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<br>by email to:   |
|---|---------------|----------------------|---|
| for Secondary Transmissions by<br>Cable Systems (Short Form)          | DATE RECEIVED | AMOUNT               | <u>coplicsoa@loc.gov</u>  |
| General instructions are located<br>in the first tab of this workbook | 8/27/2019     | \$ ALLOCATION NUMBER | For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at:<br>Tel: (202) 707-8150 |
| Δ   |               |                      |   |

| Α                    | ACCO | DUNTING 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<br>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)<br>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<br>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. |
| _                    | name |   |
| System               | 1    | IDENTIFICATION OF CABLE SYSTEM:<br>Zito Media - East Cape Girardeau   |
|                      |      | 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 fing, a determination that would be made by a court of law.

| Name                | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
|---------------------|---|--|
|                     | Zito Midwest LLC  | 31346  |
| D                   | Instructions: List each separate community served by the cable system. A "comr<br>"a separate and distinct community or municipal entity (including unincorporate<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo<br>as the "first community." Please use it as the first community on all future filings | d communities within unincorporated areas and including single,<br>ou list will serve as a form of system identification hereafter known<br>s. |
| Area<br>Served      | Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.  | ile home parks should be reported in parentheses below the   |
|                     | CITY OR TOWN  | STATE  |
| First               | Cape Girardeau  | L  |
| Community           | Thebes  | IL   |
|                     | Pulaski   |  |
| d Rows as Necessary | Alexander County<br>Ullin   |  |
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|   | LEGAL NAME OF OWNER OF CA  |   |  |  |   |   |  | FORM SA1   | -2E. PAG |
|---|--|---|--|--|---|---|--|--|----------|
| Name  |  | ABLE SYSTEM:  |  |  |   |   |  | 313  | 3134     |
|   | Zito Midwest LLC   |   |  |  |   |   |  |  | 010      |
| E   | SECONDARY TRANSMISSION<br>In General: The information in s<br>system, that is, the retransmission  | pace E should<br>on of television   | cover a and rac  | Il categories of<br>tio broadcasts b   | secondary   | stem to subscrib  | ers. Give  | information  |          |
| Secondary<br>Transmission<br>Service: Sub-<br>scribers and<br>Rates | about other services (including p<br>last day of the accounting period<br><b>Number of Subscribers:</b> Both<br>down by categories of secondary<br>each category by counting the m<br>separately for the particular serv<br><b>Rate:</b> Give the standard rate c<br>unit in which it is generally billed<br>category, but do not include disc<br><b>Block 1:</b> In the left-hand block<br>systems most commonly provide<br>that applies to your system. <b>Note</b><br>categories, that person or entity | (June 30 or D<br>blocks in space<br>transmission<br>umber of billing<br>ice at the rate in<br>harged for eac<br>(Example: "\$2<br>ounts allowed<br>in space E, the<br>to their subsc<br>e: Where an inc | ecembe<br>ce E cal<br>service.<br>s in tha<br>ndicate<br>h categ<br>20/mth")<br>for adva<br>e form li<br>ribers. (<br>dividual | er 31, as the cas<br>Il for the numbe<br>. In general, you<br>at category (the<br>d—not the num<br>ory of service. I<br>). Summarize ar<br>ance payment.<br>ists the categori<br>Give the numbe<br>or organization | se may be<br>r of subsc<br>u can com<br>number of<br>ber of set<br>nclude bo<br>ny standar<br>es of seco<br>r of subsc<br>is receivin | ).<br>ribers to the cab<br>pute the numbe<br>persons or org<br>s receiving servi<br>th the amount o<br>d rate variations<br>ondary transmis<br>ribers and rate f<br>ng service that f | ole system<br>r of subsci<br>anizations<br>ice).<br>f the charg<br>s within a p<br>sion servic<br>for each lis<br>alls under | , broken<br>ribers in<br>charged<br>ge and the<br>particular rate<br>ee that cable<br>sted category<br>different |          |
|   | subscriber who pays extra for ca<br>first set" and would be counted or<br><b>Block 2:</b> If your cable system I<br>printed in block 1 (for example, ti<br>with the number of subscribers a<br>sufficient.   | ble service to a<br>ince again und<br>has rate catego<br>iers of services   | addition<br>er "Serv<br>pries for<br>that ind  | al sets would be<br>vice to additiona<br>secondary tran<br>clude one or mo   | e included<br>Il set(s)."<br>Ismission<br>pre second  | in the count un<br>service that are<br>lary transmissio   | der "Servio<br>different fr<br>ns), list the   | ce to the<br>rom those<br>em, together   |          |
|   | BLC  | DCK 1<br>NO. OF   |  |  |   |   | BLOC   | K 2<br>NO. OF  |          |
|   | CATEGORY OF SERVICE  | SUBSCRIB  |  | RATE   | CATI  | EGORY OF SE   | RVICE  | SUBSCRIBERS  | RAT      |
|   | Residential:<br>• Service to first set   |   | 5  | 62.00  |   |   |  |  |          |
|   | <ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>  |   |  |  |   |   |  |  |          |
