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 CARLE SYSTEM					
		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)					
_	INIST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С		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:					
	<u> </u>	Zito Media - Wilber					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					
		(Orly, Orm, State, Eth Good)					

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.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Zito Midwest LLC	84
	Instructions: List each separate community served by the cable system. A "commun	ity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated codiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lies the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile lidentified city.	nome parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	Wilber	NE
Community	Pleasantdale	NE
	Dorchester	NE
l Rows as Necessary	Milford	NE
nows as Necessary	Friend	NE
	Hallam	NE
	Clatonia	NE
	Plymouth	NE
	Wymore	NE
	De Witt	NE
	Hickman	NE
		<mark></mark>
	Blue Springs	NE NE

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC

SYSTEM ID# 8406

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 RA	ATE		
Residential:						
Service to first set	33	83.30				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential			0.000			

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			
 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.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8406

Zito Midwest LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFXL	51.1	N	Lincoln NE
KLKN	8.1	N	Lincoln NE
KOLN	10.1	N	Lincoln NE
KOLN	10.5	<u> </u>	Lincoln NE
KSNB	4.1	N	Lincoln NE
KSNB	4.2		Lincoln NE
KUON	12.1	E	Lincoln NE
KXVO	15.1		Omaha NE
WATM	23.3	<u> </u>	Altoona PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

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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						F∩F	RM SA1-2E. PAGE 5
od: 2022/2 LEGAL NAME OF OWNER OI	CABLE SYS	TEM:				FOR	SYSTEM ID#
Zito Midwest LLC							8406
In General: In space I, ider substitute basis during the explanation of the programs 1. SPECIAL STATEMEN	atify every non accounting p ming that mu	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, regithe general ins	ulations, o tructions i	r authorization	ons. For a further SA1-2 form.
broadcast by a distant sta	ation?	·	· ·	•		YES	X NO
log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by 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 mofirst. Example: for May 7 g Column 6: State the tint 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	E PROGRA stitute progra ace, please e of every no a distant sta egulations, ories like "mo . Bulls." m was broad a sign of the hadcast stati nadian stati natian stati nes when the Example: ter "R" if the and regulat mming that	AMS am on a separa add additional and that your authorization ovies" or "bask dcast live, ent station broaddon's location (ons, if any, the when your sy e substitute pra program care listed program ions in effect of	rate line. Use abbreviation of rows to the tables. It rows to the tables ovision program ("substitute rour cable system substitute rour cable system substitute in s. See page (v) of the general casting the substitute program to the community to which the community with which the community with which the community with substitute rogram was carried by you ried by a system from 6:00 m was substituted for programing the accounting period uring the accounting period with the substituted for program was substituted for program was substituted for programing the accounting period with the substituted for programing the substituted	s wherever por e program") the ted for the program titles, for e "No." ram. le station is lide e program. Using the cable system 1:15 p.m. to 6 gramming that bod; enter the light system to the program that bod; enter the light system to the program that bod; enter the light system to the program that bod; enter the light system to the program to the	possible, if in the property of the property o	their meaning the accourage of another ther inform I Love Lucy the FCC or als, with the etimes accumum, should be the listed p	ng is ating a station ation. " or , in month rately s
9	SUBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7, REASON			
TITLE OF PROGRAM				5. MONTH AND DAY			DELETION
	In General: In space I, iden substitute basis during the explanation of the program. 1. SPECIAL STATEMEN. During the accounting period broadcast by a distant state. Note: If your answer is "Noting in block 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more specular. If sive the title period, was broadcast by a under certain FCC rules, in Do not use general catego. "NBA Basketball: 76ers vsecular. If the prograce Column 2: If the prograce Column 3: Give the cale Column 4: Give the broadcast of Mexican or Calumn 5: Give the mofirst. Example: for May 7 general Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the left to delete under FCC rules was substituted for prograeffect on October 19, 1976	In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mut. 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 statunder 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 statif the case of Mexican or Canadian	In General: In space I, identify every nonnetwork televisubstitute 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 systement broadcast by a distant station? Note: If your answer is "No", leave the rest of this part log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separatelear. 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, enticolumn 3: Give the call sign of the station broadce 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 proform 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 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	In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former fexplanation of the programming that must be included in this log, see page (v) of the programming that must be included in this log, see page (v) of the program of the programming that must be included in this log, see page (v) of the program of the program of the program of this page blank. If your answer is 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 ("substitut period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific program. "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 to delete under FCC rules and regulations in effect during the accounting period to delete under FCC rules and regulations in effect during the accounting period to delete under FCC rules and regulations in effect during the accou	substitute basis during the accounting period, under specific present and former FCC rules, regresplanation of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the programming that must be included in this log, see page (v) of the general instance of the program of the program of the general instance of the program of the	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, o explanation of the programming that must be included in this log, see page (v) of the general instructions in the programming that must be included in this log, see page (v) of the general instructions in the program of the programming that must be included in this log, see page (v) of the general instructions in the program of the program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further program of 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 licensed by the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is loensed by the case of Mexican or Canadian stations, if any, the community to which the station is loensed by the case of Mexican or Canadian stations, if any, the community of the program. Column 5: Give the month and day when your system carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.r. Column 6: State the times when the substitute program was substituted for programming that your syst to delete unde	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sy 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 in the paper in the programming that must be included in this log, see page (v) of the general instructions in the paper in the paper in the program of the program in the program of the program in the program of th

2022/2 FOR	M SA1-2E. PAGE							
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II							
Zito Midwest LLC	840							
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total	l of							
all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv	ice							
page (vii) of the general instructions located in the paper SA1-2 form.								
during the accounting period	19,175.84							
IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount	of gross receipts)							
COPYRIGHT ROYALTY FEE								
Complete block 1, block 2, or block 3.								
• 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-mor accounting period is \$52.00	יו							
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								
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)	0							
	<u> </u>							
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
FILING FEE AND TOTAL REMITTANCE DUE								
	•							
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>0</u>							
2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>0</u>							
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 Cop	yrights!							
See page i of the general instructions in the paper SA1-2 form for more information.								
	COPYRIGHT ROYALTY FEE SOURCE 1. Sou							

Accounting Period:	2022/2						FORM SA1-2E. PAGI	E 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: .C					SYSTEMI 84	ID# 406
M Channels	to its subscribers, 1. Enter the total is system carried to the total is on which the call	and (2) the cable system's to	the cable	n which the cable system carried to of activated channels during the activated channels during the activated channels during the activated channels during the activated channels.	ccounting period.	ons	9	
N Individual to Be Contacted for Further		BE CONTACTED IF FURTHING THE STATE OF T		IATION IS NEEDED (Identify an in		none 814-26	n-n <i>434</i>	
Information	Address	PO Box 665 (Number, street, rural route, apartin		umber)				
	Email	(City, town, state, zip) teri.mcmullen@	zitomedia.c	com	Fax (optional)			
	CERTIFICATION (This statement of account mu	st be certifie	ed and signed in accordance with (Copyright Office regulation	ons)		
O Certification	I, the undersigner (Owner (Agent in lin X (Office in lin I have examined	of owner other than corporate 1 of space B and that the or or or partner) I am an officer (ine 1 of space B.	ne, but only o artnership) I tion or partr wner is not a f a corporatio		as identified in line 1 of spent of the owner of the countries the legal entity identified and the legal entity identified is	pace B; or able system as as owner of the		
	are true, complete [18 U.S.C., Section		X /s	s/James Rigas ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s/	certify this statement.			
		Title: (Title of of Date:	Presider	1t	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.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Zito Midwest LLC	8406
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement 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 Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on 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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