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

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						
08/22/2022	\$ 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	ACCOL	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
		Barcode Data Filing Period (optional - see instructions)								
Accounting Period										
В	G	nstructions: Sive the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate itle of the subsidiary, not that of the parent corporation.								
Owner	Li	ist any other name or names under which the owner conducts the business of the cable system.								
		there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a ingle 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									
	z	Zito Midwest LLC								
	В	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	z	Lito Media								
	N	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO Box 665 Number, street, rural route, apartment, or suite number)								
	Ċ	Coudersport, PA 16915								
	<u> </u>	City, town, state, zip)								
С	names a	ICTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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										
		Zito Media - Valparaiso Malling Address of Cable System:								
	2 (Number, street, rural route, apartment, or suite number)								
	(0	City, town, state, zip code)								

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.

		FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SYSTEM I 233					
	Instructions: List each separate community served by the cable system. A "communit						
D	"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 known 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 mobile holdentified city.	ome parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First Community	Valparaiso	NE					
d Rows as Necessary							
		· · · · · · · · · · · · · · · · · · ·					

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23346

Zito Midwest LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

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 each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	2	48.07			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
				1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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 listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
Additional set(s)	20.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

23346

4. LOCATION OF STATION

Zito Midwest LLC

1. CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: 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, *except* (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 not 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 only 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. *Do not* 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 "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 Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

Omaha NE KETV 7.1 Ν KLKN 8.1 Ν Lincoln NE 3.1 **Omaha NE KMTV KPTM** 42.1 Ν **Omaha NE** KUON 12 Е Lincoln NE **KXVO** 15.1 **Omaha NE WOWT** 6.1 Ν **Omaha NE WOWT** 6.5 **Omaha NE**

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC 23346

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio	nd: 2022/1						FOE	RM SA1-2E. PAGE 5.
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	SYSTEM ID#
Name	Zito Midwest LLC							23346
Substitute	In General: In space I, iden	tify every no	nnetwork telev eriod, under sp	ENT AND PROGRAM LO ision program, broadcast by pecific present and former Fr in this log, see page (v) of the	a <i>distant</i> stat CC rules, reg	ulations, c	or authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	During the accounting pe	riod, did you	ur cable syste	m carry, on a substitute ba	sis, any nonn	etwork te	elevision pro	gr <u>am</u>
Program Log	broadcast by a distant sta	ition?					YES	X NO
	Note: If your answer is "No	o". leave the	rest of this pa	age blank. If vour answer is	s "Yes." vou r	nust com	plete the pro	ogram
	log in block 2.	,	•	,	, ,	,		3
	2. LOG OF SUBSTITUT		-					
	In General: List each subsclear. If you need more spa				wherever po	ossible, if	their meani	ng is
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re	of every no distant sta egulations, or ries like "mo	onnetwork tele tion and that y or authorizatio	vision program ("substitute vour cable system substitute ns. See page (v) of the ger tetball." List specific progra	ed for the pro neral instructi	ogrammin ons for fu	ig of another urther inform	r station ation.
	Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal	m was broa sign of the adcast stati nadian stati	station broadd on's location (ons, if any, the	er "Yes." Otherwise enter " casting the substitute progr the community to which the e community with which the stem carried the substitute	am. e station is lic e station is ide	entified).		
	first. Example: for May 7 gi	ve "5/7." les when the	e substitute pr	ogram was carried by your	cable syster	n. List the	e times accu	ırately
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	and regulat	ions in effect o		d; enter the l	etter "P" i	f the listed p	
	effect on October 19, 1976	·	WHEN SUBSTITUTE					
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OC	CURRED	7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S	4. STATION'S LOCATION	5. MONTH		TIMES TO	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
		 						
		 						
							_	
							_	
							_	
							_	

counting Period:	2022/1 FORM S	SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SYSTEM II 2334							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.								
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 \$263,800 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.	. ,							
	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 this 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 \$137,100)								
	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)								
	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)								
	6. Interest charge. Enter the amount from line 4, space Q, page 8								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)								
	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 Register of Copyri	ghts!							

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE Zito Midwest LLC	E SYSTEM:			SYSTEM ID# 23346
M Channels	to its subscribers, and (2) the cab 1. Enter the total number of chans system carried television broads 2. Enter the total number of active on which the cable system carried	ole system's to nels on which cast stations . ated channels ed television b	s	e accounting period.	29
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTE we can contact about this statement		ER INFORMATION IS NEEDED (Identify a t.)	n individual to whom	
for Further Information	Name Teri McMul	len		Telephone	814-260-0434
	Address PO Box 665 (Number, street, ru Couderspo (City, town, state, 2	ural route, apartm	nent, or suite number)		
	Email teri.	.mcmullen@2	zitomedia.com	Fax (optional)	
O Certification	Owner other than corp (Agent of owner other in line 1 of space B a in line 1 of space B. I have examined the statement of	that (Check or poration or pa than corpora and that the ov um an officer (if	ust be certified and signed in accordance with the control of the boxes.) artnership) I am the owner of the cable system or partnership) I am the duly authorize where is not a corporation or partnership; or if a corporation) or a partner (if a partnership) hereby declare under penalty of law that all showledge, information, and belief, and are	em as identified in line 1 of spaced agent of the owner of the cable of the legal entity identified as o	e B; or e system as identified wner of the cable system
	Typ		Enter an electronic signature on the line abov Enter signature using an "/s/ signature" (e.g.,		
	Date	e:		08/23/2022	

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Accounting Period: 2022/1 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 23346 Zito Midwest LLC 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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? X NO 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. **Interest Assessment** 1% davs 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 * 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. ** 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 ID number First community served Accounting period

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