|   | Motel, hotel   |   |  |  |   |   |  |  |          |
|   | Commercial<br>Converter  |   |  |  |   |   |  |  |          |
|   | Residential     Non-residential  |   |  |  |   |   |  |  |          |
| F<br>Services<br>Other Than<br>Secondary<br>ransmissions:<br>Rates  | SERVICES OTHER THAN SEC<br>In General: Space F calls for rat<br>not covered in space E, that is, ti<br>service for a single fee. There ar<br>furnished at cost or (2) services<br>amount of the charge and the un<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip  | e (not subscrib<br>hose services l<br>e two exceptio<br>or facilities furr<br>it in which it is<br>rate column.<br>e charged by t<br>your cable sys<br>separate charg                                   | er) info<br>hat are<br>ns: you<br>ished to<br>usually<br>he cable<br>stem fur<br>e was n                                       | rmation with res<br>not offered in c<br>do not need to<br>p nonsubscriber<br>billed. If any ra<br>e system for eac<br>nished or offeren<br>nade or establis  | spect to al<br>ombinatio<br>give rate i<br>rs. Rate in<br>tes are ch<br>ch of the a<br>ed during t                                    | n with any seco<br>nformation cond<br>formation shoul<br>arged on a varia<br>upplicable servic<br>he accounting p   | ndary tran<br>cerning (1)<br>d include t<br>able per-pr<br>ces listed.<br>period that  | smission<br>services<br>ooth the<br>ogram basis,<br>were not   |          |
|   |  | BLO   |  |  | //05  | DATE  |  | BLOCK 2  |          |
|   | CATEGORY OF SERVICE<br>Continuing Services:  | RATE  |  | GORY OF SERV<br>ation: Non-res   |   | RATE  | CATEG  | ORY OF SERVICE   | RAT      |
|   | • Pay cable  | 17.50   |  | tel, hotel   |   |   |  |  |          |
|   | Pay cable—add'l channel  |   |  | mmercial   |   |   |  |  |          |
|   | Fire protection  |   | -  | y cable  | 000-1   |   |  |  |          |
|   | •Burglar protection<br>Installation: Residential   |   | -  | y cable-add'l ch<br>e protection   | annei   |   |  |  |          |
|   | First set  | 50.00   |  | rglar protection   |   |   |  |  |          |
|   | Additional set(s)  |   |  | services:  |   |   |  |  |          |
|   | • FM radio (if separate rate)  |   | • Re   | connect  |   | 30.00   |  |  |          |
|   | Converter  |   | • Dis  | connect  |   |   |  |  |          |
|   | Oonverter  |   |  | tlet relocation  |   |   |  |  |          |

| counting Period: 2                          | 2019/1   |  |  | FORM SA1-2E. PAGE  |
|---|--|--|--|--|
| Name  | LEGAL NAME OF OWNER OF   | CABLE SYSTEM:  |  | SYSTEM ID  |
|   | Zito Midwest LLC   |  |  | 3134   |
| G<br>Primary<br>Transmitters:<br>Television | PRIMARY TRANSMITTERS:<br>In General: In space G, ide<br>carried by your cable syster<br>FCC rules and regulations i<br>76.59(d)(2) and (4), 76.61(e<br>substitute program basis, as<br>Substitute Basis Stations:<br>basis under specific FCC ru<br>· Do <i>not</i> list the station here<br>station was carried <i>only</i> on<br>· List the station here, and a<br>basis. For further informatio<br>Column 1: List each statior<br>multicast stream associated<br>"WETA-2" as the same on t<br>Column 2: Give the channe<br>of license. For example, W<br>Column 3: Indicate in each<br>educational station, by ente<br>(for independent multicast),<br>For the meaning of these te<br>Column 4: Give the location | entify every television station (including<br>m during the accounting period, except<br>in effect on June 24, 1981, permitting t<br>e)(2) and (4), or 76.63 (referring to 76.6<br>s explained in the next paragraph.<br>:: With respect to any distant stations of<br>ules, regulations, or authorizations:<br>e in space G—but do list it in space I (in<br>a substitute basis.<br>also in space I, if the station was carried<br>on concerning substitute basis stations<br>n's call sign. <i>Do not</i> report origination<br>d with a station according to its over-th | <i>bt</i> (1) stations carried only on a part-tin<br>the carriage of certain network program<br>61(e)(2) and (4))]; and (2) certain station<br>carried by your cable system on a substitute<br>the Special Statement and Program Le<br>ed both on a substitute basis and also<br>by see page (v) of the general instruction<br>program services such as HBO, ESPN<br>re-air designation. For example, report<br>evision station for broadcasting over the<br>station, an independent station, or a ful<br>(for network multicast), "I" (for independent<br>or "E-M" (for noncommercial education<br>uctions in the paper SA1-2 form. | evision stations)<br>me basis under<br>ms [sections<br>ons carried on a<br>stitute program<br>og)—if the<br>on some other<br>ons.<br>N, etc. Identify each<br>t multistream<br>he air in its community<br>noncommercial<br>ndent), "I-M"<br>nal multicast).<br>s licensed by the |
|   | 1. CALL SIGN   | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION   | 4. LOCATION OF STATION   |
|   | KBSI   | 23.1   | Ν  | Cape Girardeau MO  |
|   | KFVS   | 12   | Ν  | Cape Girardeau MO  |
|   | WDKA   | 49   | l  | Paducah KY   |
|   | WKPD   | 29   | E  | Paducah KY   |
|   | WPSD   | 6.1  |  | Paducah KY   |
|   | WQWQ   | 9  |  | Paducah KY   |
|   | WSIL   | 3  | N  | Harrisburgh IL   |
|   | WTCT   | 27   | N  | Marion IL  |
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| ows as Necessary                            |  |  |  |  |
