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

	T									
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)									
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these									
С	names 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:									
	Zito Media - Graves County  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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/2	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name	Zito Midwest LLC	5592
	Instructions: List each separate community served by the cable system. A "o	
D	"a separate and distinct community or municipal entity (including unincorpordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future for the state of the sta	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Airport - Mayfield	KY
Community	Ballard County/Lovelaceville	KY
	Pryorsburg	KY
Add Rows as Necessary	Carlisle County/Cunningham	KY
	Wingo	кү
	Sedalia	KY
	Symsonia	KY
	Fancy Farm	KY
	Hickory	KY

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5592

## Zito Midwest LLC

# 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	35	71.86			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
				1	j''''''

# 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		
		Move to new address	30.00		

Accounting Period: 2022/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

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
KBSI	23.1	N	Cape Girardeau MO
KFVS	12.1	N	Cape Girardeau MO
KFVS	12.3	1	Cape Girardeau MO
WDKA	49.1		Paducah KY
WKPD	29	E	Paducah KY
WPSD	6.1	N	Paducah KY
WQWQ	12.2	l	Paducah KY
WSIL	3.1	N	Harrisburgh IL
WTCT	27.1	1	Marion IL

Add Rows as Necessary

5592

counting Period:	: 2022/2			FORM SA1-2E. PAGE					
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II					
Name	Zito Midwest LLC			559					
	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								
Primary			the carriage of certain network program						
Frilliary Fransmitters:	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.								
Television			carried by your cable system on a subs	titute program					
	basis under specific FCC ru	les, regulations, or authorizations:							
			the Special Statement and Program Lo	og)—if the					
	station was carried only on								
		. ,	ed both on a substitute basis and also						
			s, see page (v) of the general instructio						
		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	ne air in its community							
	of license. For example, WI	RC 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 r	noncommercial					
			(for network multicast), "I" (for indepen						
			or "E-M" (for noncommercial education	nal multicast).					
		rms, see page (iv) of the general instr		Barrard but the					
		<b>mn 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	FCC. For Mexican or Canad	dian stations, if any, give the name of	the community with which the station is	s identified.					
	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#

Zito Midwest LLC 5592

#### 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 SICN	AM 05 EM	C/D	LOCATION OF STATION	CALLSION	ΛM α= ΓM	6/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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nd: 2022/2						FOR	M SA1-2E. PAGE 5
	F CABLE SYS	TEM:				FOR	SYSTEM ID#
Zito Midwest LLC							5592
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 state Note: If your answer is "Note in block 2.  2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title	accounting printing that multify every not accounting printing that multiful CONCER eriod, did you ation?  TE PROGRASTITUTE PROGRASTITUTE prograce, please of every not accept the conference of every not accept the accept that the conference of every not accept the accept that the conference of every not accept that the conference of every not accept the conference of every not accept that the conference of every not accept the conference of every not accept the conference of every not accept the conference of the conference of every not accept the conference of th	nnetwork televieriod, under spet be included RNING SUBS ur cable system e rest of this pa  AMS am on a sepanadd additional	ision program, broadcast by pecific present and former F in this log, see page (v) of the carry, on a substitute base age blank. If your answer is rate line. Use abbreviations I rows to the tables.	y a distant state CC rules, regulate general insums asis, any nonnes "Yes," you rules wherever poe program") the	ulations, or otructions in tructions in the terms of the	evision prog YES elete the pro	stem carried on a ons. For a further SA1-2 form.  gram  X NO  gram  gram  gram  gram
Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the bro the 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 was substituted for progra effect on October 19, 1976	ories like "mo. Bulls." Im was broad I sign of the badcast station and day ive "5/7." The swhen the common term of the and regulation and regulation in the and regulation in the and regulation in the second in the and regulation in the second in the seco	dcast live, ent station broadd on's location ( ons, if any, the when your sy e substitute pr a program car elisted prograt ions in effect of your system w	er "Yes." Otherwise enter casting the substitute prograthe community to which the community with which the community with which the community with which the stem carried the substitute rogram was carried by you ried by a system from 6:0° m was substituted for programing the accounting period as permitted to delete under	am titles, for e "No." ram. e station is lide e program. Us r cable syster 1:15 p.m. to 6 ramming that od; enter the le der FCC rules	censed by entified). se numera m. List the :28:30 p.m your syste etter "P" if and regul	the FCC or ls, with the times accurn, should be mem was required the listed practions in	in month rately <i>uired</i> ogram
S	1		1 T	CARRIAGE OCCURRED			<ol><li>REASON FOR DELETION</li></ol>
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
	Zito Midwest LLC  SUBSTITUTE CARRIAG In General: In space I, ider substitute basis during the explanation of the program  1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta  Note: If your answer is "Note: If your answer is "Note: If your answer is "Note: If you need more sp Column 1: Give the title period, was broadcast by sunder certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progration of the cale of Mexican or Calumn 3: Give the cale Column 4: Give the brothe case of Mexican or Calumn 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 prograe effect on October 19, 1976	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 tothe delete under FCC rules and regulations 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 system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this particular in the program on a separate 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 younder certain FCC rules, regulations, or authorization 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 broadcast 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 proto 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 LC 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 the special stratement Concerning Substitute Carriage (v) of the substitute basis of the substitute programming that must be included in this log, see page (v) of the substitute program of the system carry, on a substitute basis 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 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 substitute 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 "5/7."  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 program was substituted for programming that your system was permitted to delete undeffect on October 19, 1976.  SUBSTITUTE PR	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 ys 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 fund that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fund no use general categories like "movies" or "basketball." List specific program titles, for example, "In "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 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried 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 sy	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 system substitute 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 State of the programming that must be included in this log, see page (v) of the general instructions in the paper State of the programming that must be included in this log, see page (v) of the general instructions in the paper State of the program of a substitute basis, any nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system 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 on the program was broadcast live, enter "Yes." Otherwise enter "No." 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 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried by your cable system. List the times accur to the case of Mexican or Canadian 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 times accur to the nearest five minutes. Example: a program carri

SA1-2E. PAGE
SYSTEM II
559
of
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gross receipts)
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Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID# 5592
M Channels	to its subscribers  1. Enter the tota system carried  2. Enter the tota on which the c	fou must give (1) the number of channels on which the cable system carried television broadcast stations as, and (2) the cable system's total number of activated channels during the accounting period.  In number of channels on which the cable at television broadcast stations.  In number of activated channels are the system carried television broadcast stations are system carried television broadcast stations acast services.	9 74
N Individual to Be Contacted for Further		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)  Teri McMullen  Telephone 814-2	260-0434
Information	Address	PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com	
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersign	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system line 1 of space B and that the owner is not a corporation or partnership; or	as identified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of t line 1 of space B.	the cable system
		ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: James Rigas	
		Title: President  (Title of official position held 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: 5592 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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