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 by email to:

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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DATE RECEIVED 2/29/2024 \$

AMOUNT ALLOCATION NUMBER

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

| Α                    | ACCO | DUNTING 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<br>Period |      |   |       |
| В                    |      | Instructions:<br>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<br>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.   | 35018 |
|                      |      |   |       |
|                      |      | 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<br>(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 un<br>s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp |       |
| System               | 1    | IDENTIFICATION OF CABLE SYSTEM:   |       |
|                      |      | Zito Media - Kuttawa  |       |
|                      |      | 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 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 suffciency of the fling, a determination that would be made by a court of law.

|                       |  | FORM SA1-2E. PAGE 1b   |
|-----------------------|--|--|
| Name                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|                       | Zito Midwest LLC   | 35018  |
| D                     | Instructions: List each separate community served by the cable system. A "co<br>separate and distinct community or municipal entity (including unincorporate<br>unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list<br>community." Please use it as the first community on all future filings.<br>Note: Entities and properties such as hotels, apartments, condominiums, or m | d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first |
| Area<br>Served        | city.  |  |
|                       | CITY OR TOWN   | STATE  |
| First                 | Kuttawa  | KY   |
| Community             | Lyon County  | KY   |
|                       | Smithland  | KY   |
| Add Rows as Necessary | Eddyville  | KY   |
|                       | Grand Rivers   | KY   |
|                       | Livingston County  | КҮ   |
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|                               | LEGAL NAME OF OWNER OF C  | ABLE SYSTEM:     |                                |                   |                              |              | FORM SA1       |          |
|-------------------------------|---|------------------|--------------------------------|-------------------|------------------------------|--------------|----------------|----------|
| Name                          | Zito Midwest LLC  | ADEL OTOTEM.     |                                |                   |                              |              | 0.0            | 3501     |
|                               |   |                  |                                |                   |                              |              |                |          |
| Е                             | SECONDARY TRANSMISSION  |                  |                                |                   |                              |              |                |          |
|                               | In General: The information in si system, that is, the retransmission                         |                  | -                              |                   |                              |              |                |          |
| Secondary                     | about other services (including p   |                  |                                |                   |                              |              |                |          |
| Transmission                  | last day of the accounting period<br>Number of Subscribers: Both                              |                  |                                |                   |                              | lo avetem    | brakan         |          |
| Service: Sub-<br>scribers and | down by categories of secondary   | •                |                                |                   |                              |              |                |          |
| Rates                         | each category by counting the nu  |                  |                                |                   |                              |              |                |          |
|                               | separately for the particular servi   |                  |                                |                   |                              |              | a and the      |          |
|                               | <b>Rate:</b> Give the standard rate clunit in which it is generally billed.                   | -                | • •                            |                   |                              | -            |                |          |
|                               | category, but do not include disc   | ounts allowed    | for advance paym               | nent.             |                              | -            |                |          |
|                               | Block 1: In the left-hand block   | •                |                                | 0                 |                              |              |                |          |
|                               | systems most commonly provide<br>that applies to your system. Note                            |                  |                                |                   |                              |              |                |          |
|                               | categories, that person or entity   |                  | Ũ                              |                   | 0                            |              |                |          |