| iows as recessary                           |  |  |  |  |
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| Name       Zito Midwest LLC <b>G</b> 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(0/2) and (4), 76, 61(e)(2) and (4), 77, 661(e)(2) and (4), 77, 67, 67, 67, 67, 67, 67, 67, 67, 67  | ccounting Period:        | 2019/1   |  |   | FORM SA1-2E. PAGE  |
|---|--------------------------|--|--|---|--|
| 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: <ul> <li>• 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 orly on a substitute basis.</li> <li>• List the station here, and also in space I, if the station was carried basis.</li> <li>• List the station here, and also in space I, if the station rogram 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</li> <li>"WETA-2" as the same on the form.</li> <li>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 noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of the general instructions, in the paper SA1-2 form.</li> <li>Column 4: Give the location of each station. For U.S. stations, list the community to which the station is icensed by the FCC. For Mexican or Ca</li></ul>   | Nomo                     | LEGAL NAME OF OWNER OF   | CABLE SYSTEM:  |   | SYSTEM ID  |
| <ul> <li>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.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Substitute program basis, as explained in the next paragraph.</li> <li>Column 1: List each station for prod rol do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li> <li>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.</li> <li>Column 3: Indicate in each case whether the station is network</li></ul> | Name                     | Zito Midwest LLC   |  |   | 3134   |
| <ul> <li>G 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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as under specific FCC rules, regulations, or authorizations:</li> <li>Do not list the station here, and also in space 1, 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.</li> <li>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.</li> <li>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.</li> <li>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 noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions in the paper SA1-2 form.</li> <li>Column 4:</li></ul> |                          | PRIMARY TRANSMITTERS:  | TELEVISION   |   |  |
| <ul> <li>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.</li> <li>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. <i>Do not</i> 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.</li> <li>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.</li> <li>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 multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.</li> <li>Column 4: Give the location of each station. For U.S. stations, list the community to which the station is identified.</li> </ul>  | Primary<br>Transmitters: | carried by your cable system<br>FCC rules and regulations i<br>76.59(d)(2) and (4), 76.61(6<br>substitute program basis, a<br><b>Substitute Basis Stations</b>   | m during the accounting period, <i>exception</i> effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.6s explained in the next paragraph.<br>With respect to any distant stations of the section of th | <i>t</i> (1) stations carried only on a part-tin<br>he carriage of certain network program<br>51(e)(2) and (4))]; and (2) certain station   | ne basis under<br>ns [sections<br>ons carried on a   |
| 1. CALL SIGN       2. B'CAST CHANNEL NUMBER       3. TYPE OF STATION       4. LOCATION OF STATIO  |                          | station was carried <i>only</i> on<br>• List the station here, and a<br>basis. For further informatic<br><b>Column 1:</b> List each station<br>multicast stream associated<br>"WETA-2" as the same on f<br><b>Column 2:</b> Give the channe<br>of license. For example, W<br><b>Column 3:</b> Indicate in each<br>educational station, by ente<br>(for independent multicast),<br>For the meaning of these te<br><b>Column 4:</b> Give the locatio | a substitute basis.<br>also in space I, if the station was carried<br>on concerning substitute basis stations<br>n's call sign. <i>Do not</i> report origination<br>d with a station according to its over-the<br>the form.<br>el number the FCC assigned to the tell<br>IRC is channel 4 in Washington, D.C.<br>o case whether the station is a network<br>rring the letter "N" (for network), "N-M"<br>"E" (for noncommercial educational),<br>prms, see page (iv) of the general instr<br>n of each station. For U.S. stations, lis   | ed both on a substitute basis and also<br>, see page (v) of the general instructio<br>program services such as HBO, ESPN<br>e-air designation. For example, repor<br>evision station for broadcasting over th<br>station, an independent station, or a r<br>(for network multicast), "I" (for independent<br>or "E-M" (for noncommercial education<br>uctions in the paper SA1-2 form.<br>t the community to which the station is | on some other<br>ons.<br>N, etc. Identify each<br>t multistream<br>ne air in its community<br>noncommercial<br>ndent), "I-M"<br>nal multicast).<br>s licensed by the |
|   |                          | 1. CALL SIGN   | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION  | 4. LOCATION OF STATION   |
