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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
02/19/2019	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

#### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
В		<b>Instructions:</b> 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.						
		T					
		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	, IDENTIFICATION OF CABLE SYSTEM:						
	1	Zito Media - Jackson 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 suffciency of the fling, a determination that would be made by a court of law.

Atime Deviced	2010/2	
Accounting Period:	2018/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Midwest LLC	36917
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	t will serve as a form of system identification hereafter known
Area Served	identified city.	one parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Jackson County	IL
Add Rows as Necessary		
Add Rows as Necessary		
		011111111111111111111111111111111111111
		0.0000
		0001010101010101010101010101010101010101
		0.0000

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

36917

# E

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Zito Midwest LLC

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	142	17.35			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

# F

Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.50	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2018/2 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

G

Primary Transmitters:

Television

Zito Midwest LLC

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WSIL	3.1	N	Paducah KY
WTCT	27.1	l	Marion IL
WPSD	6.1	N	Paducah KY
WPSD	6.3	<u> </u>	Paducah KY
KBSI	23.1	N	Paducah KY
WDKA	49.1	<u> </u>	Paducah KY
WSIU	8.1	E	Carbondale IL
KFVS	12.1	N	Cape Girardeau MO
WQWQ	12.2	l	Paducah KY

Add Rows as Necessary

36917

Accounting Period:	: 2018/2			FORM SA1-2E. PAGE 3.								
Nama	LEGAL NAME OF OWNER OF	: CABLE SYSTEM:		SYSTEM ID#								
Name	Zito Midwest LLC			36917								
	PRIMARY TRANSMITTERS:	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters: Television	In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on a • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, exceptin effect on June 24, 1981, permitting the ac)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. With respect to any distant stations calles, regulations, or authorizations: e in space G—but do list it in space I (to a substitute basis.  also in space I, if the station was carried on concerning substitute basis stations, on's call sign. Do not report origination of dividing a station according to its over-the the form.  The including the letter "N" (for network), "N-M" of case whether the station is a network ering the letter "N" (for network), "N-M" of the general instrument of each station. For U.S. stations, list of each station.	g translator stations and low power telept (1) stations carried only on a part-time the carriage of certain network program (61(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute basis and also consider the Special Statement and Program Longram Services such as HBO, ESPN in the station for broadcasting over the station, an independent station, or a new (for network multicast), "I" (for independent or "E-M" (for noncommercial education ructions in the paper SA1-2 form. It is the community with which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the ms on some other ons.  N, etc. Identify each the multistream me air in its community moncommercial ment, "I-M" mal multicast).								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION								

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

36917

Zito Midwest LLC

#### 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

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the 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).

