This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

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

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

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito Midwest LLC	55
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated com	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
Ocived		
	CITY OR TOWN	STATE
First	Airport - Mayfield	KY
Community	Ballard County/Lovelaceville	KY
Community		
	Pryorsburg	KY
d Rows as Necessary	Carlisle County/Cunningham	КҮ
	Wingo	KY
	Sedalia	KY
	Symsonia	KY
	Fancy Farm	KY
	Hickory	KY

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1	TEM I
Name	Zito Midwest LLC	ADEE OTOTEM.						010	55
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							hacken	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv Rate: Give the standard rate c							a and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	nce payment.			•		
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	that inc	lude one or me	ore second	lary transmissio	ns), list the	em, together	
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tv	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.				BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:				0,111			CODOCIADEIRO	
	Service to first set		213	20.05					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	6				
F	In General: Space F calls for rat	`	,		•	, ,			
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services	or facilities furn	ished to	nonsubscribe	rs. Rate in	formation shoul	d include b	oth the	
Other Than	amount of the charge and the un		usually	oilled. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable	system for ea	ch of the a	applicable servic	es listed.		
ransmissions:			tem furr				eriod that		
ransmissions: Rates	Block 2: List any services that						vices in the	form of a	
	listed in block 1 and for which a			ade or establi					
		otion and includ	e the ra	ade or establi					
	listed in block 1 and for which a brief (two- or three-word) descrip	otion and includ	e the ra	ade or establi te for each.	shed. List	these other serv	CATEG	BLOCK 2	RA
	listed in block 1 and for which a	otion and includ	e the ra CK 1 CATEG	ade or establi	shed. List		CATEGO	BLOCK 2 DRY OF SERVICE	RA
	listed in block 1 and for which a shrift (two- or three-word) descrip	otion and includ	e the ra CK 1 CATEG Installa	ade or establi te for each. ORY OF SER	shed. List	these other serv	CATEGO		RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and includ BLOO RATE	e the ra CK 1 CATEG Installa • Mot	ade or establi te for each. ORY OF SER tion: Non-res	shed. List	these other serv	CATEGO		RA
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and includ BLOO RATE	e the ra CK 1 CATEG Installa • Mot • Con	ade or establi te for each. ORY OF SER tion: Non-res el, hotel	shed. List	these other serv	CATEGO		RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	btion and includ BLOO RATE	e the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay	ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable	vice	these other serv	CATEGO		RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	bition and includ BLOC RATE 17.50	e the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection	vice	these other serv	CATEGO		RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	btion and includ BLOO RATE	e the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ade or establi te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	vice	these other serv	CATEGO		RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	bition and includ BLOC RATE 17.50	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	ade or establiste for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	vice	RATE	CATEGO		RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	bition and includ BLOC RATE 17.50	e the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	ade or establiste for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection glar protection ervices: onnect	vice	these other serv	CATEGO		RA
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	bition and includ BLOC RATE 17.50	e the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	ade or establiste for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	vice	RATE	CATEGO		RA

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Zito Midwest LLC			55
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: Felevision	carried by your cable system FCC rules and regulations if 76.59(d)(2) and (4), 76.61(6 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> 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 Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	also in space I, if the station was carried 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-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form. t the community to which the station in	ime basis under ims [sections itions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt 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
	WPSD	6.1	Ν	Paducah KY
		27.1		
	WTCT			Marion II
	WTCT		 N	Marion IL
	WSIL	3.1	N	Harrisburgh IL
	WSIL WKPD	3.1 29	N E	Harrisburgh IL Paducah KY
	WSIL WKPD KFVS	3.1 29 12.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO
	WSIL WKPD KFVS KBSI	3.1 29 12.1 23.1	N E	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO
	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
	WSIL WKPD KFVS KBSI	3.1 29 12.1 23.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO
	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
s as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
s as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
s as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
: as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
s as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
s as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
's as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
ws as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
ws as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
iws as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
эws as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
ows as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY
ows as Necessary	WSIL WKPD KFVS KBSI WDKA	3.1 29 12.1 23.1 49.1	N E N	Harrisburgh IL Paducah KY Cape Girardeau MO Cape Girardeau MO Paducah KY

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Zito Midwest LLC			5592
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location)(2) and (4), or 76.63 (referring to 76.1 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form. I number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also s, see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education	ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	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
LEGAL NAME OF		CABLE SY	/STEM:					SYSTEM ID
Zito Midwest								559
	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 t Column 4: G	it is carried by monitoring, to mation about m. lentify the call tate whether if the radio stat this by placing ive 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 C tem whenever it is received a ved 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 in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
				0.000		.		
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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							5592
	SUBSTITUTE CARRIAGI				3			
I I	In General: In space I, identi					ion that your	cable svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televisi	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ist complete	the program	m
	log in block 2.	,		,	, , , , ,		p	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their	meaning is	
	clear. If you need more spa				vrogrom") the	t during the	accounting	
	period, was broadcast by a			ision program ("substitute p ur cable svstem substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for further	informatior	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	r "Yes." Otherwise enter "N	٥."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can			community with which the s			ith the mor	nth
	first. Example: for May 7 giv		When you eye			numerale, n		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sh	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulation	ns in	
								1
						N SUBSTIT		
	S					AGE OCCU 6. TI		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	FROM -	™ES – TO	
						_	_	
							_	
						_	_	
						_	_	
						_		
							_	
								·
							-	
							_	
						_	_	
							_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Zito Midwest LLC		5592
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 servic s amount, see	e),729.66
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		
	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		
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:	2018/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O	OF OWNER OF CABLE SYSTEM: t LLC	SYSTEM ID# 5592
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	e: You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	8 90
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 81	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)	
0		ON (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification		gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Ag	tent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste in line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
	X (O1	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B.	of the cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. action 1001(1986)]	
		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: 08/27/2018	

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.

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Midwest LLC	559
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
A ddy5	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge) * 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.	
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