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| Accounting P   |   |  | /STEM·  |  |   |  |  | I SA1-2E. PAGE                   |
|--|---|--|---|--|---|--|--|----------------------------------|
| Zito Midwes  |   | JULE 31  |   |  |   |  |  | SYSTEM I<br>313                  |
|  |   |  |   |  |   |  |  | 313                              |
|  | every radio s   | station ca   | arried on a separate and discr<br>nerally receivable by your cat  |  |   |  |  | н                                |
| eceivable if (1)<br>on the basis of i<br>For detailed info<br>paper SA1-2 for<br>Column 1: Ic<br>Column 2: S<br>Column 3: If<br>ignal, indicate<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation about<br>m.<br>lentify the call<br>tate whether to<br>the radio stat<br>this by placing<br>ive the station | y the sys<br>be recein<br>the Co<br>sign of e<br>the static<br>ion's sign<br>g a check<br>n's location | I-Band FM Carriage: Under (<br>tem whenever it is received a<br>ved at the headend, with the<br>opyright Office regulations on<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>k mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | It the system's he<br>system's FM ante<br>this point, see pa<br>sed by the cable s<br>ne station is licent | adend, and (2<br>enna, during c<br>ge (v) of the g<br>system as a se<br>sed by the FC | 2) it can<br>ertain st<br>jeneral i<br>eparate | be expected,<br>ated intervals.<br>nstructions in the.<br>and discrete | Primary<br>Transmitters<br>Radio |
|  |   | 0/D  |   |  | AN4 514   | 0/5  |  |                                  |
| CALL SIGN  | AM or FM  | S/D  | LOCATION OF STATION   | CALL SIGN  | AM or FM  | S/D  | LOCATION OF STATION  |                                  |
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| Accounting Perio        | od: 2019/1   |                       |                           |                             |                     |                    | FORM SA1-2E. PAGE 5 |
|-------------------------|--|-----------------------|---------------------------|-----------------------------|---------------------|--------------------|---------------------|
| -                       | LEGAL NAME OF OWNER OF                                       | CABLE SYS             | TEM:                      |                             |                     |                    | SYSTEM ID#          |
| Name                    | Zito Midwest LLC   |                       |                           |                             |                     |                    | 31346               |
|                         | SUBSTITUTE CARRIAGE  |                       |                           |                             | <u>^</u>            |                    |                     |
|                         |  |                       |                           |                             |                     |                    |                     |
| I I                     | In General: In space I, identi substitute basis during the a |                       |                           |                             |                     |                    |                     |
| Cubatituta              | explanation of the programm                                  |                       |                           |                             |                     |                    |                     |
| Substitute<br>Carriage: |  |                       |                           |                             | e general matri     |                    |                     |
| Special                 | 1. SPECIAL STATEMENT   |                       |                           |                             |                     | hunder folgenigion |                     |
| Statement and           | During the accounting peri-                                  | -                     | r cable system            | carry, on a substitute bas  | is, any nonne       |                    |                     |
| Program Log             | broadcast by a distant stat                                  | tion?                 |                           |                             |                     |                    | YES X NO            |
|                         | Note: If your answer is "No'                                 | , leave the           | rest of this pag          | e blank. If your answer is  | "Yes," you mu       | ist complete th    | e program           |
|                         | log in block 2.  |                       |                           | · ·                         | -                   |                    |                     |
|                         | 2. LOG OF SUBSTITUTE   |                       | MS                        |                             |                     |                    |                     |
|                         | In General: List each subst                                  |                       |                           | te line. Use abbreviations  | wherever pos        | sible, if their m  | eaning is           |
|                         | clear. If you need more span                                 |                       |                           |                             |                     |                    |                     |
