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 Office Licensing Division at: 2/29/2024 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665	
		(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915	
		(City, town, state, zip)	
С		CUCTIONS: 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	1	IDENTIFICATION OF CABLE SYSTEM:	
	Ľ	Zito Media - Franklin	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	I	(City, town, state, zip code)	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I					
Nume	Zito Midwest LLC	615					
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, discret 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 "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identifie city.						
	CITY OR TOWN	STATE					
First Community	Franklin	TX					
Rows as Necessary							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							-2E. PAGE
Name	Zito Midwest LLC	IDEE OTOTEM.						0.0	6156
Е	SECONDARY TRANSMISSION								
-	In General: The information in si system, that is, the retransmission			-	-				
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).								
Service: Sub- scribers and	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								
Rates	each category by counting the nu								
	separately for the particular serv								
	Rate: Give the standard rate c	-	-				-		
	unit in which it is generally billed. category, but do not include disc	· ·	,		standard	a rate variations	within a p	articular rate	
	Block 1: In the left-hand block				s of seco	ndary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity			-		-			
	subscriber who pays extra for ca					0,			
	first set" and would be counted o	nce again und	er "Servi	ce to additional	set(s)."				
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		- nym-ne	and DIOCK. A two-		-word description			
	BLO	DCK 1					BLOCI		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		3	79.22					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS	IONS' RATES					-
-	In General: Space F calls for rat				ect to all	your cable syst	em's servi	ces that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,	0			0()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the rate column.								
ransmissions: Rates	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								
Nates	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) descrip								
		BLO	CK 1		BLOC			BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERVI	CE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	tion: Non-resid	ential				
	• Pay cable			el, hotel					
	• Pay cable—add'l channel		-	nmercial					
	Fire protection		· ·	cable					
	•Burglar protection		· ·	cable-add'l chai	nnel				
	Installation: Residential	20.00		protection					
	First set Additional set(s)	30.00		glar protection					
	Additional set(s) EM radio (if separate rate)	20.00		ervices:		30.00			
	 FM radio (if separate rate) Converter 			connect		30.00			
	CONVERCE			let relocation		30.00			
							4		
				/e to new addres	s	30.00			

ounting Period:	2023/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II 6156				
	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, <i>except</i> (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 <i>not</i> 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 <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. 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 S							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION							
	квтх	3.1	N	Bryan TX				
	КВТХ	3.2	N-M	Bryan TX				
Rows as Necessary	КВТХ	3.3	N-M	Bryan TX				
	KCEN	6.1	N	Temple TX				
	KCEN	6.2	N-M	Temple TX				
	KERA	13.1	Е	Dallas, TX				
	кwкт	44.1	N	Waco TX				
	кwтх	10.1	N	Waco TX				
	кwтх	10.2	N-M	Waco TX				
	KXXV	25.1	N	Waco TX				
	KXXV	25.2	N-M	Waco TX				
	KXXV	25.3	N-M	Waco TX				
	KYLE	28.3	N-M	Waco TX				

EGAL NAME OF	OWNER OF	CABLE S	YSTEM:					SYSTEM
ito Midwest	t LLC							615
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.								
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id	it is carried by monitoring, to prmation abou m. entify the call	y the sys be recei t the Co sign of e	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM.	it the system's he system's FM ante	adend, and (2) enna, during ce) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
gnal, indicate t Column 4: G	this by placing ive the statior	g a check n's locatio	nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN	AIVI OF FIVI	S/D	LUCATION OF STATION	CALL SIGN	AIVI OF FIM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Zito Midwest LLC							61563	
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG					
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT				J		<u> </u>		
Special	 During the accounting period 	-			s, any nonnet	work telev	vision progran	n	
Statement and Program Log	broadcast by a distant stat	ion?			-		YES	×NO	
	Note: If your answer is "No'	' leave the	rest of this noo	e blank. If your answer is "		ist comple			
	log in block 2.	, leave the	rest of this pay	je blatik. Il your answer is	res, you mu	ist comple	te the program		
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."								
	to delete under FCC rules a			was substituted for progra					
	was substituted for program								
	effect on October 19, 1976.	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS			7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
							_		
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Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 61563						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	1,671.05 oss 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 equal to 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.	\$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 accounting period is \$52.00	this 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 \$13	7,100)							
	1. Base amount under statutory formula \$ 263,800.0	0							
	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)		<u> </u>						
	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 \$5	27,600)							
	1. Enter the amount of gross receipts from space K	_							
	2. Base amount under statutory formula \$ 263,800.0	0							
	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 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 the Reg See page i of the general instructions in the paper SA1-2 form for more inform		nts!						

Accounting Period:	2023/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Midwest	DWNER OF CABLE SYSTEM: LLC		SYSTEM ID 61563
M Channels	to its subscribe 1. Enter the to system carr	rs, and (2) the cable system's total nur al number of channels on which the ca	nels on which the cable system carried television broadcast stations mber of activated channels during the accounting period. able	13
	on which th	cable system carried television broad	cast stations	46
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INF about this statement of account.)	FORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen	Telephone 8	14-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or st Coudersport PA 16915 (City, town, state, zip)	uite number)	
	Email	teri.mcmullen@zitomec	dia.com Fax (optional	
O Certification	I, the undersign (Owr (Age	ed, hereby certify that (Check one, <i>but o</i> er other than corporation or partnersh t of owner other than corporation or p in line 1 of space B and that the owner	hip) I am the owner of the cable system as identified in line 1 of space B; c partnership) I am the duly authorized agent of the owner of the cable syst	tem as identified
	are true, comp	-	eclare under penalty of law that all statements of fact contained herein edge, information, and belief, and are made in good faith.	
			/s/James Rigas n electronic signature on the line above to certify this statement. ignature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name:	James Rigas	
		Title: Presi (Title of offici	ident ial position held in corporation or partnership)	
		Date:	02/27/2024	

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unting Period: 2023/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Midwest LLC	61563
 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. 	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	

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