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 2/28/2018 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/2 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
		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	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Valparaiso
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	23346
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Valparaiso	NE
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM.						FORM SA1	-2E. PAGE
Name	Zito Midwest LLC							0.0	2334
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the ni separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block	pace E should on of television ay cable) in sp (June 30 or Do blocks in space transmission umber of billing ice at the rate i harged for eacl (Example: "\$2 ounts allowed fi in space E, the	cover all and radi ace F, n ecember e E call service. s in that ndicated n catego 0/mth"). for advar	categories of o broadcasts ot here. All the 31, as the ca for the numbe In general, yo category (the —not the num ry of service. Summarize a nee payment. ts the categor	secondar by your sy facts you se may be r of subso u can com number o ber of set nclude bo ny standa	stem to subscril state must be t b). Tibers to the cal pute the numbe f persons or org s receiving serv th the amount o rd rate variations	bers. Give hose exist ole system of subsci anizations ice). If the charg s within a p sion service	information ing on the , broken ribers in charged ge and the particular rate ce that cable	
	systems most commonly provide that applies to your system. <b>Note</b> categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	Where an inc should be cour ble service to a nce again undo nas rate catego ers of services nd rates, in the	lividual o ted as a additiona er "Servi pries for s that incl	or organization subscriber in l sets would b ce to addition secondary tran ude one or mo	is receivi each appl e includec al set(s)." nsmission pre second	ng service that f licable category I in the count un service that are dary transmissic	falls under . Example: der "Servio different fr ons), list the ion of the s	different a residential ce to the rom those em, together service is	
	BLO	DCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		19	54.95					
	Service to additional set(s)     FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	<ul> <li>Residential</li> <li>Non-residential</li> </ul>								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrib nose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg tion and includ	er) inform hat are r ns: you c ished to usually b ne cable tem furr e was m e the rat	mation with re- not offered in ( do not need to nonsubscribe billed. If any ra system for ea ished or offere ade or establi	spect to al combination give rate rs. Rate ir tes are ch ch of the a ed during	on with any seco information condu- formation shoul arged on a varia applicable servio the accounting p	ondary tran cerning (1) Id include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not e form of a	
		BLO0 RATE		ORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	ICATEGORY OF SERVICE		2.1.20	0- 0ER			S, TEO		
	CATEGORY OF SERVICE Continuing Services:		Installa	tion: Non-res	idential				
	Continuing Services: • Pay cable	17.50	• Mote	el, hotel	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mote • Con	el, hotel nmercial	Idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mote • Con • Pay	el, hotel nmercial cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection		• Mote • Con • Pay • Pay	el, hotel nmercial cable cable-add'l ch					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mote • Con • Pay • Pay • Fire	el, hotel nmercial cable					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	17.50	• Mote • Con • Pay • Pay • Fire • Burg	el, hotel nmercial cable cable-add'l ch protection					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	17.50	• Mote • Con • Pay • Pay • Fire • Burg <b>Other s</b> • Rec	el, hotel nmercial cable cable-add'l ch protection glar protection <b>ervices:</b> onnect		30.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.50	• Mote • Con • Pay • Pay • Fire • Burg <b>Other s</b> • Rec • Disc	el, hotel nmercial cable cable-add'l ch protection glar protection <b>ervices:</b>		30.00			

	ILEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
ne	Zito Midwest LLC	F CADLE STSTEWI.		233
<u> </u>	PRIMARY TRANSMITTERS:	TELEVISION		
y ters: on	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carrie ton concerning substitute basis stations on's call sign. <i>Do not</i> report origination ad with a station according to its over-th	<i>bt</i> (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPI re-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education stations in the paper SA1-2 form. the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMTV	3.1	Ν	Omaha NE
	WOWT	6.1	Ν	Omaha NE
ssary	KETV	7.1	N	Omaha NE
		40	-	
	KUON	12	E	Lincoln NE
	KUON KPTM	42.1	N	Lincoln NE Omaha NE
				u
	KPTM	42.1	N	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE
	KPTM	42.1	N	Omaha NE
	KXVO	15.1	I	Omaha NE

EGAL NAME OF	Period: 2017		(STEM:					I SA1-2E. PAGE
Zito Midwes								233
	-							200
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed infor vaper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried b monitoring, to prmation about rm. dentify the call tate whether the radio stat this by placing	y the sys be recei it the Cc I sign of e the static ion's sign g a check	I-Band FM Carriage: Under ( stem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	It the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the			C Or, In	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Name         EXAL NAME OF OWNER OF CAULE STATEMENT         SYSTEM US         SYSTEM US           It         BUBSITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOO         1         1         1         1         23346           Substruture         Carriage: Special         1         1         20346         23346           Substruture         Carriage: Special         1	Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