|                         |  |                       |                           | ision program ("substitute  |                     |                    |                     |
|                         | period, was broadcast by a<br>under certain FCC rules, re    |                       |                           |                             |                     |                    |                     |
|                         | Do not use general categori                                  |                       |                           |                             |                     |                    |                     |
|                         | "NBA Basketball: 76ers vs.                                   | Bulls."               |                           |                             |                     | - F - ,            |                     |
|                         |  |                       |                           | r "Yes." Otherwise enter "N |                     |                    |                     |
|                         |  |                       |                           | sting the substitute progra |                     |                    |                     |
|                         | the case of Mexican or Can                                   |                       |                           | e community to which the    |                     |                    | JC OF, IN           |
|                         |  |                       |                           | tem carried the substitute  |                     |                    | h the month         |
|                         | first. Example: for May 7 giv                                |                       |                           |                             |                     | ,                  |                     |
|                         |  |                       |                           | gram was carried by your    |                     |                    |                     |
|                         | to the nearest five minutes.                                 | Example: a            | program carrie            | ed by a system from 6:01:   | 15 p.m. to 6:2      | 8:30 p.m. shou     | uld be              |
|                         | stated as "6:00–6:30 p.m."                                   | or "D" if the         | listed program            | was substituted for progra  | mming that y        | our system wa      | s required          |
|                         | to delete under FCC rules a                                  |                       |                           |                             |                     |                    |                     |
|                         | was substituted for program                                  |                       |                           |                             |                     |                    |                     |
|                         | effect on October 19, 1976.                                  |                       |                           |                             |                     | -                  |                     |
|                         |  |                       |                           |                             |                     |                    |                     |
|                         |  |                       |                           |                             |                     | N SUBSTITU         |                     |
|                         | S  |                       | E PROGRAM                 |                             |                     | AGE OCCUR          |                     |
|                         | 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION       | 5. MONTH<br>AND DAY | 6. TIMI<br>FROM —  | TO                  |
|                         |  | 100 01 110            | OF LEE OF OF              |                             |                     | TROM               | 10                  |
|                         |  |                       |                           |                             |                     |                    |                     |
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| Accounting Period:                 | 2019/1   | FORM S                          | A1-2E. PAGE 6.              |
|------------------------------------|--|---------------------------------|-----------------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Zito Midwest LLC   | S                               | ¥STEM ID#<br>31346          |
| K<br>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<br>s amount, see | of<br>ce<br><b>2,849.00</b> |
| Copyright                          | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>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   |                                 |                             |
|                                    | 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<br>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<br>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 C<br>Zito Midwes  | OWNER OF CABLE SYSTEM:  |  | SYSTEM ID#<br>31346 |
