This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

For Secondary Transmissions by Cable Systems (Short Form) DATE RECEIVED AMOUNT Conditional for any secondary Transmissions by Cable Systems (Short Form) Date RECEIVED AMOUNT Conditional for any secondary Transmissions by Cable Systems (Short Form) General instructions are located in the first lab of this workbook DB/22/2022 \$ ALLOCATION NUMBER For additional information, context first 3. Sourced and the U.S. Sourced and	STATEM	ENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY			
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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 sufficiency of the fling, a determination that would be made by a court of law.

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	Zito Midwest LLC	14							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.								
	CITY OR TOWN STATE								
First	Malcolm	NE							
Community									
dd Rows as Necessary									

	LEGAL NAME OF OWNER OF C						FORM SA1	TEM I			
Name	Zito Midwest LLC										
Е	SECONDARY TRANSMISSION In General: The information in s				rv transmission	service of t	the cable				
—	system, that is, the retransmission	•	-		•						
Secondary	about other services (including p										
Transmission	last day of the accounting period					h.l	harden a				
Service: Sub- scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the n										
	separately for the particular serv				•	,					
	Rate: Give the standard rate of unit in which it is generally billed	-					-				
	category, but do not include disc					is within a					
	Block 1: In the left-hand block				condary transmis	ssion servi	ce that cable				
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity		•		0						
	subscriber who pays extra for ca										
	first set" and would be counted o										
	Block 2: If your cable system	-		•							
	printed in block 1 (for example, t with the number of subscribers a										
	sufficient.										
	BLC			BLOCK							
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		E CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA			
	Residential:						CODOCINDENCO				
	Service to first set		1 4	3.04							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	• Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA		RATES							
F	In General: Space F calls for ra				all your cable sys	stem's serv	vices that were				
Г	not covered in space E, that is, t										
Services	service for a single fee. There an furnished at cost or (2) services	•		•			,				
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the										
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were r listed in block 1 and for which a separate charge was made or established. List these other services in the form										
	brief (two- or three-word) descrip										
		BLO	CK 1				BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEGORY C	F SERVICE	RATE	CATEGO	DRY OF SERVICE	RA			
	Continuing Services:		Installation: N	on-residential							
	• Pay cable		• Motel, hote								
	Pay cable—add'l channel		Commercia	al							
	Fire protection		Pay cable								
	 Burglar protection 		-	add'l channel							
	Installation: Posidontial		Fire protect								
	Installation: Residential	30.00		ICCUUT							
	• First set	30.00 20.00	Burglar pro Other service								
	• First set • Additional set(s)	30.00 20.00	• Burgiar pro	5:	30.00						
	• First set		Other service:	5:	30.00						
	• First set • Additional set(s) • FM radio (if separate rate)		Other services • Reconnect	5:	<u>30.00</u> 30.00						
	• First set • Additional set(s) • FM radio (if separate rate)		Other service • Reconnect • Disconnect	s: cation				· · · · · · · · · · · · · · · · · · ·			

counting Period: 2	2022/1			FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
Hame	Zito Midwest LLC			14785						
	PRIMARY TRANSMITTERS:									
G Primary ransmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream 									
	of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	station, an independent station, or a r (for network multicast), "I" (for indeper 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	noncommercial ndent), "I-M" nal multicast). s licensed by the is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KFXL	51.1	N	Lincoln NE						
	KLKN	8.1	N	Lincoln NE						
ws as Necessary	KOLN	10.1	Ν	Lincoln NE						
	KOLN	10.5	I	Lincoln NE						
	KSNB	4.1	Ν	Lincoln NE						
	KSNB	4.2	l	Lincoln NE						
	KUON	12.1	E	Lincoln NE						
	κχνο	15.1	I	Omaha NE						

EGAL NAME OI Zito Midwes								SYSTEM 147
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cal					н
eceivable if (1) n the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recei it the Cc sign of e he static ion's sign g a chech n's locatio	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pay sed by the cable s ne station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions 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		O, LL OIGH		5,0	LOOKHON OF STATION	

Accounting Perio	od: 2022/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							14785
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	nnetwork televi	<i>ision program,</i> broadcast by	y a <i>distant</i> sta	tion, that yoι	ır cable sys	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programn				he general ins	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting pe 	•	ur cable syster	n carry, on a substitute ba	isis, any nonr	etwork tele	vision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wherever po	ossible, if th	eir meaning	g is
				vision program ("substitute	e program") tl	nat, during t	he account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ted for the pro	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I l	love Lucy"	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	the case of Mexican or Car		```````````````````````````````````````	the community to which the community with which the		,	ne FCC or,	in
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program car	ned by a system from 0.0	1. 15 p.m. to o	.20.30 p.m.	should be	
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	your syster	n was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for program	nming that y	your system w	as permitted to delete und	ter FCC rules	and regula	tions in	
	leffect on October 19, 1976							
	effect on October 19, 1976							1
			E PROGRAM	1		N SUBSTIT AGE OCCL		7. REASON FOR
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	7. REASON FOR DELETION
	S	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCL 6. TI	JRRED MES	

Accounting Period:	2022/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 14785
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service	390.36 iss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or 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.	263,800	
	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 accounting period is \$52.00	this six-mon	
	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	,	
	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		hts!

Accounting Period:	2022/1									FORM	M SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE Zito Midwest LLC	R OF CABLE SYSTEM:									SYSTEM ID# 14785
M Channels	 to its subscribers, and Enter the total numl system carried televi Enter the total numl on which the cable s 	ist give (1) the number of (2) the cable system's ber of channels on which ision broadcast stations ber of activated channe system carried televisior ervices	total numb ch the cabl s els n broadcas	nber of ble	f activated channel	ls during the a	accounting perio			8	
N Individual to Be Contacted	INDIVIDUAL TO BE C	CONTACTED IF FURTI	HER INFO					om			
for Further Information	Name Te i	ri McMullen						Telephone	814-260-0	434	
	(Nun Co	Box 665 nber, street, rural route, apar udersport PA 169 , town, state, zip)		suite num	nber)						
	Email	teri.mcmullen@	@zitomed	dia.cor	m		Fax (option	al)			
O Certification	(Owner other in line 1 X (Officer or in line 1 • I have examined the s	ereby certify that (Check er than corporation or wner other than corpor of space B and that the partner) I am an officer of space B. statement of account and d correct to the best of m	ration or p owner is no (if a corpor d hereby da ny knowled)	only one hip) I an partnen not a co boration) declare dge, inf /s/.	e, of the boxes.) am the owner of the e rship) I am the du corporation or partn n) or a partner (if a p e under penalty of I	e cable system ly authorized a ership; or partnership) o aw that all sta ef, and are ma he line above t	n as identified in agent of the owr If the legal entity Itements of fact (ade in good faith	line 1 of space ner of the cable identified as or contained herei	system as ide vner of the cab		
		Title:	Presid	ident		tnership)					
		Date:					08/23/2	022			

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 fing, 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#
o Midwest LLC	14785
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	_
Name 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 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	
x days	
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.	
contact the Licensing Division at (202) 707-0150 of incensing@ioc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
 ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner 	
 ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address 	

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