|                               | subscriber who pays extra for ca  |                  |                                |                   | in the count und             | der "Servic  | e to the       |          |
|                               | first set" and would be counted o<br>Block 2: If your cable system h                          |                  |                                |                   | service that are             | different fr | om those       |          |
|                               | printed in block 1 (for example, ti   | •                |                                |                   |                              |              |                |          |
|                               | with the number of subscribers a  | nd rates, in the | e right-hand block             | . A two- or three | e-word description           | on of the se | ervice is      |          |
|                               | sufficient.   | OCK 1            |                                |                   |                              | BLOCI        | <u> </u>       |          |
|                               |   | NO. OF           | -                              |                   |                              | DLOOI        | NO. OF         |          |
|                               | CATEGORY OF SERVICE   | SUBSCRIB         | ERS RATE                       | E CAT             | EGORY OF SEI                 | RVICE        | SUBSCRIBERS    | RA       |
|                               | Residential:  |                  |                                |                   |                              |              |                |          |
|                               | Service to first set  |                  | 25 74                          | 1.09              |                              |              |                | <b>.</b> |
|                               | <ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>         |                  |                                |                   |                              |              |                | +        |
|                               | Motel, hotel  |                  |                                |                   |                              |              |                | +        |
|                               | Commercial  |                  |                                |                   |                              |              |                | +        |
|                               | Converter   |                  |                                |                   |                              |              |                | †        |
|                               | Residential   |                  |                                |                   |                              |              |                | 1        |
|                               | Non-residential   |                  |                                |                   |                              |              |                |          |
|                               | SERVICES OTHER THAN SECO  |                  |                                | ATER              |                              |              | •              | •        |
| _                             | In General: Space F calls for rat   |                  |                                |                   | l your cable syst            | em's servi   | ces that were  |          |
| F                             | not covered in space E, that is, t  | •                | ,                              |                   | • •                          |              |                |          |
| Samiaaa                       | service for a single fee. There ar  | •                |                                | •                 |                              | • • •        |                |          |
| Services<br>Other Than        | furnished at cost or (2) services<br>amount of the charge and the un                          |                  |                                |                   |                              |              |                |          |
| Secondary                     | enter only the letters "PP" in the  | rate column.     | -                              | -                 | -                            |              | 5              |          |
| ransmissions:<br>Rates        | Block 1: Give the standard rat<br>Block 2: List any services that                             |                  | •                              |                   |                              |              | were not       |          |
| Rates                         | listed in block 1 and for which a s   | • •              |                                | -                 | ÷ ·                          |              |                |          |
|                               | brief (two- or three-word) descrip  | tion and includ  | e the rate for eac             | h.                |                              |              |                |          |
|                               |   | BLO              | CK 1                           |                   |                              |              | BLOCK 2        |          |
|                               | CATEGORY OF SERVICE   | RATE             | CATEGORY OF                    | SERVICE           | RATE                         | CATEG        | ORY OF SERVICE | RA       |
|                               | Continuing Services:  |                  | Installation: No               | n-residential     |                              |              |                |          |
|                               | • Pay cable   |                  | • Motel, hotel                 |                   |                              |              |                | <b>.</b> |
