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 COPYRIGHT | Return completed workbook 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 | OUNTING 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 s 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 - Franklin |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | (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 sufficiency of the fling, a determination that would be made by a court of law.

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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC | SYSTEM ID# 61563 | | | | | | | |
|-----------------------|--|---------------------|--|--|--|--|--|--|--|
| 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 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 home parks should be reported in parentheses below the dentified city. | | | | | | | | |
| | CITY OR TOWN | STATE | | | | | | | |
| First Community | Franklin | TX | | | | | | | |
| Add Rows as Necessary | | | | | | | | | |
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| | LEGAL NAME OF OWNER OF CA | ABLE SYSTEM: | | | | | | | -2E. PAGE |
|--|---|---|--|--|--|--|--|---|-----------|
| Name | Zito Midwest LLC | | | | | | | | 6156 |
| E Secondary Transmission Service: Sub- scribers and Rates | SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system | 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 ast 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 hat 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 irst 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 bloc | | | | | | | |
| | with the number of subscribers a sufficient. | | | | on of the s | ervice is | | | |
| | BLOCK 1 | | | | | | BLOCK | X 2 NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RAT |
| | Residential: | | | | | | | | |
| | Service to first set | | 9 | 75.47 | | | | | |
| | Service to additional set(s) FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| F Services Other Than Secondary Iransmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip | e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg | ber) infor that are ns: you hished to usually he cable stem furn je was m | mation with res not offered in co do not need to g nonsubscribers billed. If any rat system for eac nished or offeren nade or establish | ombinatio give rate in s. Rate in es are ch h of the a d during t | n with any seco information cond formation shoul arged on a varia applicable servic he accounting p | ndary trans cerning (1) d include b able per-pro- ces listed. period that | smission services oth the ogram basis, were not | |
| | | BLO | | 001/00 | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE Continuing Services: | RATE | | ORY OF SERV | | RATE | CATEGO | DRY OF SERVICE | RAT |
| | Pay cable | | | el, hotel | lentidi | | | | |
| | • Pay cable—add'l channel | | | nmercial | | | | | |
| | • Fire protection | | _ | cable | | | | | |
| | •Burglar protection | | • Pay | cable-add'l cha | nnel | | | | |
| | Installation: Residential | | | protection | | | | | |
| | • First set | 30.00 | | glar protection | | | | | |
| | Additional set(s) | 20.00 | | ervices: | | | | | |
| | • FM radio (if separate rate) | | | connect | | 30.00 | | | |
| | • Converter | | 1 | connect | | 20.00 | | | |
| | 1 | | • Out | let relocation | | 30.00 | | | |
| | | | • Mov | e to new addre | ss | 30.00 | | | |

| | LECAL NAME OF OWNER C | | | SYSTEM II | | | | | | | | |
|---------------------------------|--|---|--|--|--|--|--|--|--|--|--|--|
| ame | LEGAL NAME OF OWNER C | F CABLE SYSTEM: | | 6156 | | | | | | | | |
| | PRIMARY TRANSMITTERS: | TFI FVISION | | | | | | | | | | |
| G mary mitters: vision | FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location | carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under cC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections f6.59(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 tation 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 vasis. 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 nulticast 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 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 in the set (for noncommercial educational), or "E-M" (for noncommercial educational multicast). Cor 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 identified. | | | | | | | | | | |
| | 1. CALL SIGN | 4. LOCATION OF STATION | | | | | | | | | | |
| | квтх | 3.1 | N | Bryan TX | | | | | | | | |
| | КВТХ | 3.2 | N-M | Bryan TX | | | | | | | | |
| ecessary | квтх | 3.3 | N-M | Bryan TX | | | | | | | | |
| ows as Necessary | | | | | | | | | | | | |
| | KCEN | 6.1 | N | Temple TX | | | | | | | | |
| | KCEN KCEN | 6.1 | N-M | Temple TX Temple TX | | | | | | | | |
| | | | | | | | | | | | | |
| | KCEN | 6.2 | N-M | Temple TX | | | | | | | | |
| | KCEN KERA | 6.2 13.1 | N-M E | Temple TX Dallas, TX | | | | | | | | |
| | KCEN KERA KWKT | 6.2 13.1 44.1 | N-M E N | Temple TX Dallas, TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX | 6.2 13.1 44.1 10.1 | N-M E N N | Temple TX Dallas, TX Waco TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX | 6.2 13.1 44.1 10.1 10.2 | N-M E N N N-M | Temple TX Dallas, TX Waco TX Waco TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 | N-M E N N N-M N | Temple TX Dallas, TX Waco TX Waco TX Waco TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 25.2 | N-M E N N N-M N-M N-M | Temple TX Dallas, TX Waco TX Waco TX Waco TX Waco TX Waco TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV KXXV KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 25.2 25.3 | N-M E N N N-M N-M N-M N-M | Temple TX Dallas, TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV KXXV KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 25.2 25.3 | N-M E N N N-M N-M N-M N-M | Temple TX Dallas, TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV KXXV KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 25.2 25.3 | N-M E N N N-M N-M N-M N-M | Temple TX Dallas, TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV KXXV KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 25.2 25.3 | N-M E N N N-M N-M N-M N-M | Temple TX Dallas, TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV KXXV KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 25.2 25.3 | N-M E N N N-M N-M N-M N-M | Temple TX Dallas, TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV KXXV KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 25.2 25.3 | N-M E N N N-M N-M N-M N-M | Temple TX Dallas, TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV KXXV KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 25.2 25.3 | N-M E N N N-M N-M N-M N-M | Temple TX Dallas, TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV KXXV KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 25.2 25.3 | N-M E N N N-M N-M N-M N-M | Temple TX Dallas, TX Waco TX | | | | | | | | |
| | KCEN KERA KWKT KWTX KWTX KXXV KXXV KXXV | 6.2 13.1 44.1 10.1 10.2 25.1 25.2 25.3 | N-M E N N N-M N-M N-M N-M | Temple TX Dallas, TX Waco TX | | | | | | | | |

