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

Bits DATE RECEIVED AMOUNT Control additional information, contact the U.S. Copyright Cable Systems (Short Form) General instructions are located in the first tab of this workbook 08/22/2022 \$ ALLOCATION NUMBER Por additional information, contact the U.S. Copyright Cables (Short Form) A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 2 = July 1 - December 31 Period 2 = July 1 - December 31 Image: December 31 December 31 December 31 December 31 Image: December 31 Decemb	STATEM	ENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY					
Cable Systems (Short Form) Image: Cable Systems (Short Form) Comment of the system (Cable System) General instructions are located in the first tab of this workbook 08/22/2022 \$ Cable System Comment of the System (Cable System) Cable System) Cable System (Cable System) Cable System) Cable System Cable System			DATE RECEIVED	AMOUNT	-				
General instructions are located in the first tab of this workbook 08/22/2022 ALLOCATION NUMBER Conter the 1.8. Copyright The LOCATION NUMBER Conter the 1.8. Copyright The LOCATION NUMBER Conter the 1.8. Copyright The LOCATION NUMBER Conter the 1.8. Copyright The LOCATION NUMBER Conter the 1.8. Copyright The LOCATION NUMBER Conter the LOCATION NUMBER Conter the LOCATION NUMBER Conter the LOCATION NUMBER Conterent of Seconter software to the endered of the softwar					<u>coplicsoa@loc.gov</u>				
In the first tab of this workbook ALLOCATION NUMBER Tet: (202) 707-8150 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY(Period)) Tet: (202) 707-8150 Image: State of the state of t	O l in . to		08/22/2022	\$	contact the U.S. Copyright				
A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 3sercode Date Filing Period (optional - see instructions) Seconding Accounting Instructions: Give the full legit 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. Ust any other name on names under which the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. Just and the owner of the cable system. Ust any other name on names under which the owner onducts the business of the cable system. If there were different owners during the accounting period. Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division. Just24 LEGAL NAME OF OWNER OF CABLE SYSTEM Zito Midwest LLC Business Swate(s) OF Owner OF CABLE SYSTEM Site Midwest LLC Countersport, PA 16915 Countersport, PA 16915 Countersport, PA 16915 Zito Midwest Soft on of CABLE SYSTEM 21 Determined aready appear in space B System: 1 21 Determined aready appear in space B System: 1			00/22/2022						
Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	in the first lab			ALLOCATION NUMBER					
Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31									
Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) 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. 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 situation of occurs and royalty fee payment covering the entire accounting period. 3224 Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division. 3224 LEGAL NAME OF OWNER OF CABLE SYSTEM Zito Midwest LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Zito Midwest SUC Diversion MalLING ADDRESS OF CABLE SYSTEM Zito Midwest LLC BUSINESS NAME(S) OF CABLE SYSTEM Diversion table, append in space B. In line 2, 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 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 malling address of the system, if different from the address given in space B System <t< th=""><th>Α</th><th>ACCOUNTING PERIOD COVER</th><th>ED BY THIS STATEMENT: ()</th><th>YYY/(Period))</th><th></th></t<>	Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: ()	YYY/(Period))					
Accounting Period Barcode Data Filing Period (optional - see instructions) B 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. Ust 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. IEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Zito Midwest LLC Business NAME(§) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Zito Midwest LLC Business NAME(§) OF OWNER OF CABLE SYSTEM PO Box 665 Number. State, root mode, spettment, or suble number) Coundersport, PA 16915 City, town, table, zo) 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 1 Divertification or CABLE SYSTEM: Zito Media Utica			·	· · · · ·					
Accounting Barcode Data Filing Period (optional - see instructions) B Instructions: Gives 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. Ust 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. 31224 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM 31224 Zito Midwest LLC 8000000000000000000000000000000000000		2002/4	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
Accounting Period 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 tile for the subsidiary, not that of the parent corporation. Ust 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. 31224 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 31224 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM 31224 Zito Midwest LLC BUSINESS NAME(§) OF OWNER OF CABLE SYSTEM 31224 Zito Media MAILING ADDRESS OF OWNER OF CABLE SYSTEM 31224 Courder sport, PA 16915 Cive means 90 Winder, street, viral routide, spathment or state number) Courders port, PA 16915 100 Courder sport, PA 16915 pentitic August and a spathment or state number) 2 1 Zito Media 2 100 100 31224 11 2 120 120		2022/1							
Accounting Period 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 tile for the subsidiary, not that of the parent corporation. Use 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 entre accounting period. 31224 Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division. 31224 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM 210 Zito Midwest LLC BUSINESS NAME(§) OF OWNER OF CABLE SYSTEM 31224 Zito Media MAILING ADDRESS OF OWNER OF CABLE SYSTEM Division. Zito Media MAILING ADDRESS OF OWNER OF CABLE SYSTEM Division Courdersport, PA 16915 City Town states upp City Town states upp City Town states perturbers 2 jove the mailing address of the system, if different from the address given in space B System perturbert, runal roods, spathwest, or state market) 2 jove the mailing address of the system, if different from the address given in space B 2 Number, stenet, runal roods, spathwest, or stathe market)									
Period B Instructions: Give the full gap 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. Ust 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. 31224 LeGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM 210 Zito Midwest LLC BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM 31224 Zito Midwest LLC BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM 210 MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO PO Zito Midwest LLC BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM PO Do Box 665 Number, strent, our drouts, spartment, or suite number) Couldersport, PA 16815 Couldersport, PA 16815 Coulder spaper in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: Zito Media MALING ADDRESS OF CABLE SYSTEM: 2 IDENTIFICATION OF cable SYSTEM: 2 Unimber, street, rural route, spartment, or suite number) Coulderesport, PA 16815 <th></th> <td></td> <td>Barcode Data Filing Period (optiona</td> <td>I - see instructions)</td> <td></td>			Barcode Data Filing Period (optiona	I - see instructions)					
