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

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF 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
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: Zito Media - Peru
		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 Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Midwest LLC	25106
D	Instructions: List each separate community served by the cable system. A "cd" a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or nidentified city.	nobile home parks should be reported in parentheses below the
First	CITY OR TOWN	STATE NE
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM.						FORM SA1	-2E. PAGE
Name	Zito Midwest LLC								2510
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic 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 m separately for the particular servi 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 systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for cate	pace E should on of television ay cable) in sp (June 30 or D blocks in space v transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc where an ind should be cour ble service to a	cover a and rac ace F, r ecembe ce E cal service. s in tha ndicate h catego 20/mth") for adva e form li ribers. C dividual nted as addition	Il categories of tio broadcasts I not here. All the er 31, as the ca- I for the number In general, you t category (the d—not the num ory of service. I . Summarize a ance payment. sts the categor Give the number or organizatior a subscriber in al sets would b	secondary by your sy facts you se may be r of subsc u can com number of ber of set nclude bo ny standar ies of seco r of subsc is receivin each appl e included	stem to subscri state must be t). ribers to the cal pute the number f persons or org s receiving serv th the amount or ord rate variation ondary transmis ribers and rate ng service that icable category	bers. Give hose existi ole system, or of subscr anizations ice). f the charg s within a p sion servic for each lis falls under Example:	information ing on the , broken ribers in charged ge and the particular rate ex that cable ted category different a residential	
	first set" and would be counted on Block 2: If your cable system If printed in block 1 (for example, ti with the number of subscribers a sufficient.	secondary tran	nsmission pre secono	dary transmissio	ons), list the	em, together ervice is			
		NO. OF					BLOOK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		2	55.00					
	 Service to first set Service to additional set(s) 		2	55.20					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
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, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un 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 s brief (two- or three-word) descrip	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem fur e was n	rmation with re- not offered in c do not need to o nonsubscribe billed. If any ra e system for ea nished or offere nade or establis	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	in with any secco information con- formation shoul arged on a vari applicable servio the accounting p	ndary trans cerning (1) d include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO				- · -		BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	17.50		ation: Non-res tel, hotel	idential				
	Pay cable—add'l channel			mmercial					
	• Fire protection			/ cable					
	•Burglar protection		• Pay	/ cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	50.00		glar protection					
	Additional set(s)			services:					
	FM radio (if separate rate)		_	connect		30.00			
	Converter			connect		20.00			
				tlet relocation ve to new addr	200	30.00 30.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM					
me	Zito Midwest LLC			25					
	PRIMARY TRANSMITTERS: TELEVISION								
hary hitters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station here station was carried <i>only</i> or List the station here, and basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, in's call sign. <i>Do not</i> report origination p id with a station according to its over-the	t (1) stations carried only on a part-tin ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent of the paper SA1-2 form. the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the					
	1. CALL SIGN	4. LOCATION OF STATION							
	KMTV	3.1	N	Omaha NE					
	KMTV WOWT	3.1 6.1	<u> </u>	Omaha NE Omaha NE					
:essary									
essary	WOWT	6.1	N	Omaha NE					
essary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
essary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
ecessary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
2cessary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
ecessary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
lecessary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
Necessary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
Vecessary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
Vecessary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
Necessary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
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	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
s Necessary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
Necessary	WOWT	6.1	N	Omaha NE					
	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
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	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					
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	KETV	7.1	N	Omaha NE					
	KPTM	42.1	N	Omaha NE					
	KUON	12	E	Lincoln NE					

Accounting P							FORM	I SA1-2E. PAGE
		CABLE SY	/STEM:					SYSTEM II
Zito Midwes	t LLC							251
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.							н	
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If	it is carried b monitoring, to prmation abou rm. dentify the cal state whether i the radio stat	y the sys be recein at the Co I sign of the static tion's sig	I-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process	It the system's he system's FM ante this point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain si jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: G	Give the station	n's locati	k mark in the "S/D" column. on (the community to which the 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	
UNEL OIGIN		5,0		UALL SIGN		3,0		
		+						
		+						
					- -	_		

Name Exal. Name of Yowers of Yowers of Yowers with the Yower provides that Yower yowers with the Yower and Yower Yowers and Yower Chains, Yoye Yowers and Yower Chains, Yowers and Yower Chains, Yoye Yowers and Yower Chains, Yowers and Yowers, Yowerawers, Yowerawers, Yowers, Yowerawers, Yowers, Yowers, Yowers,	Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
2100 25106 2100 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 if 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 "basketball." List specific program it lies, for example, "I Love Lucy" or "NRA Basketball. "Rev is "Uberview enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the condition broadcast live, community to which the station is licensed by the FCC or, in the case of Mexican or Canadian station's location (the community to which the station is licensed by the FCC or,		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							25106
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 CARRIAGI			NT AND PROGRAM I OO	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	r cable syste	m 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	-								
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		explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	general instr	uctions in the	e 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	-	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Program Log Program Log YES Not 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 titte 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 no tuse general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the call sign of the station is 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 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 program carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." 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: En		 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televis	sion progran	
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			res or no	CALL SIGN	4. STATION SLOCATION	AND DAT	FRON	_ 10	
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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# 25106
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 the 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 servic	e 852.78
Copyright	 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 \$52)	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		
Elling Elling			
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!

Accounting Period:	2017/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Midwest I	OWNER OF CABLE SYSTEM: LLC	SYSTEM ID 25106
M Channels	 to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c 	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period.	6 29
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 8	14-260-0434
	Address	PO Box 665	
		(Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	(Owno (Agen in X (Offic in • I have examined		em as identified
		X /s/James Rigas Enter 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 official position held in corporation or 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 fing, a determination that would be made by a court of lave.

NAME OF OWNER OF CABLE SYSTEM: Iidwest LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS	
	SYSTEM
PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS	251
 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- owing 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 sub- scribers 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 	P Special Statemer Concerning Gros Receipts Exclusio
ocated in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
nade by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
ame Name Address Mailing Address	
ou must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
ine 1 Enter the amount of late payment or underpayment	Interest Assessm
x 1%	_
ine 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
ine 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
ine 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
THIS IS THE DECITIAL EQUIVALENT OF 17303, WHICH IS THE INTELEST ASSESSMENT OF ONE DAY RATE.	
IOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please st below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
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