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						
2/24/23	\$ 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	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:
	1	Zito Media - Malcolm NE
		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.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city. CITY OR TOWN STATE Malcolm NE			FORM SA1-2E. PAG								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city. CITY OR TOWN STATE Malcolm NE CITY OR TOWN NE	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM								
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city. CITY OR TOWN STATE Malcolm NE Community											
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 kn 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 identified city. CITY OR TOWN STATE Malcolm NE Community											
Area Served Area Served CITY OR TOWN First Community Malcolm Community CITY OR TOWN STATE Malcolm NE	D										
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Malcolm NE Community											
Area Served identified city. CITY OR TOWN STATE First Malcolm NE Community											
Served identified city. CITY OR TOWN STATE First Malcolm NE Community	Aroa										
First Community CITY OR TOWN STATE Malcolm NE		identified city.									
First Malcolm NE Community	Convou										
First Malcolm NE Community											
Community		CITY OR TOWN	STATE								
	First	Malcolm	NE								
	Community										
	D										
	Rows as Necessary										

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC

SYSTEM ID# 14785

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	1	46.79				
 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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE			CATEGORY OF SERVICE RA	ΛTE
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: 2022/2 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 14785

Zito Midwest LLC

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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

KFXL Lincoln NE 51.1 Ν KLKN 8.1 Ν Lincoln NE 10.1 **KOLN Lincoln NE KOLN** 10.5 Lincoln NE **KSNB** 4.1 Lincoln NE N **KSNB** 4.2 Lincoln NE **KUON** 12.1 Ε Lincoln NE

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

14785

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.

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
		 				 	
		ļ				 	
		<u> </u>				ļ	
		T				[
							
		 					
	 	 					
	 	 					
	 	 					
		 				 	
		ļ					
		<u> </u>				ļ	
							
		 					
	 	 					
	 	 					
		 					
		ļ					
		ļ				 	
		<u> </u>				ļ	
		T				[
	1	l					
	 						
	 	 					
	 	 					
		 				 	
		ļ				 	
		<u> </u>				ļ	
		T				[
		1					
		1					
	 						
	 	 					
	 						
		 					
		 					