| EGAL NAME OF | Period: 2022 | | /STEM: | | | | | SYSTEM I |
|--|---|---|--|--|---|--|--|----------------------------------|
| Zito Midwes | | | | | | | | 615 |
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| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried b monitoring, to prmation about rm. dentify the call tate whether to the radio state this by placing Sive the station | y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati | I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the | It the system's he system's FM ante this point, see pa sed by the cable s he station is licen: | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain st general i eparate | be expected, ated intervals. nstructions in the. and discrete | Primary Transmitters Radio |
| | | - | | | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| 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 | | | | | | | 61563 | | |
| | SUBSTITUTE CARRIAGI | E: SPECIA | | NT AND PROGRAM LOO | G | | | | | |
| | In General: In space I, identi | - | - | | | ion that voi | ir cable syste | em carried on a | | |
| - | substitute basis during the a | | | | | | | | | |
| Substitute | explanation of the programm | ing that mus | st be included in | this log, see page (v) of the | e general instr | uctions in th | ne paper SA1 | -2 form. | | |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBS | TITUTE CARRIAGE | | | | | | |
| Special Statement and | During the accounting per | iod, did you | r cable system | carry, on a substitute basi | s, any nonne | twork televi | sion progran | | | |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO | | |
| | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. | | | | | | | | | |
| | | | | | | | | | | |
| | 2. LOG OF SUBSTITUTE | PROGRA | MS | | | | | | | |
| | In General: List each subst | | | | wherever pos | sible, if thei | ir meaning is | ; | | |
| | clear. If you need more spa | | | ows to the tables. ision program ("substitute p | program") that | t during th | e accounting | I | | |
| | period, was broadcast by a | | | | | | | | | |
| | under certain FCC rules, re | | | | | | | า. | | |
| | Do not use general categori "NBA Basketball: 76ers vs. | | vies" or "baske | tball." List specific program | i titles, for exa | ample, "I Lo | ove Lucy" or | | | |
| | _ | | dcast live, ente | r "Yes." Otherwise enter "N | lo." | | | | | |
| | | | | sting the substitute program | | | | | | |
| | the case of Mexican or Can | | | e community to which the | | | e FCC or, in | | | |
| | | | | 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 cam | | 15 p.m. to 0.2 | 0.00 p.m. s | | | | |
| | Column 7: Enter the lette | | | was substituted for progra | | | | | | |
| | to delete under FCC rules a was substituted for program | | | | | | | am | | |
| | effect on October 19, 1976. | | our system wa | | | na regulativ | | | | |
| | | | | | | | | | | |
| | s | UBSTITUT | E PROGRAM | 1 | | N SUBST | | 7. REASON FOR | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | - | TIMES | DELETION | | |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM | — то | | | |
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| Accounting Period: | 2022/1 | FORM S | A1-2E. PAGE 6. | | | | | | | |
|-------------------------------|--|----------------------------------|----------------------|--|--|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC | S | YSTEM ID# 61563 | | | | | | | |
| 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. | smission servic s amount, see | of se 8,778.45 | | | | | | | |
| 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 • 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 | | | | | | | | | |
| | 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) | | | | | | | | | |
| | 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 | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | | | | | | | | |
| Total Remittance Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | | | | | | | | |
| | | | 07.00 | | | | | | | |
| | 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 | | jhts! | | | | | | | |
| | | | | | | | | | | |

| Accounting Period: | 2022/1 | | | | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|--|---|--|-------------------------------|
| Name | LEGAL NAME OF Zito Midwest | OWNER OF CABLE SYSTEM: | | | SYSTEM ID 61563 |
| M Channels | to its subscribe | ers, and (2) the cable system's | total num ch the cab | els on which the cable system carried television broadcast stations ber of activated channels during the accounting period. le | 13 |
| | on which the | tal number of activated channe cable system carried televisio dcast services | n broadca | st stations | 46 |
| N Individual to Be Contacted | | t about this statement of acco | | DRMATION IS NEEDED (Identify an individual to whom | |
| for Further Information | Name | Teri McMullen | | Telephone | e <u>814-260-0434</u> |
| | Address | PO Box 665 (Number, street, rural route, apa Coudersport PA 16 | | uite number) | |
| | Email | (City, town, state, zip) | @zitomed | lia.com Fax (optional) | |
| O Certification | I, the undersig (Own (Age i X (Off i I have examinare true, completee | ned, hereby certify that (Check ner other than corporation or ent of owner other than corpor in line 1 of space B and that the ficer or partner) I am an officer in line 1 of space B. ed the statement of account and | one, <i>but on</i> partnershi ration or p owner is n (if a corpor | ertified and signed in accordance with Copyright Office regulations) <i>aly one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space I artnership) I am the duly authorized agent of the owner of the cable s ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as own eclare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith. | 3; or system as identified |
| | | | Enter sig | n electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith) | - |
| | | Typed or printe Title: | Presi | | |
| | | Date: | | tion held in corporation or partnership) 08/23/2022 ne Convright Office to collect the personally identifying information (PII) r | |

