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		IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Friday Harbor, WA
		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.

Name  Zito Midwest LLC  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  Friday Harbor  WA  San Juan County  WA			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 Friday Harbor WA San Juan County WA	Name		SYSTEM I							
"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  Frist Friday Harbor WA  San Juan County WA										
Area Served identified city.  CITY OR TOWN STATE  First Friday Harbor WA  Community San Juan County WA	D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.								
First Friday Harbor WA Community San Juan County WA			ome parks should be reported in parentheses below the							
First Friday Harbor WA Community San Juan County WA										
Community San Juan County WA										
Nos Alteres Programment of the Control of the Contr	Community	San Juan County	WA							
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Accounting Period: 2022/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC

SYSTEM ID# 23569

# 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	22	24.71			
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	GORY 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: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
СВИТ	2.1	<u>l</u>	Vancouver BC
CHEK	6.1	<u> </u>	Victoria BC
скуи	10.1	<u> </u>	Vancouver BC
KCPQ	13	N	Tacoma WA
KCTS	9.1	<b>E</b>	Seattle WA
KING	5	N	Seattle WA
KIRO	7	N	Seattle WA
комо	4	N	Seattle WA
KSTW	11	<u> </u>	Tacoma WA
KVOS	12	<u> </u>	Bellingham WA
KZJO	22	<u> </u>	Seattle WA

Add Rows as Necessary

23569

ounting Period:	: 2022/2			FORM SA1-2E. PAGE					
M	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM IC					
Name	Zito Midwest LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	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								
Primary Fransmitters:	76.59(d)(2) and (4), 76.61(e substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain station	ons carried on a					
Television	basis under specific FCC ru • Do not list the station here	ules, regulations, or authorizations: e in space G—but do list it in space I (	carried by your cable system on a subs the Special Statement and Program Lo	. •					
	basis. For further information	also in space I, if the station was carri on concerning substitute basis stations	ed both on a substitute basis and also s, see page (v) of the general instruction	ns.					
	multicast stream associated "WETA-2" as the same on	Column 1: List each station's call sign. <i>Do not</i> 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. <b>Column 4:</b> 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.								
		, , , g	,						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

23569

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: 2022/2 LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					FURIVI	SYSTEM ID#			
Name	Zito Midwest LLC								23569			
I	In General: In space I, iden	tify every no	nnetwork telev	ENT AND PROGRAM LO vision program, broadcast by pecific present and former F	a distant stat							
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage:	1. OI LOIAL OTATEMENT CONCENTING CODOTTOTE CANNACE											
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syste	m carry, on a substitute ba	sis, any nonn	etwork te	levisior	n progr	am			
Program Log	broadcast by a distant sta	ation?					Y	ES	X NO			
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you n	nust com	plete th	e progr	ram			
	log in block 2.			•	•			. •				
	2. LOG OF SUBSTITUT		_			_						
	In General: List each subsclear. If you need more sp			rate line. Use abbreviations	s wherever po	ossible, if	their m	eaning	is			
				evision program ("substitute	program") th	nat, durin	g the ac	ccountii	ng			
	1.		,	our cable system substitut		•	_					
				ons. See page (v) of the ger ketball." List specific progra								
	"NBA Basketball: 76ers vs		SVICE OF BUSI	totball. Elot opcollio progra		хатрю,	LOVE	Luoy	51			
				ter "Yes." Otherwise enter "								
		0		casting the substitute progr the community to which the		ensed by	the FC	CC or. i	n			
	the case of Mexican or Ca	nadian stati	ons, if any, the	e community with which the	station is ide	entified).		·				
	Column 5: Give the mo first. Example: for May 7 g		when your sy	stem carried the substitute	program. Us	se numer	als, with	n the m	onth			
			e substitute pr	rogram was carried by your	cable syster	n. List the	times	accura	itely			
		. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.i	n. shou	ıld be	,			
	stated as "6:00–6:30 p.m."	ter "R" if the	listed progra	m was substituted for progr	amming that	VOUR SVS	tem wa	s reaui	red			
	. •	mming that	your system w	to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976.											
	effect on October 19, 1976	5.	,	vas permilied to delete und	er FCC rules	and regu	ilations	""				
	effect on October 19, 1976	). 		vas permitted to delete und	T	N SUBS						
	,	UBSTITUT	E PROGRAM		WHE CARRI	N SUBS <sup>-</sup> AGE OC	TITUTE	<u> </u>	7. REASON FOR			
	,	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBS <sup>-</sup> AGE OC	TITUTE CURRE TIMES	ED	7. REASON FOR DELETION			
	S	UBSTITUT	E PROGRAM		WHE CARRI	N SUBS <sup>-</sup> AGE OC	TITUTE	<u> </u>				
	S	UBSTITUT	E PROGRAM 3. STATION'S	л	WHE CARRIA 5. MONTH	N SUBS <sup>-</sup> AGE OC	TITUTE CURRE TIMES	ED				
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counting Period:	<b>2022/2</b> FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC	SYSTEM II
	Zito wildwest LLC	2350
17	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of	of
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission servic (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see	
	page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)	
	during the accounting period	12,264.05
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of	gross 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 Copyr	ights!
	See page i of the general instructions in the paper SA1-2 form for more information.	

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Zito Midwest LLC	CABLE SYSTEM:			SYSTEM ID# 23569
<b>M</b> Channels	to its subscribers, and (2) to its subscribers, and (2) to 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's to of channels on which broadcast stations. of activated channels m carried television b	the cable		86
N Individual to Be Contacted	we can contact about this	statement of account		RMATION IS NEEDED (Identify an individual to whom	814-260-0434
for Further Information	Address PO Bo	ox 665  street, rural route, apartm	nent, or suite	•	014-200-0404
	Coude	ersport PA 1691 n, state, zip)			
	Email	teri.mcmullen@z	zitomedia	a.com Fax (optional)	111111111111111111111111111111111111111
O Certification	CERTIFICATION (This state  • I, the undersigned, hereby			ified and signed in accordance with Copyright Office regulations)  y one, of the boxes.)	
	(Owner other th	an corporation or pa	artnership	a) I am the owner of the cable system as identified in line 1 of space	B; or
				artnership) I am the duly authorized agent of the owner of the cable at a corporation or partnership; or	system as identified
	X (Officer or part in line 1 of sp		f a corpora	ation) or a partner (if a partnership) of the legal entity identified as ow	rner of the cable system
		rect to the best of my		clare under penalty of law that all statements of fact contained hereir e, information, and belief, and are made in good faith.	1
			X	/s/James Rigas	
				electronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	James Rigas	
			Presid	ent n held in corporation or partnership)	
		Date:		02/27/2023	100100000000000000000000000000000000000

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: 23569 Zito Midwest LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. . . . . . . . . . . . . . \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** 1% davs Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . . . . . x 0.00274 Line 4 Multiply line 3 by 0.00274\*\* and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . . \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. \*\* This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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