|                               | Pay cable—add'l channel     Fire protection   |                  | Commercial                     |                   |                              |              |                | <b>.</b> |
|                               | <ul> <li>Fire protection</li> <li>Burglar protection</li> </ul>                               |                  | Pay cable     Pay cable-ac     | ld'i channel      |                              |              |                | +        |
|                               | Installation: Residential   |                  | Fire protection                |                   |                              |              |                | +        |
|                               |   |                  | Burglar protection             |                   |                              |              |                | t        |
|                               | • First set   | 30.00            |                                |                   |                              | [            |                |          |
|                               |   | 30.00<br>20.00   | Other services:                |                   |                              |              |                |          |
|                               | • First set   |                  |                                |                   | 30.00                        |              |                |          |
|                               | • First set<br>• Additional set(s)  |                  | Other services:                |                   | 30.00                        |              |                |          |
|                               | <ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul> |                  | Other services:<br>• Reconnect |                   | <u>30.00</u><br><u>30.00</u> |              |                |          |

| unting Period:                             | -  |   |  |  |
|--|--|---|--|--|
| Name                                       | LEGAL NAME OF OWNER C  | IF CABLE SYSTEM:  |  | SYSTEM<br>350  |
|  | Zito Midwest LLC   | TELEVISION  |  |  |
| G<br>Primary<br>ransmitters:<br>Television | carried by your cable syste<br>FCC rules and regulations<br>76.59(d)(2) and (4), 76.61(<br>substitute program basis, a<br><b>Substitute Basis Stations</b><br>basis under specific FCC r<br>• Do <i>not</i> list the station here<br>station was carried <i>only</i> or<br>• List the station here, and<br>basis. For further informati<br><b>Column 1:</b> List each static<br>multicast stream associate<br>"WETA-2" as the same on<br><b>Column 2:</b> Give the chann | entify every television station (including tr<br>em during the accounting period, <i>except</i> (<br>in effect on June 24, 1981, permitting the<br>e)(2) and (4), or 76.63 (referring to 76.61)<br>as explained in the next paragraph.<br>s: With respect to any distant stations car<br>ules, regulations, or authorizations:<br>re in space G—but do list it in space I (the<br>n a substitute basis.<br>also in space I, if the station was carried<br>on concerning substitute basis stations, s<br>n's call sign. <i>Do not</i> report origination pro-<br>ted with a station according to its over-the-<br>the form.<br>rel number the FCC assigned to the televiti | 1) stations carried only on a part-<br>carriage of certain network progr<br>e)(2) and (4))]; and (2) certain sta<br>ried by your cable system on a su<br>e Special Statement and Program<br>both on a substitute basis and als<br>ee page (v) of the general instruc<br>gram services such as HBO, ES<br>air designation. For example, rep | ime basis under<br>ams [sections<br>tions carried on a<br>bstitute program<br>Log)—if the<br>to on some other<br>tions.<br>PN, etc. Identify each<br>ort multistream |
|  | <b>Column 3:</b> Indicate in each<br>educational station, by ent<br>(for independent multicast)<br>For the meaning of these the<br><b>Column 4:</b> Give the location  | VRC is channel 4 in Washington, D.C.<br>In case whether the station is a network st<br>ering the letter "N" (for network), "N-M" (for<br>, "E" (for noncommercial educational), or<br>erms, see page (iv) of the general instruc<br>on of each station. For U.S. stations, list th<br>adian stations, if any, give the name of the<br><b>2. B'CAST CHANNEL NUMBER</b>   | r network multicast), "I" (for indep<br>"E-M" (for noncommercial educat<br>tions in the paper SA1-2 form.<br>ne community to which the statior   | endent), "I-M"<br>ional multicast).<br>ı is licensed by the  |
|  |  |   |  |  |
|  | KBSI   | 23.1  | <u>N</u>   | Paducah KY   |
|  | KFVS   | 12.1  | N  | Cape Girardeau MO  |
|  | KFVS   | 12.3  | I  | Cape Girardeau MO  |
|  | WDKA   | 49.1  | <u> </u>   | Paducah KY   |
|  | WKMA   | 35  | E  | Madisonville KY  |
|  | WPSD   | 6.1   | N  | Paducah KY   |
|  | WQWQ   | 12.2  | I.   | Paducah KY   |
|  | WSIL   | 3.1   | N  | Paducah KY   |
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| Rows as Necessary                          |  |   |  |  |
| nons as necessary                          |  |   |  |  |
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| counting Period:                       | 2023/2  |  |  | FORM SA1-2E. PAGE      |
|--|---|--|--|------------------------|
| Name                                   | LEGAL NAME OF OWNER                                     | OF CABLE SYSTEM:   |  | SYSTEM II              |
| Name                                   | Zito Midwest LLC  |  |  | 350^                   |
|  | PRIMARY TRANSMITTERS                                    | TELEVISION   |  |                        |
| G                                      | carried by your cable syste                             | entify every television station (including<br>em during the accounting period, <i>excepi</i><br>in effect on June 24, 1981, permitting t     | (1) stations carried only on a part-tim                                | e basis under          |
