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 COPYRIGH	IT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	08/22/2022	ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACC	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these es 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 - Friday Harbor, WA	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	23569
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowr gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Friday Harbor	WA
Community	San Juan County	WA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM I
Name	Zito Midwest LLC	ADEL OTOTEM.						010	235
Е	SECONDARY TRANSMISSION		-	-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Fransmission	last day of the accounting period						-1	harless	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv							a and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	counts allowed	for advar	nce payment.	-				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A two	o- or three	e-word descripti	ion of the se	ervice is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF		DATE	0.4.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Service to first set		21	24.71					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
E	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services						• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		ha aabla	avetem for and	h of the c	andiaahla aan <i>ii</i>	an linted		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	je was m	ade or establish					
	brief (two- or three-word) descrip	otion and inclue	de the rat	e for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE	1	ORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RA
	Continuing Services: Pay cable			t ion: Non-resic el, hotel	iential				
	Pay cable Add'l channel			imercial					
	• Fire protection		•Pay						
	•Burglar protection			cable-add'l cha	nnel				
	5 1			protection					
	Installation: Residential								
	Installation: Residential First set	30.00	• Duig	lar protection					
		30.00 20.00		ervices:					
	• First set		Other s			30.00			
	First setAdditional set(s)		Other s • Rec	ervices:		30.00			
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec • Disc • Outl	ervices: onnect		30.00 30.00 30.00			

	LEGAL NAME OF OWNER OF			SYSTEM
Name	Zito Midwest LLC	CADLE STOTEM.		235
	PRIMARY TRANSMITTERS:	TFI FVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie in concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	of (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, reponent evision station for broadcasting over the station, an independent station, or a (for network multicast), "1" (for independent station, an independent station, or a (for network multicast), "1" (for independent), the community to which the station in the community to which the station in	me basis under ims [sections ions carried on a postitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	CBUT	2.1	l	Vancouver BC
	СНЕК	6.1	I	Victoria BC
	СКVU	10.1	l	Vancouver BC
	KCPQ	13	N	Tacoma WA
	кстѕ	9.1	E	Seattle WA
	KING	5	N	Seattle WA
	KIRO	7	Ν	Seattle WA
	комо	4	N	Seattle WA
	KSTW	11	I	
			•	Tacoma WA
d Rows as Necessary	KVOS	12		Tacoma WA Bellingham WA
d Rows as Necessary	KVOS KZJO	12 22	I I	
ld Rows as Necessary			I	Bellingham WA
id Rows as Necessary				Bellingham WA
ld Rows as Necessary				Bellingham WA
d Rows as Necessary				Bellingham WA
d Rows as Necessary				Bellingham WA
d Rows as Necessary				Bellingham WA
d Rows as Necessary				Bellingham WA
ld Rows as Necessary				Bellingham WA
ld Rows as Necessary				Bellingham WA
dd Rows as Necessary				Bellingham WA
dd Rows as Necessary				Bellingham WA
dd Rows as Necessary				Bellingham WA

EGAL NAME OF	OWNER OF C	CABLE SY	(STEM:					SYSTEM I
Zito Midwes	t LLC							235
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried b monitoring, to prmation about rm. dentify the call state whether the radio stat this by placing	y the sys be recei at the Cc I sign of e the static ion's sign g a check	I-Band FM Carriage: Under of the whenever it is received a wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's he system's FM ante this point, see pa this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	Г- -	1				[

Accounting Perio	od: 2022/1						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							23569
					•			
	SUBSTITUTE CARRIAGI	-	-					
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 				s, any nonne	twork televis	sion progran	ı
Statement and	broadcast by a distant sta	-	,			ſ	YES	× NO
Program Log	-						-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	e the program	n
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if thei	r meaning is	
	clear. If you need more spa				Milerever poo		r meaning io	
				sion program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.						···· , ···	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		nsed by the	ECC or in	
	the case of Mexican or Can						. 1 00 01, 11	
	Column 5: Give the mon	th and day		tem carried the substitute p			with the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		i program came	ed by a system norm 0.01.	15 p.m. to 0.2	0.50 p.m. si		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
								T
						N SUBSTI		
	S		E PROGRAM			AGE OCC		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	FROM	TIMES — TO	
		100 01 110						
							<u> </u>	
							_	
						·		
							<u> </u>	
							_	
							_	
						·		
							_	
							_	
							_	
							_	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 23569
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	of e 7,933.61
	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 • 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-month	
	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 \$ 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	<u> </u>	
	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	7,600)	
	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 SA1-2E. PAGE 7
Name	LEGAL NAME C Zito Midwes	OF OWNER OF CABLE SYSTEM:			SYSTEM ID# 23569
M Channels	to its subscrib		total num	Is on which the cable system carried television broadcast statio ber of activated channels during the accounting period. le	
					11
	on which the	otal number of activated channe e cable system carried televisio adcast services	n broadca	st stations	86
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of accou		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen		Teleph	one 814-260-0434
mormation	Address	PO Box 665			
		(Number, street, rural route, apa		lite number)	
		Coudersport PA 169 (City, town, state, zip)	715		
	Email	teri.mcmullen(2 zitomed	lia.com Fax (optional)	
O Certification		DN (This statement of account r		rtified and signed in accordance with Copyright Office regulatio	ns)
	(Ov	vner other than corporation or	partnershi	ip) I am the owner of the cable system as identified in line 1 of space	ce B; or
	(Ag			artnership) I am the duly authorized agent of the owner of the cab ot a corporation or partnership; or	le system as identified
	X (O	fficer or partner) I am an officer in line 1 of space B.	(if a corpor	ation) or a partner (if a partnership) of the legal entity identified as	owner of the cable system
	are true, comp		-	eclare under penalty of law that all statements of fact contained her ge, information, and belief, and are made in good faith.	ein
			Х	/s/James Rigas	_
				electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	d name:	James Rigas	
		Title: (Title of	Presi official posit	dent tion held in corporation or partnership)	
		Date:		08/23/2022	
	Contine 111 of t	itle 17 of the United States Code a	uthorizoo fl	pe Convright Office to collect the personally identifying information (P)	II) as succeeded, and the

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 the 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 telephol 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 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 t 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 lav

	FORM SA1-2E. PAG
	SYSTEM
Midwest LLC	235
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.	P Special Statemer Concerning Gros Receipts Exclusio
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 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 Assessme
x 1%	_
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	_
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	_
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	_
Line 3 Multiply line 2 by the number of days late and enter the sum here - k - <td>_</td>	_
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 - - x 0.00274 - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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