210 Midwest LLC       23346         I       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.         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE       *During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       No         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.       2. LOG OF SUBSTITUTE PROGRAMS         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 tide of every nonnetwork television program "substitute for program" that, during the accounting period, was broadcast by a distant station and thay your cable system carries for the information. Do not use general categories like "movies" or "basktball." List specific program it lies, for example, "I Love Lucy" or "NBA Basktball. There system carries were were available of the program was broadcast live, enter "Yes." Otherwise enter "No."       Column 3: Give the call sign of the station broadcast live general instructions for further information. Do not use general categories like "movies" or "basktball." List specific program. Ib callon is licensed by the FCC o		LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the program log that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  Program Log  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS 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, sorrauming dranother 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. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station side use the substitute program. Column 4: Give the broadcast stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the "Stote". Column 6: State the times when the substitute program. Column 6: State the times when the substitute program was carried by system carried by a system form 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m.". Column 7: Enter the letter "7" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect on October 19, 1976.  Neten	Name	Zito Midwest LLC							23346
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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the program log that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  Program Log  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS 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, sorrauming dranother 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. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station side use the substitute program. Column 4: Give the broadcast stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the "Stote". Column 6: State the times when the substitute program. Column 6: State the times when the substitute program was carried by system carried by a system form 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m.". Column 7: Enter the letter "7" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect on October 19, 1976.  Neten		SUBSTITUTE CARRIAG	E: SPECIA			3			
Substitute       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.         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE       • During the accounting period, di your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         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 tift of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute 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." Genum 2: if the program was broadcast tive, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcast in (the community to which the station is identified).       Column 3: Give the call sign of the station so carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substitute for program. Use numerals, with the month first. Example: for May 7 give "5/7	I I						ion that you	ir cable syste	em carried on a
Carriage: Statement and Program Log       1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       YES         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.       2. LOG OF SUBSTITUTE PROGRAMS         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: T6ers 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 3: Give the call sign of the station broadcasting the substitute program.       Use numerals, with the month first. Example: for May 7 give "57."         Column 5: Give the month and day when your system carried the substitute program. 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 was substituted for programming that	-	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or au	uthorizations.	For a further
Special Statement and Program Log       • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       • Yes       × No         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.       2. LOC OF SUBSTITUTE PROGRAMS       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.         Column 1: Give the call sign of the station broadcasting the substitute program. 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations is location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations and they was 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."         Column 3: Give the heatere TR" if the listed program was substitute						general instr	uctions in th	ne paper SA1	-2 form.
Statement and Program Log       During the decoding period, but you cable system carry, on a substitute basis, but not not not not not not not not not no	-								
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         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: T6ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community with 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 6: 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 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         SUBSTITUTE PROGRAM       2. LIVE?       3. STATION'S			-	r cable system	carry, on a substitute basis	s, any nonnet	twork televi	sion progran	
log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         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: 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 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 was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulation	Program Log	broadcast by a distant sta	tion?					YES	NO
2. LOG OF SUBSTITUTE PROGRAMS         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: Site the times when the substitute program was carried by your cable system. List the times accurately to the enerest 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."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete unde		Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the progra	m
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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."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         Under Corper PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES		Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute p				
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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."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         UBSTITUTE PROGRAM       WHEN SUBSTITUTE CARRIAGE OCCURRED (A TIMES)         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES		"NBA Basketball: 76ers vs.	Bulls."						
