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

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/27/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

~	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as 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 - Carrier Mills
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Midwest LLC	11842
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.	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, at will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Carrier Mills	IL
Community	Saline County	IL
Add Rows as Necessary		

									-2E. PAGI
Name		ABLE SYSTEM:						515	ا TEM 118
	Zito Midwest LLC								110
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 nu separately for the particular servi-	pace E should on of television ay cable) in sp (June 30 or D blocks in space transmission umber of billing ice at the rate i	cover a and rac ace F, i ecembe ce E cal service is in tha indicate	Il categories of tio broadcasts to not here. All the er 31, as the cas I for the numbe . In general, you t category (the d—not the num	secondary oy your sy facts you se may be r of subsc u can com number of ber of sets	stem to subscrib state must be th). ribers to the cab pute the numbe persons or org. s receiving serving	bers. Give hose existing ole system r of subscr anizations ice).	information ing on the , broken ribers in charged	
	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 ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	(Example: "\$2 ounts allowed in space E, the to their subsc Where an ind should be cour ble service to a nce again und has rate catego ers of services	20/mth ⁷) for adva e form li ribers. (dividual nted as addition er "Serv pries for that ind	Summarize ar ance payment. ists the categori Give the numbe or organization a subscriber in al sets would be vice to additional secondary tran clude one or model	es of seco r of subsc is receivin each appl e included I set(s)." smission ore second	d rate variations ondary transmiss ribers and rate f ng service that f icable category. in the count un- service that are lary transmissio	s within a p sion servic for each lis alls under Example: der "Servic different fi ns), list the	ce that cable sted category different a residential ce to the rom those em, together	
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		194	17.35	-		-		
	Service to additional set(s) FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	 Residential Non-residential 								
F Services Other Than Secondary ransmissions: 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 nose services t e two exceptio or facilities furm it in which it is rate column. e charged by tt your cable sys separate charg tion and includ	er) info that are ns: you nished to usually he cable stem fur e was r le the ra	rmation with res not offered in c do not need to p nonsubscriber billed. If any ra e system for eac nished or offeren nade or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a red during t	n with any seco nformation cond formation should arged on a varia applicable service he accounting p	ndary tran cerning (1) d include t able per-pr ces listed. ceriod that	smission services ooth the ogram basis, were not e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERV		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi			UNILU	UNIT OF BERVICE	
	• Pay cable • Pay cable—add'l channel	17.50		tel, hotel mmercial					
	Fire protection		-	y cable					
	 Burglar protection Installation: Residential 		-	y cable-add'l ch e protection	annel				
	First set	50.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)		• Re	connect		30.00			
	• Converter		• Dis	connect					
				tlet relocation					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Zito Midwest LLC			11
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	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 r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio 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 carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education actions in the paper SA1-2 form.	ime basis under ams [sections tions carried on a bostitute program Log)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSIL	3.1	N	Harrisburgh IL
	WTCT	27.1		Marion IL
	WPSD	6.1	N	Paducah KY
	KBSI	23.1	N	
	WDKA	49.1	N 	Cape Girardeau MO Paducah KY
	WSIU	<u>49.1</u> 8.1	E	Carbondale IL
	KFVS	12.1	N	unu
	KFV3	12.1	N	Cape Girardeau MO
ld Rows as Necessary				
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ccounting Period:	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Zito Midwest LLC			1184
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W	entify every television station (including in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations of eles, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carried in concerning substitute basis stations of's call sign. <i>Do not</i> report origination d with a station according to its over-th he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	<i>t</i> (1) stations carried only on a part-time he carriage of certain network program 51(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute the Special Statement and Program Long the Special Statement and Program Long the both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community
	educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rrms, see page (iv) of the general instri- n of each station. For U.S. stations, lis dian stations, if any, give the name of the	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station i	ndent), "I-M" nal multicast). s licensed by the s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting P	eriod: 2018	/1					FORM	/I SA1-2E. PAGE 4
		CABLE SY	/STEM:					SYSTEM ID
Zito Midwest								1184
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate f Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under 0 stem whenever it is received a wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
		C/D				C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							11842
					<u>^</u>			
	SUBSTITUTE CARRIAGE							
I	In General: In space I, identi							
	substitute basis during the ac explanation of the programm							
Substitute					e general insu			2 101111.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting period 	-	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	n program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pad	e blank. If vour answer is	"Yes." vou mu	ist complete th	ne progran	n
	log in block 2.	,		, ,	, ,	····	1 3	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa						Ū	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							l.
	"NBA Basketball: 76ers vs.			toall. List speelile program			Lucy of	
			lcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv		when your sys			numerais, wit		
	, , , ,		substitute pro	gram was carried by your	cable system.	List the times	accuratel	у
	to the nearest five minutes.							-
	stated as "6:00-6:30 p.m."	"D" :6 45 -	Refer de la ser avecara					-1
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.	ining that y				na rogulatione	,	
	,				11			
						N SUBSTITU		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUF		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	ES TO	DELETION
		165 01 110	CALL SIGN	4. STATION S LOCATION	AND DAT		10	
					·			
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Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SI	/STEM ID# 11842
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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	9, 148.81
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		nts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito Midwes	F OWNER OF CABLE SYSTEM: t LLC		SYSTEM ID 11842
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	ers, and (2) the cable system's to tal number of channels on which ed television broadcast stations . tal number of activated channels e cable system carried television t	·····	7
N Individual to Be Contacted		TO BE CONTACTED IF FURTHI	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartm	nent, or suite number)	
		Coudersport PA 1691 (City, town, state, zip)	5	
	Email	teri.mcmullen@	zitomedia.com Fax (optional)	
O	I, the undersi (Ow (Ag X (Of I have examinare true, comp	gned, hereby certify that (Check on mer other than corporation or pa ent of owner other than corporat in line 1 of space B and that the ov ficer or partner) I am an officer (if in line 1 of space B. hed the statement of account and h	artnership) I am the owner of the cable system as identified in line 1 of space B; tion or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as owner hereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith. 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)	stem as identified
		Title: (Title of of	President ficial position held in corporation or partnership)	
			······································	

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Midwest LLC	1184
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 Name Name Mailing Address Name	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address	
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.	Q
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	-
	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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