanamoundSecondaryenterTransmissions:Block	ice for a single fee. There ar ished at cost or (2) services	•	2		0			,	
ransmissions: Blo	ount of the charge and the ur								
	r only the letters "PP" in the								
	ock 1: Give the standard rat ock 2: List any services that							were not	
	•				Ũ	•	•		
brief	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.								
		BLO	CK 1					BLOCK 2	
CATE	EGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	tinuing Services:			ation: Non-res	idential				
	Pay cable	17.95		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection			y cable v cable add'l ch	annal				
	urglar protection allation: Residential			y cable-add'l ch e protection	annei				
	irst set	30.00		glar protection					
	Additional set(s)			services:					
	M radio (if separate rate)			connect		30.00			
	Converter			connect					
				tlet relocation					
				lielielocalion		30.00			

	T			OVOTE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEI
	Zito Midwest LLC	· · · · ·		
	PRIMARY TRANSMITTERS:		the second second second	· · · · · · · · · · · · · · · · · · ·
G		lentify every television station (including tra em during the accounting period, <i>except</i> (•	,
-	FCC rules and regulations	in effect on June 24, 1981, permitting the	e carriage of certain network prog	rams [sections
Primary ransmitters:		(e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain st	tations carried on a
Television	Substitute Basis Stations	s: With respect to any distant stations can	ried by your cable system on a su	ubstitute program
		rules, regulations, or authorizations: re in space G—but do list it in space I (the	e Special Statement and Program	n Log)—if the
	station was carried only or	n a substitute basis.		0,
	basis. For further informati	l also in space I, if the station was carried l ion concerning substitute basis stations, so	see page (v) of the general instruc	ctions.
	Column 1: List each statio	on's call sign. <i>Do not</i> report origination pro	ogram services such as HBO, ES	SPN, etc. Identify each
	"WETA-2" as the same on		C	
		nel number the FCC assigned to the televi	ision station for broadcasting ove	er the air in its community
	Column 3: Indicate in eacl	NRC is channel 4 in Washington, D.C. h case whether the station is a network st	-	
	educational station, by ente	tering the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for inde	pendent), "I-M"
	For the meaning of these t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct 	tions in the paper SA1-2 form.	
	Column 4: Give the location	on of each station. For U.S. stations, list th	he community to which the station	5
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	ອ COMMUNITY WITH WITHCH THE STATE	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KBSI	23.1	N	Paducah KY
	KFVS	12.1	N	Cape Girardeau MO
	WDKA	49.1	I	Paducah KY
	WKMU	21	E	Murray KY
	WPSD	6.1	N	Paducah KY
	WQWQ	9	I	Paducah KY
	IIQIIQ			
	WSIL	3.1	N	Paducah KY
		3.1 27.1	N	Paducah KY Marion IL
	WSIL		N I	
1 Rows as Necessary	WSIL		N I	
d Rows as Necessary	WSIL		N 1	
d Rows as Necessary	WSIL		N 	
d Rows as Necessary	WSIL		N 1	
d Rows as Necessary	WSIL		N I	
d Rows as Necessary	WSIL		N 1	
d Rows as Necessary	WSIL		N I	
d Rows as Necessary	WSIL		N	
d Rows as Necessary	WSIL		N I	
d Rows as Necessary	WSIL			
d Rows as Necessary	WSIL		N 1	
d Rows as Necessary	WSIL			
id Rows as Necessary	WSIL			
id Rows as Necessary	WSIL			
ld Rows as Necessary	WSIL			

ounting Period:	: 2021/1			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	Zito Midwest LLC			89					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syste	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			the carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static						
ransmitters:		s explained in the next paragraph.							
Television			carried by your cable system on a subs	titute program					
	basis under specific FCC ru	lles, regulations, or authorizations:							
			the Special Statement and Program Lo	og)—if the					
	station was carried only on								
			ed both on a substitute basis and also						
			s, see page (v) of the general instruction						
			program services such as HBO, ESPN						
	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.								
	"WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	of license. For example, WRC is channel 4 in Washington, D.C.								
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"								
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).								
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.								
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the								
	FCC. For Mexican or Cana	dian stations, if any, give the name of	the community with which the station is	s identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

EGAL NAME OF		JABLE S	ISIEM:					SYSTEM I 89
	t every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i 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 abour m. lentify the call tate whether t the radio stat this by placing sive the station	y the sys be recei t the Cc sign of e the static 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 processor (mark in the "S/D" column. on (the community to which the 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 enna, during c ge (v) of the g system 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	
		2, 2				2,0		
							·	

Accounting Perio	od: 2021/1						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							8943
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork televi	is <i>ion program.</i> broadcast by	/ a <i>distant</i> sta	tion. that vou	r cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in:	structions in t	he paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pa	ao blank. If your answor i	с "Voc " vou и		-	
		, leave life	rest of this pa	ige blank. If your answer i	s res, your	nusi comple	te the prog	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if the	eir meaning	a is
	clear. If you need more spa					,		
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			eter opeenie progre		skampio, i E	eve Lucy	
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which the			e FCC or,	in
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		······		5		,	
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming that	t vour systen	n was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program	nming that						0
	effect on October 19, 1976							
					WHF	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
							<u>-</u>	
						_		
							-	
						_		
							-	
							-	
							_	
							-	
							-	
							-	
							·	
						_		
							-	
						_		
1								

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 8943
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	1,631.80 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		
	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# 8943
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the ota 	rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channe cable system carried television	total numb		8 76
N Individual to Be Contacted		O BE CONTACTED IF FURTI about this statement of accou		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, apar	tment, or sui	te number)	
		Coudersport PA 169 (City, town, state, zip)	915		
	Email	teri.mcmullen@	2 zitomed	ia.com Fax (optional)	
O Certification	I, the undersign (Own (Age in X (Offi in · I have examine	ned, hereby certify that (Check er other than corporation or nt of owner other than corpor line 1 of space B and that the cer or partner) I am an officer line 1 of space B. ed the statement of account and the tactor of the best of m	one, <i>but on</i> partnershi ration or p owner is n (if a corpor	rtified and signed in accordance with Copyright Office regulations) bly one, of the boxes.) (ip) 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 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 here ge, information, and belief, and are made in good faith.	e B; or system as identified wner of the cable system
		Typed or printe Title: (Title of a	Enter sig	electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas Jent	
		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	894
 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	
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
^ <u>·····</u>	
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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 - (interest charge) * * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. For further assistance please	-
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.