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."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system in effect on October 19, 1976.         UBSTITUTE PROGRAM       WHEN SUBSTITUTE CARRIAGE OCCURRED       7. REASON FOR DELETION         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES									
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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."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         WHEN SUBSTITUTE         SUBSTITUTE PROGRAM         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES				when your sys	tern carned the substitute p	nografii. Use	numerais,	with the mor	101
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Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         SUBSTITUTE PROGRAM       WHEN SUBSTITUTE CARRIAGE OCCURRED       7. REASON FOR DELETION         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES			Example: a	program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be	
was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.       WHEN SUBSTITUTE         SUBSTITUTE PROGRAM       WHEN SUBSTITUTE         1. TITLE OF PROGRAM       2. LIVE?         3. STATION'S       5. MONTH         6. TIMES			er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	ed
effect on October 19, 1976.       WHEN SUBSTITUTE         SUBSTITUTE PROGRAM       WHEN SUBSTITUTE         1. TITLE OF PROGRAM       2. LIVE?         3. STATION'S       5. MONTH         6. TIMES									am
WHEN SUBSTITUTE       SUBSTITUTE PROGRAM     WHEN SUBSTITUTE       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES				our system wa	s permitted to delete under	FCC rules a	nd regulatio	ons in	
SUBSTITUTE PROGRAM     CARRIAGE OCCURRED     7. REASON FOR DELETION       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES		,							
1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES     DELETION		s	UBSTITUT	E PROGRAM	I				7. REASON FOR
Yes or No       CALL SIGN       4. STATION'S LOCATION       AND DAY       FROM       —       TO		1. TITLE OF PROGRAM				5. MONTH	6. 1	TIMES	DELETION
Image: second			Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
Image: second								_	
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Image: second									
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Image: state in the state									
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Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 23346
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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)	mission servic s amount, see	of e
	during the accounting period	(Amount of gro	7,968.55 ess 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 \$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 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 See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Nama	Accounting Period:	2017/2		FORM SA1-2E. PAGE
M       Instructions: You must give (1) the carties of which the cable system cartied television broadcast stations to its autoentoes, and (2) the cable system boadcast dealons.       7         Channels       I. Enter the total number of chances is which the cable       7         - 2. Enter the total number of chances is maintened to account is maintened to the cable system cartied television broadcast stations.       30         N       Instructional total number of chances is maintened to account is maintened to the cable system cartied television broadcast stations.       30         N       Instructional total number of chances is maintened to account is instruction.       30         N       Instructional total number of chances is maintened to account is instruction.       30         N       Instructional total number of chances is an instruction.       Telephone 814-260-0434.         Normality in the case is number of chances is an instruction.       Telephone 814-260-0434.         Normality in the case is an instruction.       Telephone 814-260-0434.         Normality in the case is an instruction.       Telephone 814-260-0434.         Normality in the case is a number of chances is an instruction.       Telephone 814-260-0434.         Normality in the case is a number of chances is a number of chances is a number of chances.       Telephone 814-260-0434.         Normality in the case is a number of chances is a number o	Name			SYSTEM IC 2334
Individual to Be Contacted for Further Information       Name       Teri McMullen       Telephone       814-260-0434         Address       PO Box 665 (Number, street, run roule, asserbanct, or sulte number)       Contacted (Signature, street, run roule, asserbanct, or sulte number)         Contacted for Further (Signature, street, run roule, asserbanct, or sulte number)       Email       teri mornullen@zitomedia.com       Fax (optional)         Certification       Certification       Certification or partnership) and the duy admined or subtership, or (Signature asserbance) and street run are corporation or partnership) and the duy admined as admined or the cable system as identified in line 1 of space B, or (Signature asserbance) and state representing a street (Signature asserbance) and the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) and the duy admined as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) and the duy admined as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • I have examined the subtement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my innoviedge, information, and belief, and are made in good faits. [18 U.S.C. Section 1001(1986)]         Ture       Certification         Ture of abserbance is interesting out or partner legas.         Ture of absint points held in oreprestion or partnership		Instructions: Y to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	s, and (2) the cable system's total number of activated chan number of channels on which the cable television broadcast stations	7