| Primary<br>Transmitters:<br>Television | 76.59(d)(2) and (4), 76.61 substitute program basis,    | (e)(2) and (4), or 76.63 (referring to 76.6<br>as explained in the next paragraph.<br>s: With respect to any distant stations c              | 1(e)(2) and (4))]; and (2) certain statio                              | ns carried on a        |
|  |   | rules, regulations, or authorizations:<br>re in space G—but do list it in space I (t<br>n a substitute basis.                                | he Special Statement and Program Lo                                    | pg)—if the             |
|  | basis. For further informat                             | also in space I, if the station was carrie<br>ion concerning substitute basis stations<br>on's call sign. <i>Do not</i> report origination p | , see page (v) of the general instruction                              | ns.                    |
|  | multicast stream associate<br>"WETA-2" as the same on   | ed with a station according to its over-th   | e-air designation. For example, report                                 | tmultistream           |
|  | of license. For example, V<br>Column 3: Indicate in eac | VRC is channel 4 in Washington, D.C.<br>h case whether the station is a network<br>tering the letter "N" (for network), "N-M"                | station, an independent station, or a n                                | noncommercial          |
|  | (for independent multicast<br>For the meaning of these  | ), "E" (for noncommercial educational), (<br>terms, see page (iv) of the general instru  | or "E-M" (for noncommercial education uctions in the paper SA1-2 form. | nal multicast).        |
|  |   | on of each station. For U.S. stations, lis<br>adian stations, if any, give the name of t   |  |                        |
|  | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION   | 4. LOCATION OF STATION |
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| EGAL NAME OF   |   | CABLE S  | YSTEM:  |  |  |  |   | SYSTEM II                        |
|--|---|--|---|--|--|--|---|----------------------------------|
| ito Midwest  | t LLC   |  |   |  |  |  |   | 350                              |
|  | every radio s   | tation ca  | rried on a separate and discr<br>nerally receivable by your cat   |  |  |  |   | Н                                |
| Special Instruct<br>eceivable if (1)<br>In the basis of r<br>for detailed info<br>aper SA1-2 for<br>Column 1: Id<br>Column 2: St<br>Column 3: If | tions Concernities carried by nonitoring, to remation about m. entify the call tate whether the radio state | rning All<br>y the sys<br>be recei<br>t the Co<br>sign of e<br>he statio<br>ion's sign | -Band FM Carriage: Under (<br>tem whenever it is received a<br>ved at the headend, with the<br>pyright Office regulations on<br>each station carried.<br>n is AM or FM.<br>nal was electronically process | Copyright Office r<br>at the system's he<br>system's FM ante<br>this point, see pa | egulations, an<br>adend, and (2<br>enna, during ce<br>ge (v) of the ge | FM sigr<br>) it can t<br>ertain sta<br>eneral ir | nal is generally<br>be expected,<br>ated intervals.<br>Instructions in the. | Primary<br>Transmitters<br>Radio |
| Column 4: G  | ive the statior   | n's location   | < mark in the "S/D" column.<br>on (the community to which the<br>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             | od: 2023/2   |  |  |  |  |  | FO   | RM SA1-2E. PAGE 5.     |
|------------------------------|--|--|--|--|--|--|--|------------------------|
| Name                         | LEGAL NAME OF OWNER OF   | CABLE SYST   | EM:  |  |  |  |  | SYSTEM ID#             |
| Name                         | Zito Midwest LLC   |  |  |  |  |  |  | 35018                  |
|                              | SUBSTITUTE CARRIAG   |  |  |  | G  |  |  |                        |
| Substitute                   | In General: In space I, iden<br>substitute basis during the a<br>explanation of the programm   | tify every non<br>accounting pe  | network televis<br>eriod, under spe  | <i>ion program,</i> broadcast by<br>cific present and former F   | y a <i>distant</i> statio<br>CC rules, regula  | itions, or au  | uthorizations.   | For a further          |
| Carriage:                    | 1. SPECIAL STATEMEN  |  |  |  | ine general met a  |  |  |                        |
| Special                      | During the accounting pe   | -  |  |  | asis, any nonnet   | work telev   | ision progra   | m                      |
| Statement and<br>Program Log | broadcast by a distant sta   | ation?   |  |  |  | ſ  | YES  | × NO                   |
|                              | Note: If your answer is "No  | o" leave the   | rest of this nac   | e blank. If your answer i  |  | et complet   |  |                        |
|                              | log in block 2.  |  | rest of this pay   |  | is res, you mu   | ist complet  | te the progra  |                        |
|                              | 2. LOG OF SUBSTITUT  | E PROGRA   | MS   |  |  |  |  |                        |
|                              | In General: List each subsciear. If you need more space<br>Column 1: Give the title<br>period, was broadcast by a<br>under certain FCC rules, re<br>Do not use general catego<br>"NBA Basketball: 76ers vs<br>Column 2: If the progra<br>Column 3: Give the call<br>Column 4: Give the bro<br>the case of Mexican or Cal<br>Column 5: Give the mo<br>first. Example: for May 7 gi<br>Column 6: State the tim | ace, please a<br>of every nor<br>a distant stati<br>egulations, o<br>ries like "mo<br>. Bulls."<br>m was broad<br>l sign of the s<br>adcast static<br>nadian statio<br>nth and day<br>ive "5/7." | add additional i<br>nnetwork televi<br>ion and that yo<br>r authorization:<br>vies" or "baske<br>dcast live, ente<br>station broadca<br>on's location (th<br>ons, if any, the e<br>when your sys | rows to the tables.<br>sion program ("substitute<br>ur cable system substitut<br>s. See page (v) of the ge<br>tball." List specific progra<br>r "Yes." Otherwise enter<br>sting the substitute prog<br>e community to which the<br>community with which the<br>tem carried the substitute  | e program") tha<br>ted for the prog<br>meral instruction<br>am titles, for exa<br>"No."<br>"ram.<br>he station is licen<br>e station is iden<br>e program. Use | t, during th<br>ramming o<br>ns for furth<br>ample, "I L<br>nsed by the<br>tified).<br>numerals, | he accountin<br>of another st<br>er informatio<br>ove Lucy" o<br>e FCC or, in<br>with the mo | g<br>ation<br>on.<br>r |
