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 COPYRIGE	HT 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> For additional information,
General instructions are located in the first tab of this workbook	8/27/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 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 is 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	Zito Media - Vienna
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
L		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 suffciency of the fling, 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	24145
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co 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.	mmunities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Vienna	IL
Community	Buncombe	IL
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM II
Name		ABLE SYSTEM:						313	2414
	Zito Midwest LLC								
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								
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	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servie	ce to the	
	Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, t	iers of services	that inc	lude one or mo	re second	lary transmissio	ns), list th	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A tw	o- or three	e-word descripti	on of the s	service is	
		OCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRID	ERO	NATE	CAT	LOOKT OF SEI	VICE	SUBSCRIBERS	INA
	Service to first set		35	60.41					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
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								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any rat	tes are ch	arged on a varia	able per-pr	rogram basis,	
ransmissions:	Block 1: Give the standard rat	te charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				ineu. Lisi	linese oliner serv			
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable	17.50		el, hotel					
	Pay cable—add'l channel Fire protection			nmercial					
	Fire protection Purglar protection		-	r cable	annal				
	•Burglar protection Installation: Residential		-	<pre>cable-add'l chains protection</pre>	annei				
	First set	50.00		glar protection					
			Other s						1
	Additional set(s)		0	beivices.					
				connect		30.00			
	Additional set(s)		• Rec			30.00			
	Additional set(s)FM radio (if separate rate)		• Rec • Disc	connect		30.00 30.00			

•		CADIE SVSTEM		SYSTEM II
Name	LEGAL NAME OF OWNER OF Zito Midwest LLC	- CABLE SYSTEM:		2414
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e 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 the Column 2: Give the channed of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these for 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 d with a station according to its over-th	of (1) stations carried only on a part-t the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instruct program 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- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the o on some other ions. 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
	KBSI	23.1	Ν	Paducah KY
	KFVS	12.1	Ν	Cape Girardeau MO
	WDKA	49.1	I	Paducah KY
	WPSD	6.1	N	Paducah KY
	WQWQ	12.2	I	Paducah KY
	WSIL	3.1	N	Harrisburgh IL
	WSIU	8.1	Е	Carbondale IL
	wтст	27.1	I	Marion IL
Rows as Necessary				

ccounting Period:	2019/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Zito Midwest LLC			2414
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations i	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tin he carriage of certain network program	ne basis under ns [sections
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations	 e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c iles, regulations, or authorizations: 		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t		
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t	n concerning substitute basis stations s call sign. <i>Do not</i> report origination with a station according to its over-the	see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, repor	ns. N, etc. Identify each t multistream
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast),	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),	station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education	noncommercial ndent), "I-M"
	Column 4: Give the locatio	rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	t the community to which the station is	5
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF	Period: 2019		/STEM·					I SA1-2E. PAGE
LEGAL NAME OF Zito Midwes		ABLE SY	131 EIVI:					SYSTEM I
								241
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing	y the sys be recein to the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under (stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's he system's FM ante this point, see pa sed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can pertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which th 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	
						 		

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Midwest LLC							24145
	SUBSTITUTE CARRIAGE				G			
I I	In General: In space I, identi					on that your	cable eveto	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				-			
Special	 During the accounting period 				s. any nonnel	work televisi	on program	1
Statement and	broadcast by a distant stat				-,,			X NO
Program Log	-						YES	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete I	the progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their i	meaning is	
	clear. If you need more spa			ision program ("substitute	program") tha	t during the :	accounting	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of a	nother stat	ion
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	information	
	Do not use general categori		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs.		lagat live anto	r "Vaa" Othanuiaa antar "N	le "			
				r "Yes." Otherwise enter "N Isting the substitute progra				
				ie community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	program. Use	numerals, w	ith the mon	th
	first. Example: for May 7 giv		aubatituta pro	aram was corried by your	able aveter	List the time	o occuratel	
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01::				у
	stated as "6:00–6:30 p.m."	Example: a	program dam		10 p.m. to 0.2	0.00 p.m. on		
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	s in	
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES - TO	DELETION
							-	
						_	-	
						_		
							-	
						_		
							-	
						_		
1						· · · · · · · · · · · · · · · · · · ·		

Accounting Period:	2019/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 24145
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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	of ce 4,830.44
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 \$527	7,600)	
	1. 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		
	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		jhts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito Midwes	F OWNER OF CABLE SYSTEM: t LLC		SYSTEM ID# 24145
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 otal number of activated channels e cable system carried television	s	8 37
N Individual to Be Contacted		TO BE CONTACTED IF FURTH ct about this statement of accour	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Teri McMullen	Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartr	ment, or suite number)	
		Coudersport PA 169' (City, town, state, zip)	15	
	Email	teri.mcmullen@	zitomedia.com Fax (optional)	
O	I, the undersig (Ow (Ag X (Of I have examinare true, comp	gned, hereby certify that (Check or mer other than corporation or part ent of owner other than corporat in line 1 of space B and that the or ficer or partner) I am an officer (if in line 1 of space B. ned the statement of account and H lete, and correct to the best of my ction 1001(1986)]	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 f 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) name: James Rigas	stem as identified
		Title: (Title of o	President fficial position held in corporation or partnership)	

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Inting Period: 2019/1	FORM SA1-2E. PAG
	SYSTEM
Midwest LLC	241
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 fol- lowing 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 Stateme Concerning Gros Receipts Exclusio
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
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.	0
	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment Interest Assessment Intere
Line 1 Enter the amount of late payment or underpayment	

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