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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright General instructions are located 8/25/2023 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2023/1 Barcode Data Filing Period (optional - see instructions) Accounting Period 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 B 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.	
	2406

		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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Wilber
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b					
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Zito Midwest LLC 840						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discr unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "fi 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 identificity.						
	CITY OR TOWN	STATE					
First	Wilber	NE					
Community	Pleasantdale	NE					
	Dorchester	NE					
Add Rows as Necessary	Milford	NE NE					
	Friend Hallam	NE					
	Clatonia	NE					
	Plymouth	NE					
	Wymore	NE					
	De Witt	NE					
	Hickman	NE					
	Blue Springs	NE					

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SA1-2E. PAGE										
Name	Zito Midwest LLC										
Е	SECONDARY TRANSMISSION										
-	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										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission											
Service: Sub- scribers and	down by categories of secondary	•									
Rates	each category by counting the nu										
	separately for the particular servi	ice at the rate i	ndicated-not the nur	nber of sets rec	eiving servi	ce).	0				
	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										
	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										
	0 / 1	gories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential scriber who pays extra for cable service to additional sets would be included in the count under "Service to the									
		bscriber who pays extra for cable service to additional sets would be included in the count under "Service to the st set" and would be counted once again under "Service to additional set(s)."									
		k 2: If your cable system has rate categories for secondary transmission service that are different from th									
	printed in block 1 (for example, ti										
	with the number of subscribers a sufficient.	nd rates, in the	e right-hand block. A ti	NO- or three-wo	a descriptio	on of the se	ervice is				
		DCK 1				BLOC	٢2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATEGO	RY OF SEF		NO. OF SUBSCRIBERS	RA			
	Residential:	SOBOCIVID		UATEGO		(VIOL	SOBSCIUDEINS				
	Service to first set		27 83.30								
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
		ł					Į	I			
	SERVICES OTHER THAN SECO In General: Space F calls for rat				r cable svet	em's servi	ces that were				
F	not covered in space E, that is, the		,								
	service for a single fee. There ar	e two exceptio	ns: you do not need to	give rate inform	nation conc	erning (1)	services				
Services	furnished at cost or (2) services										
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually billed. If any ra	ates are charge	d on a varia	bie per-pro	ogram basis,				
ransmissions:	Block 1: Give the standard rat		he cable system for ea	ach of the applie	able servic	es listed.					
Rates	Block 2: List any services that	• •		-	• •						
	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.										
					1						
		BLO	•		RATE		BLOCK 2 ORY OF SERVICE	RA			
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF SEF		RATE	CATEG	URI OF SERVICE	RA			
	Pay cable		Motel, hotel	Jacintar							
	Pay cable—add'l channel		Commercial								
	Fire protection		Pay cable								
	•Burglar protection		• Pay cable-add'l c	hannel							
			Fire protection								
	Installation: Residential										
	- ·	30.00	Burglar protection	1							
	Installation: Residential	30.00 20.00	•	ı ı							
	Installation: Residential • First set		• Burglar protectior	n	30.00						
	Installation: Residential • First set • Additional set(s)		• Burglar protectior Other services:	۱۰۰۰۰۰۰ ا	30.00						
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar protectior Other services: • Reconnect	۱ 	30.00 30.00						

nting Period: 2	2023/1			FORM SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM IE 840							
	Zito Midwest LLC										
	PRIMARY TRANSMITTERS:										
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, <i>except</i> (1) stations carried only on a part-time basis under										
•	FCC rules and regulations	in effect on June 24, 1981, permitting th	e carriage of certain network progra	ms [sections							
Primary nsmitters:		e)(2) and (4), or 76.63 (referring to 76.6´ is explained in the next paragraph.	I(e)(2) and (4))]; and (2) certain stati	ons carried on a							
elevision	Substitute Basis Stations	: With respect to any distant stations ca	rried by your cable system on a sub	stitute program							
		ules, regulations, or authorizations: e in space G—but do list it in space I (th	e Special Statement and Program L	.oq)—if the							
	 station was carried <i>only</i> 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. <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.										
		a case whether the station is a network s	station, an independent station, or a	noncommercial							
		ering the letter "N" (for network), "N-M" (f									
	· · · · · · · · · · · · · · · · · · ·	, "E" (for noncommercial educational), o erms, see page (iv) of the general instru		na mullGast).							
	Column 4: Give the location	on of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station i	-							
	FCC. For Mexican or Cana	dian stations, il any, give the name of th	le community with which the station	is identified.							
	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							
ows as Necessary	KOLN	10.1	N	Lincoln NE							
	KSNB	4.1	N	Lincoln NE							
	KSNB	4.2	<u>I</u>	Lincoln NE							
	KUON	12.1	E	Lincoln NE							
	WATM	23.3									
	WATM 23.3 I Altoona PA										
			I	Altoona PA							
			I								
				Altoona PA							