		<u> </u>				<u> </u>	
	1	1					

od: 2022/2						FOR	M SA1-2E. PAGE 5	
	F CABLE SYS	TEM:				1010	SYSTEM ID#	
Zito Midwest LLC 14								
In General: In space I, iden substitute basis during the explanation of the programm. 1. SPECIAL STATEMEN • During the accounting personal statements of the second statements.	ntify every no accounting p ming that mu IT CONCEF eriod, did you	nnetwork telev eriod, under sp st be included RNING SUBS	ision program, broadcast by becific present and former F in this log, see page (v) of to TITUTE CARRIAGE	y a distant state FCC rules, reginate general ins	ulations, or structions in	authorization the paper s	ons. For a further SA1-2 form.	
In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, r 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 mo first. 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	stitute prograce, please of every not a distant state egulations, ories like "mot. Bulls." Im was broad a sign of the badcast stati anadian stati price "5/7." The swhen the sexual control and regulative "5/7." The sample: "tter "R" if the and regulative please of every control and	am on a separadd additional and that your authorization ovies" or "bask deast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program car listed programions in effect of	I rows to the tables. vision program ("substitute our cable system substitute our cable system substitute ins. See page (v) of the ge cetball." List specific program of the community to which the community to which the ecommunity with which the stem carried the substitute or carried by a system from 6:0° m was substituted for programing the accounting period our cable in the substituted for program was substituted for programing the accounting period our cable in the substituted for programing the accounting period our cable in the substituted for programing the accounting period our cable in the substituted for programing the accounting period our cable in the substituted for programing the accounting period our cable in the substituted for programing the accounting period our cable in the substituted for program was substituted for programing the accounting period our cable in the substituted for programing the accounting period our cable in the substituted for program was substituted for prog	e program") the ted for the program titles, for e "No." ram. le station is lide to program. Us reable system 1:15 p.m. to 6 programing that bod; enter the le	nat, during ogramming ons for fur example, "I beensed by entified). See numera m. List the :28:30 p.m your systeetter "P" if	the account of another ther information Love Lucy the FCC or ls, with the times accumant should be the was required the listed price of another the state of the	ting station ation. or in month rately	
,		_	_	7. REASON FOR				
1. TITLE OF PROGRAM	ı			5. MONTH AND DAY	6.		DELETION	
	Zito Midwest LLC SUBSTITUTE CARRIAGIN General: In space I, ider substitute basis during the explanation of the program. 1. SPECIAL STATEMEN. • During the accounting period broadcast by a distant standard by a distant	SUBSTITUTE CARRIAGE: SPECIAIN General: In space I, identify every not substitute basis during the accounting pexplanation of the programming that must 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 not period, was broadcast by a distant state under certain FCC rules, regulations, on Do not use general categories like "mot "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 statisthe case of Mexican or Canadian statistic column 5: Give the month and day first. Example: 15 cive the case of Mexican or Canadian statistic column 5: Give the month and case of Mexican or Canadian statistic column 5: Give the call sign of the	SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under sp explanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable systel broadcast by a distant station? Note: If your answer is "No", leave the rest of this pa log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separ clear. If you need more space, please add additiona Column 1: Give the title of every nonnetwork tele period, was broadcast by a distant station and that y under certain FCC rules, regulations, or authorizatio Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadc 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 sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pr to 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 prograr to delete under FCC rules and regulations in effect of was substituted for programming that your system w effect on October 19, 1976.	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 t 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute be broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer i log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation 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 substitu 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 prog Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which th 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 you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting perion was substituted for programming that your system was permitted to delete under effect on October 19, 1976.	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, regiexplanation of the programming that must be included in this log, see page (v) of the general instance 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 2. During the accounting period, did your cable system carry, on a substitute basis, any nonreproadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," your log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever poclear. 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 to 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 4: Give the broadcast station's location (the community to which the station is lic the case of Mexican or Canadian stations, if any, the community with which the station is lic Column 5: Give the month and day when your system carried the substitute program. Us first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable syster to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 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 effect on October 19, 1976. SUBS	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or 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 telebroadcast 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 the 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 programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furning the substitute of the program was broadcast station and that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furning the substitute program was broadcast station in station in the community to which the station is licensed by the case of Mexican or Candian stations, if any, the community to which the station is licensed by the case of Mexican or Candian stations, if any, the community with which the station is identified). 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.m. Tolumn 7: Enter the letter "R" if the listed program was substituted for programming that your syste	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 systemstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatic explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper \$1.\$ SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prog 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 complete the pro 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 meaning 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 account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information to be general categories like "movies" or "basketball: "List specific program titles, for example, "I Love Lucy" "NBA Basketball: "Gers 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 numerals, with the first. Example: for May 7 give "5/7." *Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the station is identified). *Column 6: State the times when the substitute program was carried by your cable system. List the times accut to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should	

Accounting Period:	2022/2 FOR	RM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SYSTEM II 1478							
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, so 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.	vice							
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-mo accounting period is \$52.00	on							
	Line 1. Royalty fee for accounting period	52.00							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.								
	Line 2. Interest charge. Line the amount nonline 4, space Q, page 0	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) \$ 1,319.	00							
		00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	00							
otal Remittance Due	See the instructions for more information on filing fee calculations)	00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00							
	TOTAL AMOUNT BOLT ON ACCOUNTING FERIOD. Add IIII65 2 allu 3	07.00							
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form for more information.	pyrights!							

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNE Zito Midwest LLC	R OF CABLE SYSTEM:		SYSTEM ID# 14785
M Channels	to its subscribers, and Enter the total number system carried televior Enter the total number on which the cable series.	(2) the cable system's total number of channels on which the cable		92
N Individual to Be Contacted for Further	we can contact about	ONTACTED IF FURTHER INFORM. his statement of account.) i McMullen	ATION IS NEEDED (Identify an individual to whom Telephone	814-260-0434
Information	(Nun	Box 665 ber, street, rural route, apartment, or suite nu udersport PA 16915 town, state, zip)	mber)	
	Email	teri.mcmullen@zitomedia.c	om Fax (optional)	
0	CERTIFICATION (This	statement of account must be certifie	d and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned, he	reby certify that (Check one, but only or	ne, of the boxes.)	
	(Owner other	r than corporation or partnership) l	am the owner of the cable system as identified in line 1 of space l	B; or
		vner other than corporation or partn of space B and that the owner is not a	ership) I am the duly authorized agent of the owner of the cable s corporation or partnership; or	system as identified
	in line 1	of space B.	n) or a partner (if a partnership) of the legal entity identified as ow	
		correct to the best of my knowledge, i	re under penalty of law that all statements of fact contained herein nformation, and belief, and are made in good faith.	
			s/James Rigas tronic signature on the line above to certify this statement.	
			re using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name:	ames Rigas	
		Title: Presiden (Title of official position he	ut eld in corporation or partnership)	
		Date:	02/27/2023	

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.

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 14785 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

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.