| M<br>Channels                      | <ul> <li>to its subscrib</li> <li>1. Enter the to<br/>system carr</li> <li>2. Enter the to<br/>on which the</li> </ul> | ers, and (2) the cable system's total number<br>al number of channels on which the cable<br>ad television broadcast stations<br>al number of activated channels<br>cable system carried television broadcast  |  | 8<br>63             |
| N<br>Individual to<br>Be Contacted | we can conta   | t about this statement of account.)   | RMATION IS NEEDED (Identify an individual to whom  |                     |
| for Further<br>Information         | Name   | Teri McMullen   | Telephone  | 814-260-0434        |
|                                    | Address  | PO Box 665<br>(Number, street, rural route, apartment, or suite<br>Coudersport PA 16915<br>(City, town, state, zip)   | e number)  |                     |
|                                    | Email  | teri.mcmullen@zitomedia   | a.com Fax (optional)   |                     |
| O<br>Certification                 | I, the undersi     (Ov     (Ag     X     (Of     I have examinare true, comp   | ned, hereby certify that (Check one, but only<br>her other than corporation or partnership<br>ant of owner other than corporation or partnership<br>in the owner other than corporation or partner<br>n line 1 of space B and that the owner is not<br>icer or partner) I am an officer (if a corporation<br>n line 1 of space B.<br>ed the statement of account and hereby dece<br>tete, and correct to the best of my knowledge<br>tion 1001(1986)]<br>$\underbrace{X}_{\text{Enter an erest}}$ Enter an erest<br>Enter sign<br>Typed or printed name:<br>Title: Presid<br>(Title of official position) | a) I am the owner of the cable system as identified in line 1 of space B; rtnership) I am the duly authorized agent of the owner of the cable system as corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified as owner the under penalty of law that all statements of fact contained herein e, information, and belief, and are made in good faith. /s/James Rigas electronic signature on the line above to certify this statement. hature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas ent | stem as identified  |
|                                    |  | Date:   | 08/27/2019   |                     |

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 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 telephoi 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 fling, a determination that would be made by a court of lay

| unting Period: 2019/1  | FORM SA1-2E. PAG   |
|--|--|
| L NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM   |
| Midwest LLC  | 313  |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-<br>scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."<br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions | - Special Statemer<br>Concerning Gros<br>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?  |  |
| 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.   | 0  |
|  | ~  |
| Line 4. Enter the encount of late any month of under surround  | Interest Assessme  |
| Line 1 Enter the amount of late payment or underpayment  | Interest Assessme  |
| Line 1 Enter the amount of late payment or underpayment  | Interest Assessme  |
|  | Interest Assessme  |
| x 1%   | Interest Assessme  |
| x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here   | -  |
| x 1%   | -  |
| Line 2       Multiply line 1 by the interest rate* and enter the sum here       x       1%         Line 3       Multiply line 2 by the number of days late and enter the sum here       x       0.00274  | -  |
| x       1%         Line 2 Multiply line 1 by the interest rate* and enter the sum here   | <u> </u>   |
| Line 2       Multiply line 1 by the interest rate* and enter the sum here       x       1%         Line 3       Multiply line 2 by the number of days late and enter the sum here       x       da         Line 4       Multiply line 3 by 0.00274** and enter here       x       0.00274  | <u> </u>   |
| Line 2       Multiply line 1 by the interest rate* and enter the sum here       x       1%         Line 3       Multiply line 2 by the number of days late and enter the sum here       x       da         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       \$   | -<br>ays<br>-  |
| x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       x         Line 3       Multiply line 2 by the number of days late and enter the sum here       x         Line 3       Multiply line 2 by the number of days late and enter the sum here       x         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       \$         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please  | -<br>ays<br>-  |
| x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here   | ays<br>  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  | ays<br>  |
| x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here   | ays<br>  |
| Line 2       Multiply line 1 by the interest rate* and enter the sum here  | ays<br>  |
| Line 2       Multiply line 1 by the interest rate* and enter the sum here  | ays<br>  |
| Line 2       Multiply line 1 by the interest rate* and enter the sum here       x       1%         Line 3       Multiply line 2 by the number of days late and enter the sum here       x  | ays<br>  |
| Line 2       Multiply line 1 by the interest rate* and enter the sum here  | ays<br>  |

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