Information       Address       PO Box 665 (Number: Biset: rulei 1008, gentment; or sulls number)         Couldersport PA 16915 (Cay, burn, siles, zap)       Email       ter.monullen@zitomedia.com       Fax (optional)         Email       ter.monullen@zitomedia.com       Fax (optional)         Could region       Fax (optiona	Individual to			<b>DED</b> (Identify an individual to whom
Interfact and induce partnerse or subte number         Coderegoet PA 16915         (Cr), form, state, rig)         Email       tert.imcmullen@zitomedia.com         Fax (optional)    Certification          Charles of the code of the c		Name	Teri McMullen	Telephone 814-260-0434
Couldersport PA 16915 (City, town, state, ze)  Email Entrimenullen@zitomedia.com Fax (optional)  Certification Certification Certification I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  Cortification I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  Cortification I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  Cortification I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  Cortification I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  Cortification I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  Cortification I, the undersigned, hereby certify that (check one, <i>but only one</i> , of the boxes.)  Cortification I, the undersigned, hereby certify that (check one, <i>but only one</i> , of the boxes.)  Cortification I, the undersigned, hereby certify that (check one, <i>but only one</i> , of the boxes.)  Cortification I, the undersigned, hereby certify that (check one, <i>but only one</i> , of the boxes.)  Cortification I, the undersigned, hereby certify that (check one, <i>but only one</i> , of the toxels system as identified IIII to space B, or  Cortification I, the operation or partnership) I am the owner of the cable system as identified IIII to space B, or  Cortification I, the undersigned the statement of account and hereby declare under penalty of law that all attements of fact contained herein IIIII U.S.C., Section 1001(1986) IIIII IIIII IIIII IIII IIIII IIIII IIII		Address		
Certification       Certification         • 1, the undersigned, hereby certify that (Check one, but any one, of the boxes.)         • 0       (Owner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         (18 U.S.C., Section 1001(1986))       Example (system are identified as an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       James Rigas         Title       President         (Title of			Coudersport PA 16915	
O       Is the undersigned, hereby certify that (Check one, but only one, of the boxes.)         O       (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         Image: Imag		Email	teri.mcmullen@zitomedia.com	Fax (optional)
(Title of official position held in corporation or partnership)	-	<ul> <li>I, the undersigned (Own (Age in the constraint) of the constraint) of the constraint of t</li></ul>	ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) <b>or other than corporation or partnership)</b> I am the owner of the <b>t of owner other than corporation or partnership)</b> I am the outline 1 of space B and that the owner is not a corporation or part <b>er or partner</b> ) I am an officer (if a corporation) or a partner (if a line 1 of space B. I the statement of account and hereby declare under penalty of a, and correct to the best of my knowledge, information, and be on 1001(1986)] $\underbrace{X}_{\text{or statement}} \frac{X}{\text{s/James Riga}}$ Enter an electronic signature o Enter signature using an "/s/ si	the cable system as identified in line 1 of space B; or duly authorized agent of the owner of the cable system as identified truership; or a partnership) of the legal entity identified as owner of the cable system f law that all statements of fact contained herein elief, and are made in good faith.
Date: 02/28/2018				partnership)
			Date:	02/28/2018

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 the 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 telephon 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 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 t 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 lay

ounting Period: 2017/2		
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
Midwest LLC		233
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syst service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursual For more information on when to exclude these amounts, see the note on page (vii) of the general	stem for the basic shall not include sub- ant to section 119."	P Special Statemen Concerning Gros Receipts Exclusio
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?	ondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late payment	ent or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the Line 1 Enter the amount of late payment or underpayment		Q Interest Assessme
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