Accounting P	eriod: 2023	/1						FORM	A SA1-2E. PAGE 4
LEGAL NAME OF		CABLE S	YSTEM:	-					SYSTEM ID
Zito Midwest LLC								840	
	t every radio s	tation ca	nried on a separate and discr nerally receivable by your cab						н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat	y the sys be recei t the Co sign of e he statio ion's sign	Band FM Carriage: Under O tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. nal was electronically process	at t sy thi	he system's he stem's FM ante is point, see pag	adend, and (2 nna, during ce ge (v) of the g) it can t ertain sta eneral ir	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
Column 4: G	ive the station	n's location	< mark in the "S/D" column. on (the community to which th the community with which the				C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID# 8406			
Name	Zito Midwest LLC										
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
Substitute	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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:					J		<u> </u>				
Special		 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 									
Statement and Program Log	broadcast by a distant stat	ion?			-		YES	× NO			
	Note: If your answer is "No'	' leave the	rest of this nad	e blank. If your answer is "		ist comple					
		, leave the	rest of this pay	je blatik. Il your allswel is	res, you mu	ist comple	te the progra				
	og in block 2. 2. LOG OF SUBSTITUTE PROGRAMS										
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Golumn 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a was substituted for program	t, during th ramming c ns for furth ample, "I L nsed by th tified). numerals List the tin 8:30 p.m. our systen ter "P" if th	ne accounting of another sta er informatio ove Lucy" or e FCC or, in , with the more mes accurate should be n was <i>require</i> the listed progr	y tion n. hth ely							
	effect on October 19, 1976.			WHEN SUBSTITUTE							
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCO		7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то				
							_				
							_				
							_				
		+						.+			
		+						.+			
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Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 8406					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to compute page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	/ transmission service ite this amount, see	6,703.34 ross receipts)					
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or eq • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527, 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 p	bay for this six-month						
	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 \$ 263,6	300.00						
	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 that	an \$527,600)						
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula \$ 263,5	300.00						
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	······						
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and								
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00						
	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 th See page i of the general instructions in the paper SA1-2 form for more i		hts!					

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CAI Zito Midwest LLC	BLE SYSTEM:			SYSTEM ID: 8406
M Channels	to its subscribers, and (2) the 1. Enter the total number of cl system carried television br	cable system's total num hannels on which the cab roadcast stations	els on which the cable system carried telev ber of activated channels during the acco le	punting period.	7
	 Enter the total number of au on which the cable system and nonbroadcast services 	carried television broadc	ast stations		91
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this stat		DRMATION IS NEEDED (Identify an indiv	idual to whom	
for Further Information	Name Teri McM	lullen		Telephone 814-20	60-0434
		et, rural route, apartment, or sui port PA 16915	te number)		
	Email te	eri.mcmullen@zitomedi	a.com	Fax (optional	
•	CERTIFICATION (This statemer	nt of account must be cer	tified and signed in accordance with Cop	yright Office regulations)	
O Certification	I, the undersigned, hereby certi (Owner other than c		<i>ly one</i> , of the boxes.) p) I am the owner of the cable system as id	lentified in line 1 of space B; or	
			artnership) I am the duly authorized agent s not a corporation or partnership; or	of the owner of the cable system as	identified
	X (Officer or partner) in line 1 of spa		ation) or a partner (if a partnership) of the le	egal entity identified as owner of the	cable system
		t to the best of my knowled	clare under penalty of law that all statement ge, information, and belief, and are made ir		
		<u>×</u>	/s/James Rigas		
			electronic signature on the line above to cert nature using an "/s/ signature" (e.g., /s/ John		
	т	yped or printed name:	James Rigas		
	Т	Title: Presic (Title of officia	lent I position held in corporation or partnership)		
	D	Date:		08/28/2023	

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Inting Period: 2023/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Midwest LLC	840
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." 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 Maing Address	P Special Statement Concerning Gross Receipts Exclusion
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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.	
** 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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