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

	·	FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI					
	Zito Midwest LLC	70					
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.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the						
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	Lott	TX					
Rows as Necessary							

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC

SYSTEM ID# 7035

# 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.

BLO	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	1	68.47	
Service to additional set(s)			
• FM radio (if separate rate)			
Motel, hotel			
Commercial			
Converter			
Residential			
Non-residential			

# 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			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	30.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	20.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		<ul> <li>Move to new address</li> </ul>	30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

7035

Zito Midwest LLC

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCEN	6.1	N	Temple TX
KCEN	6.2	<u> </u>	Temple TX
KNCT	46.1	1	Waco TX
KNCT	46.2	<b>I</b>	Waco TX
KWKT	44.1	N	Waco TX
кwтх	10.1	N	Waco TX
KWTX	10.2	l	Waco TX
KXXV	25.1	N	Waco TX
KXXV	25.3	l	Waco TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

7035

Zito Midwest LLC

### 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.

H

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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od: 2022/1						F	DRM SA1-2E. PAGE 5
	CABLE SYS	TEM:					SYSTEM ID#
Zito Midwest LLC							7035
SUBSTITUTE CARRIAGE In General: In space I, iden substitute basis during the explanation of the programm  1. SPECIAL STATEMEN • During the accounting per broadcast by a distant stance of the stance	titify every not accounting pring that multiple that multi	nnetwork televereriod, under syst be included RNING SUBS ur cable system e rest of this paramon a separadd additiona	ision program, broadcast by pecific present and former F in this log, see page (v) of the strict CARRIAGE m carry, on a substitute basege blank. If your answer is trate line. Use abbreviations I rows to the tables.	a distant state CC rules, regulate general instant sis, any nonnes "Yes," you res wherever possible a distant state of the	ulations, o tructions i etwork te nust comp	r authorized in the paper levision pure levis levis pure levis levis pure le	system carried on a attions. For a further or SA1-2 form.  rogram  X NO  rogram
Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for progra	ries like "mc. Bulls." m was broa l sign of the nadcast stati nadian stati nth and day ive "5/7." nes when the s. Example: tter "R" if the and regulat mming that	dcast live, ent station broadd on's location ( ons, if any, the when your sy e substitute pr a program car elisted progrations in effect of	ketball." List specific prograter "Yes." Otherwise enter casting the substitute prograte community to which the community with which the extern carried the substitute rogram was carried by youried by a system from 6:01 m was substituted for prograting the accounting period	im titles, for each titles, for each titles, for each title e station is lide e program. Use reable systements 15 p.m. to 6 ramming that id; enter the lefer FCC rules	eensed by entified). se numera m. List the :28:30 p.r your syst etter "P" in and regu	the FCC als, with the times acome, should the listed alations in	cy" or or, in e month curately be equired
S				CARRIAGE OCCURRED			7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE? Yes or No	<ol><li>STATION'S CALL SIGN</li></ol>	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM		
	LEGAL NAME OF OWNER OF Zito Midwest LLC  SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the explanation of the program  1. SPECIAL STATEMEN • During the accounting per broadcast by a distant standard by a distant stan	Zito Midwest LLC  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu  1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant statinder certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast stating the case of Mexican or Canadian stating Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the tothe nearest five minutes. Example: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the todelete under FCC rules and regulation was substituted for programming that the effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	Zito Midwest LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under spexplanation of the programming that must be included  1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable syste broadcast by a distant station?  Note: If your answer is "No", leave the rest of this palog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separal clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "base" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broaded Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your syfirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program of the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of te  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter ' Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "517."  Column 6: State the times when the substitute program was carried by out to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting peric	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stat substitute basis during the accounting period, under specific present and former FCC rules, regi explanation of the programming that must be included in this log, see page (v) of the general ins  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you not log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever per clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the letter "R" if the listed program was permitted to delete under FCC	EGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, o explanation of the programming that must be included in this log, see page (v) of the general instructions in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  **During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fu Do not use general categories like "movies" or "basketball." List specific program titles, for example, ""NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numera first. Example: for May 7 give "57."  Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.r. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your syst to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" in was su	EGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorize explanation of the programming that must be included in this log, see page (v) of the general instructions in the pape 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  **During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television proadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the p log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their mear clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accoperiod, was broadcast by a distant station and that your cable system substitute for the programming of anoth under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further infor Do not use general categories like "movies" or "basketball." List specific program tiles, for example, "I Love Luc "NBA Basketball: 76ers vs. Bulls."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC clues ace of Mexican or Canadian stations, if any, the community with which the station is loentified).  Column 6: State the times when the substitute program was carried by your cable system. List the times ace to the nearest five minutes. Example: a pr

counting Period:	2022/1 FORM S	SA1-2E. PAGE						
Name		SYSTEM II						
	Zito Midwest LLC	703						
14	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of							
K Gross Receipts	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							
oroco recorpto	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	102.06						
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts.	ross receipts)						
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:							
Copyright	Complete block 1, block 2, or block 3.							
Royalty Fee	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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</li> </ul>							
	<ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>							
	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)							
	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							
	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!						
	See page i of the general instructions in the paper SA1-2 form for more information.							

Accounting Period:	2022/1		FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF OWN	R OF CABLE SYSTEM:	SYSTEM ID# 7035				
<b>M</b> Channels	to its subscribers, and     Enter the total num     system carried televiary     Enter the total num     on which the cable	st give (1) the number of channels on which the cable system carried televisi (2) the cable system's total number of activated channels during the account ber of channels on which the cable sion broadcast stations ber of activated channels ystem carried television broadcast stations ervices	ating period.				
N Individual to Be Contacted		CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual this statement of account.)	ual to whom				
for Further Information	Name <b>Te</b>	ri McMullen	Telephone 814-260-0434				
	(Nu	DBox 665  Ther, street, rural route, apartment, or suite number)  udersport PA 16915  town, state, zip)					
	Email	teri.mcmullen@zitomedia.com	x (optional)				
	CERTIFICATION (This	statement of account must be certified and signed in accordance with Copyri	ight Office regulations)				
O Certification		• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or					
		wner other than corporation or partnership) I am the duly authorized agent o of space B and that the owner is not a corporation or partnership; or	of the owner of the cable system as identified				
		partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg of space B.	gal entity identified as owner of the cable system				
		statement of account and hereby declare under penalty of law that all statements decrrect to the best of my knowledge, information, and belief, and are made in good (1986)]					
		X /s/James Rigas  Enter an electronic signature on the line above to certificative views as "/s/signature" (o.g., /s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s	•				
		Enter signature using an "/s/ signature" (e.g., /s/ John S  Typed or printed name: James Rigas	sillet)				
		Title: President (Title of official position held in corporation or partnership)					
		Date:	08/23/2022				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

counting Period: 2022/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
to Midwest LLC	7035
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 a scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	sub- Special Statement
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 transmissio made by satellite carriers to satellite dish owners?  X NO	ins
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	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x <u> </u>	0
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	
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 <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance ple 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, pleal 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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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)