|                              |  |  |  |  |  |  |  | oly -                  |
|                              | to the nearest five minutes<br>stated as "6:00–6:30 p.m."<br><b>Column 7:</b> Enter the let<br>to delete under FCC rules<br>was substituted for program<br>effect on October 19, 1970  | ter "R" if the<br>and regulation<br>mming that y   | listed program   | ring the accounting perio  | od; enter the lett<br>der FCC rules a  | ter "P" if th  | e listed prog<br>ions in   |                        |
|                              | stated as "6:00–6:30 p.m."<br>Column 7: Enter the let<br>to delete under FCC rules<br>was substituted for program<br>effect on October 19, 1970  | ter "R" if the<br>and regulation<br>mming that y<br>S.<br>SUBSTITUT  | listed program<br>ons in effect du<br>/our system wa   | ring the accounting periods a permitted to delete und  | bd; enter the leti<br>der FCC rules a<br>WHE<br>CARRI  | er "P" if the<br>nd regulati   | e listed prog<br>ions in<br>TTUTE<br>CURRED  | Jram<br>7. REASON FOR  |
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|                              | stated as "6:00–6:30 p.m."<br>Column 7: Enter the let<br>to delete under FCC rules<br>was substituted for prograu<br>effect on October 19, 1976  | ter "R" if the<br>and regulation<br>mming that y<br>SUBSTITUT<br>2. LIVE?  | ilisted program<br>ons in effect du<br>/our system wa  | ring the accounting perions of the second seco | od; enter the lett<br>der FCC rules a<br>WHE<br>CARRI<br>5. MONTH  | ter "P" if the<br>nd regulati  | e listed prog<br>ions in<br>TTUTE<br>CURRED<br>TIMES   | Jram<br>7. REASON FOR  |
|                              | stated as "6:00–6:30 p.m."<br>Column 7: Enter the let<br>to delete under FCC rules<br>was substituted for prograu<br>effect on October 19, 1976  | ter "R" if the<br>and regulation<br>mming that y<br>SUBSTITUT<br>2. LIVE?  | ilisted program<br>ons in effect du<br>/our system wa  | ring the accounting perions of the second seco | od; enter the lett<br>der FCC rules a<br>WHE<br>CARRI<br>5. MONTH  | ter "P" if the<br>nd regulati  | e listed prog<br>ions in<br>TTUTE<br>CURRED<br>TIMES   | Jram<br>7. REASON FOR  |
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|                              | stated as "6:00–6:30 p.m."<br>Column 7: Enter the let<br>to delete under FCC rules<br>was substituted for prograu<br>effect on October 19, 1976  | ter "R" if the<br>and regulation<br>mming that y<br>SUBSTITUT<br>2. LIVE?  | ilisted program<br>ons in effect du<br>/our system wa  | ring the accounting perions of the second seco | od; enter the lett<br>der FCC rules a<br>WHE<br>CARRI<br>5. MONTH  | ter "P" if the<br>nd regulati  | e listed prog<br>ions in<br>TTUTE<br>CURRED<br>TIMES   | Jram<br>7. REASON FOR  |
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|                              | stated as "6:00–6:30 p.m."<br>Column 7: Enter the let<br>to delete under FCC rules<br>was substituted for prograu<br>effect on October 19, 1976  | ter "R" if the<br>and regulation<br>mming that y<br>SUBSTITUT<br>2. LIVE?  | ilisted program<br>ons in effect du<br>/our system wa  | ring the accounting perions of the second seco | od; enter the lett<br>der FCC rules a<br>WHE<br>CARRI<br>5. MONTH  | ter "P" if the<br>nd regulati  | e listed prog<br>ions in<br>TTUTE<br>CURRED<br>TIMES   | Jram<br>7. REASON FOR  |

| Accounting Period:                 | 2023/2  | FORM S                        | A1-2E. PAGE 6.                   |
|------------------------------------|---|-------------------------------|----------------------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Zito Midwest LLC  | S                             | WSTEM ID#<br>35018               |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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. | ission service<br>amount, see | <b>3,391.39</b><br>oss receipts) |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>See page (vi) of the general instructions located in the paper SA1-2 form for more information.   | 263,800                       |                                  |
|                                    | 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 th accounting period is \$52.00   | nis six-month                 |                                  |
|                                    | 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 \$ 263,800.00  |                               |                                  |
|                                    | 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 than \$527   | 7,600)                        |                                  |
|                                    | 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)   | 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<br>Total Remittance | 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 the Regis<br>See page i of the general instructions in the paper SA1-2 form for more informat  |                               | hts!                             |

| Accounting Period:                 | 2023/2              |  |                              |                    |  |                 |                  |                  |                 | FORM       | SA1-2E. PAGE 7      |
|------------------------------------|---------------------|--|------------------------------|--------------------|--|-----------------|------------------|------------------|-----------------|------------|---------------------|
