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							
02/22/22	\$ 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

r							
Α	ACCOUNTING 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	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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:						
	Zito Media - Syracuse						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number: street rural route apartment or suite number)						
	Z (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
Name	Zito Midwest LLC	84
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community or municorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv	" is the same as a "community unit" as defined in FCC rules: "a unities within unincorporated areas and including single, discre
	community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identif
Area Served	city.	
001100		
	CITY OR TOWN	STATE NE
First Community	Syracuse Murdock	NE NE
,Oillinaine,	Elmwood	NE NE
Rows as Necessary	Palmyra	NE NE
.ows as Necessary	Eagle	NE NE
	Weeping Water	NE
	Bennet Bennet	NE
	Johnson	NE
	Murray	NE
	Unadilla	NE
	Cook	NE
	Nemaha County	NE
	Cass County	NE
	Sterling	NE

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8408

Zito Midwest LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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.

OCK 1	BLOCK 2				
NO. OF		NO. OF			
SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
71	21.71				
	NO. OF SUBSCRIBERS 71	NO. OF SUBSCRIBERS RATE 71 21.71			

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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
Continuing Services:		Installation: Non-residential				
Pay cable	17.95	Motel, hotel				
Pay cable—add'l channel		Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	30.00	Burglar protection				
Additional set(s)	20.00	Other services:				
FM radio (if separate rate)		Reconnect	30.00			
Converter		Disconnect				
		Outlet relocation	30.00			
		Move to new address	30.00			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8408

Zito Midwest LLC

G

Primary Transmitters: Television

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.

Add Rows as Necessary

2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
7.1	N	Omaha NE
8.1	N	Lincoln NE
3.1	N	Omaha NE
10.1	N	Lincoln NE
42.1	N	Omaha NE
4.2	I	Lincoln NE
12	E	Lincoln NE
15.1	<u> </u>	Omaha NE
23.3	I	Johnstown PA
6.1	N	Omaha NE
6.5	I	Omaha NE
	7.1 8.1 3.1 10.1 42.1 4.2 12 15.1 23.3 6.1	7.1 N 8.1 N 3.1 N 10.1 N 42.1 N 4.2 I 12 E 15.1 I 23.3 I 6.1 N

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC

8408

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
3, 122 01014	7 31 1 171	1		5. 122 51514	7 31 1 141		
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·	1 2221/2								
						SYSTEM ID#			
Name	Zito Midwest LLC	ABLE 0101	LIVI.						8408
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOC					
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televisi	ion program, broadcast by cific present and former F0	a <i>distant</i> CC rules,	regul	ations, or au	ıthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special	During the accounting peri				sis, any r	onne	twork telev	ision prograi	m
Statement and Program Log	broadcast by a distant stat	-	,	•	, ,			YES	X NO
i iogiam Log	No lote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.	,		,	, ,			p3	
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each substi				whereve	er pos	ssible, if the	ir meaning i	s
	clear. If you need more space					. 11\ 41	. 4		_
	Column 1: Give the title of period, was broadcast by a								
	under certain FCC rules, reg		,	,			, ,		1
	Do not use general categori								
	"NBA Basketball: 76ers vs. I			- "V " Othit "	NI - "				
	Column 2: If the program Column 3: Give the call s								
	Column 4: Give the broa	•				is lice	ensed by the	e FCC or, in	
	the case of Mexican or Cana								
	Column 5: Give the mon	•	when your syst	em carried the substitute	program	ı. Use	numerals,	with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		substitute prod	gram was carried by your	cable sv	stem	List the tir	nes accurate	elv
	to the nearest five minutes.				,				,
	stated as "6:00–6:30 p.m."	"D":							,
	Column 7: Enter the lette to delete under FCC rules a		. •		-		•	•	
	was substituted for program								Iaili
	effect on October 19, 1976.	5 ,	,	•			3		
					11				1
	S	UBSTITUT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MC	HTMC	1	TIMES TO	DELETION
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Accounting Period:	2021/2	FORM SA	A1-2E. PAGE 6					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM 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. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (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 service amount, see	6,907.65 oss receipts)					
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							
	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	_)						
	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							
	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	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		nts!					

Accounting Period: 2	2021/2					FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:				SYSTEM ID# 8408				
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. 1. Enter the total number of channels on which the cable									
	2. Enter the total on which the	number of activated channel cable system carried television	ls in broadca	ast stations		106				
N Individual to Be Contacted		about this statement of accou		DRMATION IS NEEDED (Identify an ind						
for Further Information	Name	Teri McMullen			Telephor	e 814-260-0434				
	Address	PO Box 665 (Number, street, rural route, apartn Coudersport PA 1691 (City, town, state, zip)		te number)						
	Email	teri.mcmullen@	zitomedia	a.com	Fax (optional					
0	CERTIFICATION (This statement of account mu	ust be cert	rtified and signed in accordance with Co	pyright Office regulations)				
O Certification		d, hereby certify that (Check on		ly one, of the boxes.) p) I am the owner of the cable system as	identified in line 1 of space	e B; or				
				artnership) I am the duly authorized ager s not a corporation or partnership; or	nt of the owner of the cable	system as identified				
		er or partner) I am an officer (if in line 1 of space B.	if a corpora	ration) or a partner (if a partnership) of the	legal entity identified as o	wner of the cable 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		_				
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jol						
		Typed or printed	I name:	James Rigas						
		Title:	Presid	Jent I position held in corporation or partnership)						
		Date:			02/23/2022					

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counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
to Midwest LLC	8408
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	4
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 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	-
,	
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	-
* 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	<i>i</i> i

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.