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 tr 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 telephoi 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

| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
|--|---|
| Midwest LLC | 615 |
| 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." 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 Statemen 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? | |
| 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 |
| | |
| 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 | _ |
| | _ |
| 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 - - - - - 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> | |
| 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 | |

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.

| C | Cable Worksheet | | Total amount of Number of S remittance | | | f SAs rec'd Initials | | |
|-------------------------------------|--------------------|-----------------------|---|----------------|--------------|----------------------|----------|--|
| | | | Date of remittance | Check | EFT | FILI | NG FEES | |
| Cable ID # | | | | | | Amount | Initials | |
| Examined by | I | Reviewed by | Date examination completed | Allocation | n number | | | |
| Space A Accounting Period | | | | | | | | |
| | 🗌 Janua | ary 1 - June 30, 2017 | [| July 1 - Decem | ber 31, 2017 | | | |
| | Lette | r sent | [| Information re | ceived | | | |
| | Accep | oted | [| Phone call/Dat | e/Contact | | | |
| Space B Owner | | | | | | | | |
| | Lette | r sent | [| Information re | ceived | | | |
| | Accep | oted | [| Phone call/Dat | e/Contact | | | |
| Space D Area Served | | | | | | | | |
| | Lette | r sent | [| Information re | ceived | | | |
| | Accep | oted | [| Phone call/Dat | e/Contact | | | |
| Space E Secondary Transission | | | | | | | | |
| Service Subscribers: | Lette | r sent | [| Information re | ceived | | | |
| and Rates | Accep | oted | [| Phone call/Dat | e/Contact | | | |
| Space G Primary Transmitters: | | | | | | | | |
| Television | Lette | r sent | [| Information re | ceived | | | |
| | Accep | oted | [| Phone call/Dat | e/Contact | | | |
| Space H Primary Transmitters: | | | | | | | | |
| Radio | Accep | oted | | Phone call/Dat | e/Contact | | | |

| C | Cable Worksheet | | Total amount of Number of S remittance | | | f SAs rec'd Initials | | |
|-------------------------------------|--------------------|-----------------------|---|----------------|--------------|----------------------|----------|--|
| | | | Date of remittance | Check | EFT | FILI | NG FEES | |
| Cable ID # | | | | | | Amount | Initials | |
| Examined by | I | Reviewed by | Date examination completed | Allocation | n number | | | |
| Space A Accounting Period | | | | | | | | |
| | 🗌 Janua | ary 1 - June 30, 2017 | [| July 1 - Decem | ber 31, 2017 | | | |
| | Lette | r sent | [| Information re | ceived | | | |
| | Accep | oted | [| Phone call/Dat | e/Contact | | | |
| Space B Owner | | | | | | | | |
| | Lette | r sent | [| Information re | ceived | | | |
| | Accep | oted | [| Phone call/Dat | e/Contact | | | |
| Space D Area Served | | | | | | | | |
| | Lette | r sent | [| Information re | ceived | | | |
| | Accep | oted | [| Phone call/Dat | e/Contact | | | |
| Space E Secondary Transission | | | | | | | | |
| Service Subscribers: | Lette | r sent | [| Information re | ceived | | | |
| and Rates | Accep | oted | [| Phone call/Dat | e/Contact | | | |
| Space G Primary Transmitters: | | | | | | | | |
| Television | Lette | r sent | [| Information re | ceived | | | |
| | Accep | oted | [| Phone call/Dat | e/Contact | | | |
| Space H Primary Transmitters: | | | | | | | | |
| Radio | Accep | oted | | Phone call/Dat | e/Contact | | | |

| | | Carriage |
|-----------------------|--------------------------|--|
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space J Part-time Carriage Log |
| ✓ Letter sent | Information received | (SA3 only) |
| Accepted | Phone call/Date/Contact | |
| | | Space K Gross Receipts |
| Letter sent | Information received | |
| Letter sent | Phone call/Date/Contact | |
| | | Space L Copyright Filing and Royalty Fee |
| Royalty Fee should be | Refund request to fiscal | |
| Letter sent | Information received | |
| Accepted | Phoe call/Date/Contact | |
| | | Space M Channels |
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space O Certification |
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space P Statement of Gross Receipts |
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space Q Interest Assessment |
| Letter sent | Info/add'l fee received | |
| | | |