| Name                               | LEGAL NAME OF C     | DWNER OF CABLE SYSTEM:   |                              |                    |  |                 |                  |                  |                 |            | SYSTEM ID#<br>35018 |
| <b>M</b><br>Channels               | to its subscribe    | You must give (1) the numbers, and (2) the cable system<br>al number of channels on whe<br>ad television broadcast station | 's total num<br>hich the cab | mber of a<br>Ible  | ctivated channe                            | ls during the   | accounting pe    | riod.            |                 | 8          |                     |
|                                    | on which the        | al number of activated chani<br>cable system carried televis<br>dcast services   | sion broadc                  |                    |  |                 |                  |                  |                 | 65         |                     |
| N<br>Individual to<br>Be Contacted |                     | D BE CONTACTED IF FUR<br>about this statement of acc   |                              | ORMATI             | ON IS NEEDED                               | (Identify an    | individual to w  | hom              |                 |            |                     |
| for Further<br>Information         | Name                | Teri McMullen  |                              |                    |  |                 |                  | Telephon         | e 814-260       | -0434      |                     |
|                                    | Address             | PO Box 665<br>(Number, street, rural route, apa<br>Coudersport PA 16<br>(City, town, state, zip)                           |                              | uite numbe         | r)   |                 |                  |                  |                 |            |                     |
|                                    | Email               | teri.mcmullen  | @zitomedi                    | lia.com            |  |                 | Fax (opti        | onal             |                 |            |                     |
| •                                  | CERTIFICATION       | (This statement of account i   | must be cer                  | ertified an        | d signed in acco                           | ordance with    | Copyright Offi   | ce regulations)  |                 |            |                     |
| O<br>Certification                 | • I, the undersigne | ed, hereby certify that (Check   | one, <i>but on</i>           | nly one , c        | of the boxes.)                             |                 |                  |                  |                 |            |                     |
|                                    | (Owne               | er other than corporation or   | r partnershi                 | <b>1ip)</b> I am 1 | the owner of the o                         | cable system    | as identified in | line 1 of space  | B; or           |            |                     |
|                                    | (Agen               | t of owner other than corpor<br>in line 1 of space B and that  |                              |                    |  |                 | gent of the owr  | er of the cable  | system as ide   | ntified    |                     |
|                                    | X (Offic            | <b>er or partner)</b> I am an officer<br>in line 1 of space B.   | r (if a corpor               | oration) or        | a partner (if a pa                         | artnership) of  | the legal entity | identified as ov | vner of the cat | ble system |                     |
|                                    |                     | I the statement of account an<br>ete, and correct to the best of<br>tion 1001(1986)]                                       | -                            |                    |  |                 |                  |                  |                 |            |                     |
|                                    | 1                   |  | <u> </u>                     | /s/Ja              | mes Rigas                                  |                 |                  |                  | _               |            |                     |
|                                    |                     |  |                              |                    | ic signature on the<br>sing an "/s/ signat |                 |                  | tement.          |                 |            |                     |
|                                    |                     | Typed or print   | ed name:                     | Jam                | es Rigas                                   |                 |                  |                  |                 |            |                     |
|                                    |                     | Title:   | Presic<br>(Title of officia  |                    | held in corporation                        | or partnership) |                  |                  |                 |            |                     |
|                                    |                     | Date:  |                              |                    |  |                 | 02/27/           | 2024             |                 |            |                     |

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.

| inting Period: 2023/2   | FORM SA1-2E. PAGE 8  |
|---|--|
| L NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID  |
| Midwest LLC   | 35018  |
| 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       Mailing Address | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| Mailing Address Mailing Address   |  |
|   |  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q<br>Interest Assessment   |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment   | Q<br>Interest Assessment   |
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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.