0411 010::		0/0		T 0411 01011	l	0.15	L 004TION 05 0T: T: 0:
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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bstitute basis during the a	E: SPECIA					SYSTEM ID# 36917
JBSTITUTE CARRIAGE General: In space I, identi bstitute basis during the ar planation of the programm	_	AL STATEME				00011
General: In space I, identinus identification of the programm	_	AL STATEME				
oadcast by a distant state  ote: If your answer is "No"  g in block 2.  LOG OF SUBSTITUTE  General: List each substem. If you need more spa  Column 1: Give the title  riod, was broadcast by a  der certain FCC rules, re  o not use general categor  BA Basketball: 76ers vs.	r CONCER iod, did you tion? ", leave the E PROGRA titute progra ice, please of every no distant stat gulations, o ies like "mo Bulls."	eriod, under sp st be included  RNING SUBS ur cable system erest of this pa  AMS am on a separ add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask	ision program, broadcast by becific present and former F in this log, see page (v) of to TITUTE CARRIAGE on carry, on a substitute based by the carry, on a substitute based by the carry of a substitute based by the carry of the tables. It rows to the tables our cable system substitute our cable system substitutes. See page (v) of the general carry of the second ca	a distant state CC rules, regine general insussis, any nonres "Yes," you res wherever possible to the program") the defor the program instruction titles, for each	ulations, or authorize tructions in the parameter than the parameter t	exations. For a further per SA1-2 form.  Program  Program  Anning is  Counting ther station formation.
Column 3: Give the call and Column 4: Give the broader case of Mexican or Can Column 5: Give the monst. Example: for May 7 give Column 6: State the time the nearest five minutes. ated as "6:00–6:30 p.m."  Column 7: Enter the letter delete under FCC rules as as substituted for programmet on October 19, 1976.	sign of the adcast static adian static and day we "5/7." es when the Example: a er "R" if the and regulationning that y	station broadd on's location ( ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect of your system w	casting the substitute progresses community to which the community with which the stem carried the substitute cogram was carried by you ried by a system from 6:01 m was substituted for programing the accounting periors permitted to delete under the community of the countries of	ram. e station is lide station is ide program. Us r cable syster :15 p.m. to 6 ramming that id; enter the I ler FCC rules	entified). se numerals, with the numerals, with the numerals, with the numerals and case of the numerals and part of the numerals and regulations in the numerals and numera	ccurately I be required d program
SI	JBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED		
1. TITLE OF PROGRAM	2. LIVE? Yes or No			5. MONTH	6. TIMES	DELETION
(ex) er or or existence of the contract of the	LOG OF SUBSTITUTE General: List each substar. If you need more spa Column 1: Give the title riod, was broadcast by a der certain FCC rules, re not use general categor BA Basketball: 76ers vs. Column 2: If the prograc Column 3: Give the call Column 4: Give the broad a case of Mexican or Car Column 5: Give the mor t. Example: for May 7 give Column 6: State the time the nearest five minutes. ted as "6:00–6:30 p.m." Column 7: Enter the lett delete under FCC rules a s substituted for progran ect on October 19, 1976.	General: List each substitute program. If you need more space, please Column 1: Give the title of every notion, was broadcast by a distant state certain FCC rules, regulations, on the use general categories like "most about a second was broadcast by a distant state certain FCC rules, regulations, on the use general categories like "most about a second was broad column 2: If the program was broad column 3: Give the call sign of the Column 4: Give the broadcast stating case of Mexican or Canadian stating case of Mexican or Canadian stating column 5: Give the month and day to the text as "6:00 – 6:30 p.m."  Column 6: State the times when the nearest five minutes. Example: ted as "6:00 – 6:30 p.m."  Column 7: Enter the letter "R" if the delete under FCC rules and regulating substituted for programming that the colon october 19, 1976.	LOG OF SUBSTITUTE PROGRAMS  General: List each substitute program on a separ ar. If you need more space, please add additiona Column 1: Give the title of every nonnetwork teleriod, was broadcast by a distant station and that y der certain FCC rules, regulations, or authorizatio not use general categories like "movies" or "bask BA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadc Column 4: Give the broadcast station's location (column 5: Give the month and day when your system to the column 5: Give the month and day when your system as "6:00–6:30 p.m."  Column 6: State the times when the substitute program can be described as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program can be delete under FCC rules and regulations in effect of substituted for programming that your system we decrease the substituted for programming that your system we decrease the substituted for programming that your system we decrease the substituted for programming that your system we decrease the substituted for programming that your system we decrease the substituted for programming that your system we decrease the substituted for programming that your system we decrease the substituted for programming that your system we decrease the substituted for programming that your system we decrease the program of the substituted for programming that your system we decrease the program of the substituted for programming that your system we substituted for programming that your system we have substituted for programming the program of the substituted for program of the program of t	General: List each substitute program on a separate line. Use abbreviations ar. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute rod, was broadcast by a distant station and that your cable system substituteder certain FCC rules, regulations, or authorizations. See page (v) of the genot use general categories like "movies" or "basketball." List specific program as Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program of the substitute program of the community to which the column 4: Give the broadcast station's location (the community with which the column 5: Give the month and day when your system carried the substitute to the column 5: Give the month and day when your system carried the substitute to the column 6: State the times when the substitute program was carried by your the nearest five minutes. Example: a program carried by a system from 6:01 ted as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program 7: Enter the letter "R" if the listed program was permitted to delete under the community and regulations in effect during the accounting period substituted for programming that your system was permitted to delete under the community program of the community of the programming that your system was permitted to delete under the community of the community o	General: List each substitute program on a separate line. Use abbreviations wherever pour. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the riod, was broadcast by a distant station and that your cable system substituted for the program recretain FCC rules, regulations, or authorizations. See page (v) of the general instruction of use general categories like "movies" or "basketball." List specific program titles, for each 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 lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations, if any, the community with which the station is lice case of Mexican or Canadian stations in the community with which the station is lice case of Mexican or Canadian stations in the community with which the station is lice case of Mexican or Canadian stations in the case of Mex	General: List each substitute program on a separate line. Use abbreviations wherever possible, if their mear. 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 accided, was broadcast by a distant station and that your cable system substituted for the programming of anot der certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informot use general categories like "movies" or "basketball." List specific program titles, for example, "I Love List and Basketball: Toers 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 crase 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 texample: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times and the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should ted 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 delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed souther substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed souther substituted for programming that your system was permitted 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

Accounting Period:	2018/2		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC	S	36917
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	5,091.87 ss receipts)
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 \$2  • 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,1	00)	
	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 \$527,	600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$263,800.00		
	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	_	
	EILING EEE AND TOTAL DEMITTANCE DUE		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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 information		nts!

Accounting Period:	: 2018/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Zito Midwest LLC	SYSTEM ID# 36917
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	
	Enter the total number of channels on which the cable     system carried television broadcast stations	9
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	113
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Teri McMullen Telephone 814-260-	0434
	Address PO Box 665 (Number, street, rural route, apartment, or suite number)	
	Coudersport PA 16915 (City, town, state, zp)	
	Email teri.mcmullen@zitomedia.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as id in line 1 of space B and that the owner is not a corporation or partnership; or	entified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cain line 1 of space B.	able system
	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)]	
	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: 02/26/2019	

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 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 Office'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 fling, a determination that would be made by a court of law.

ounting Period: 2018/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Midwest LLC	36917
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	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x <b>1%</b>	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (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.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served Accounting period	

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