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.

8/27/2021

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 \$ 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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito Midwest LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665
		(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless 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	1	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Syracuse MaiLing Address of CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notic	:e: Sectior	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Zito Midwest LLC	
	Instructions: List each separate community served by the cable system. A "commun	ity" is the same as a "community unit" as defined in FCC rule
	"a separate and distinct community or municipal entity (including unincorporated co	mmunities within unincorporated areas and including single
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
Serveu		
		1
	CITY OR TOWN	STATE
First	Syracuse	NE
Community	Murdock	NE
Community		
	Elmwood	NE
ld Rows as Necessary	Palmyra	NE
a nons as necessary		
	Eagle	NE
	Weeping Water	NE
	Bennet	NE
	Johnson	NE
	Murray	NE
	Unadilla	NE
	Cook	NE
	Nemaha County	NE
	Cass County	NE
	Sterling	NE

								FORM SA1-	-2E. PAGI
Name	LEGAL NAME OF OWNER OF C Zito Midwest LLC	ABLE SYSTEM	:					515	840
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	I (June 30 or E	ecembe	er 31, as the case	e may be	e).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
Nates	separately for the particular serv			0,1		•		Charged	
	Rate: Give the standard rate of	-	-	•					
	unit in which it is generally billed	· ·			y standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not			-		•			
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					d in the count ur	ider "Servi	ce to the	
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t						,.		
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A two	o- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCIUD	LKO	INAIL	UATI		(VICL	SUBSCRIBERS	104
	Service to first set		108	21.71					
	 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 rain not covered in space E, that is, t	•	,			• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any rate	es are ch	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cabl	e system for eac	h of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	• •			ned. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclu	de the ra	ate for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		SORY OF SERV	-	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:	47.05		ation: Non-resid	iential				
	Pay cable Add'l abannal	17.95		tel, hotel					
	Pay cable—add'l channel Eire protection		_	nmercial (cable					
	 Fire protection Burglar protection 		-	/ cable / cable-add'l cha	nnel				
	•Burgiar protection			protection	IIIEI				
	• First set	30.00		glar protection					
	Additional set(s)	00.00		services:					
	• FM radio (if separate rate)			connect		30.00			
	Converter			connect					
			• Ou	tlet relocation		30.00			
				tlet relocation	ŝs	30.00 30.00			

ccounting Period:	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito Midwest LLC			8408
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, idea 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 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.0 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (in a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the reform. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr		evision stations) ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
			t the community to which the station is the community with which the station is 3. TYPE OF STATION	,
	KETV	7.1	N	Omaha NE
	KLKN	8.1	N	Lincoln NE
dd Rows as Necessary	KMTV	3.1	N	Omaha NE
	KOLN	10.1	N	Lincoln NE
	KPTM	42.1	N	Omaha NE
	KSNB	4.2	I	Lincoln NE
	KUON	12	E	Lincoln NE
	κχνο	15.1	I	Omaha NE
	WATM-TTV	23.3	Ι	Johnstown PA
	WOWT	6.1	Ν	Omaha NE
	WOWT	6.5	Ι	Omaha NE

EGAL NAME OF			ISTEM.					SYSTEM 84
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of it for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	/ the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically processor (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							8408
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	julations, or	authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN				<u> </u>			
Special	 During the accounting per 	-			asis, any non	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta		,	,	, ,	[YES	× NO
Program Log	-				<i>"</i> ., "		_	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must comp	lete the proo	gram
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meanin	a is
	clear. If you need more spa	ace, please	add additional	l rows to the tables.				-
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.				<i>"</i>		-	
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which the		censed by	the FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which th	e station is id	lentified).		
	Column 5: Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitut	e program. U	se numera	ls, with the r	nonth
			e substitute pr	ogram was carried by you	ır cable svste	m. List the	times accur	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far nraa	romaning the	t vour ovet		vire d
	to delete under FCC rules			n was substituted for prog luring the accounting perio				
	was substituted for program							ogram
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	,,
							_	
							_	
								"
						+		
							_	
							_	
							_	
								+
							_	
1	I		T	1	ר	r		

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	SI	/STEM ID# 8408
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	9911.78 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	his six-mon	
	accounting period is \$52.00 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	·	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	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		
Elling For and			
Filing Fee and Total Remittance Due	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 informati		nts!

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Midwest	OWNER OF CABLE SYSTEM: LLC			SYSTEM ID# 8408
M Channels	 to its subscribe Enter the tota system carried Enter the tota on which the other 	rs, and (2) the cable system's to al number of channels on which d television broadcast stations . al number of activated channels cable system carried television	otal numb n the cable s broadcas		11 120
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accoun		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Teri McMullen		Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartr	ment, or sui	te number)	
		Coudersport PA 169 (City, town, state, zip)	15		
	Email	teri.mcmullen@	zitomedi	ia.com Fax (optional)	
O Certification	I, the undersign (Own (Age ir X (Offi ir · I have examine are true, complet	ned, hereby certify that (Check o ner other than corporation or p nt of owner other than corpora n line 1 of space B and that the o cer or partner) I am an officer (in n line 1 of space B.	bone, <i>but on</i> boartnershi ation or p bowner is no if a corpor hereby da	rtified and signed in accordance with Copyright Office regulations) <i>ily one</i> , of the boxes.) ip) I am the owner of the cable system as identified in line 1 of space vartnership) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as or eclare under penalty of law that all statements of fact contained herei ge, information, and belief, and are made in good faith. /s/James Rigas	system as identified wner of the cable system
		Typed or printed	Enter sig	electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith) James Rigas	
		Title: (Title of of Date:	Presic fficial positio	dent on held in corporation or partnership) 08/29/2021	

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ounting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Midwest LLC	840
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment

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