B 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. 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. 31224 Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division. 31224 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Business NAME(s) OF OWNER OF CABLE SYSTEM Zito Midwest LLC Business NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) Zito Midwest LLC Business of Owner OF CABLE SYSTEM PO Box 665 Multing ADDRESS OF CABLE SYSTEM PO Box 665 Multing address of the system or suble number) Courdersport, PA 16915 [[b];[b]; town, state, 20] [] 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 1 Instruction of CABLE SYSTEM: 2 Multing ADDRESS OF CABLE SYSTEM:	Accounting								
B Owner 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. Ust 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. If there were different owners during the excounting 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. If there were different owners during the excounting period. If there were different owners during the excounting period. If there were different owners during the excounting period. If there were different owners during the excounting period. If there were different owners during the excounting period. It the were different owners during the excounting period. It the were different owners during the excounting period. It the during during during the excounting period. It the during during during during the excounting period during. <	Period								
B title of the subsidiary, not that of the parent corporation. Ust 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. 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. Image: Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. Image: Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. Image: Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. Image: Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. Image: Check here if this is the system's first filing. If not, enter the system is the system of Challe System is the system of Challe System is the system of Challe System is the system's first filing. If not, enter the system's ID filing. Image: State is the system of Challe System is the system. Image: State is the system is the system. Image: State is the system is the system i			of the cable custom. If the owner is a sub	reidiany of another corneration, give the full	comparate				
Construction of the second	В	-			corporate				
single statement of account and royalty fee payment covering the entire accounting period. theck 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 LIC 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 sulle number) Coundersport, PA 16915 [City, town, state, app] NSTRUCTIONS: 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 NAILING ADDRESS OF CABLE SYSTEM: 2 to Media - Utica MAILING ADDRESS OF CABLE SYSTEM: 2 to Media - Utica MAILING ADDRESS OF CABLE SYSTEM: 2 to Media - Utica MAILING ADDRESS OF CABLE SYSTEM: 2 to Media - Utica	Owner	List any other name or names under	which the owner conducts the business o	f the cable system.					
single statement of account and royalty fee payment covering the entire accounting period. theck 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 LIC BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM LIC 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 sulle number) Coudersport, PA 16915 City, town, state, api) 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 mailling address of the system, if different from the address given in space B DENTIFICATION OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or sulle number) MAILING ADDRESS OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or sulle number)		If there were different owners during	the accounting period, only the owner of	a the last day of the accounting period shoul	d submit a				
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 Book Coudersport, PA 16915 City, town, state, zip) 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 1 IDENTIFICATION OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number)									
C Instruction Instruntinstruction Instruction		Check here if this is the system's first	filing. If not, enter the system's ID number	er assigned by the Licensing Division.	31224				
C Instruction Ins									
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: 2 2 (Number, street, rural route, apartment, or sulle number) 2		LEGAL NAME OF OWNER/MA	LING ADDRESS OF CABLE SYSTE	И					
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system in space B. In line 2, give the mailing address of the system, if different from the address given in space B 1 IDENTIFICATION OF CABLE SYSTEM: 2 2 (Number, street, rural route, apartment, or sulle number) 2		Zito Midwest LLC							
MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 665 Number, street, rural route, apartment, or sulte number) Condersport, PA 16915 City, town, state, zip) 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 - Utica MAILING ADDRESS OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or sulte number)			R OF CABLE SYSTEM (IF DIFFEREN	IT)					
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) 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 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM:		Zito Media							
Image: Construction of the system unless 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 Image: Image: Construction 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 Image: Construction 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 Image: Construction 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 Image: Construction of the system: Image: Construction of the system: Image: Construction of the system of t			OF CABLE SYSTEM						
Coudersport, PA 16915 (City, town, state, zip) C 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 Image: Dentification of cable system: Zito Media - Utica Mailling address of cable system: 2 Mailling address of cable system: 2									
Image: City, town, state, zip)			lite number)						
C 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 1 IDENTIFICATION OF CABLE SYSTEM: Zito Media - Utica MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)									
System 1 IDENTIFICATION OF CABLE SYSTEM: 2 IDENTIFICATION OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	С								
1 Zito Media - Utica MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)	-			ne system, il diferent from the addre	ss given in space b				
2 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	System		vi.						
			TEM:						
		2							
(City, town, state, zip code)		 (Number, street, rural route, apartment, or street) 	lite 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 sufficiency of the fling, a determination that would be made by a court of law.

Nores	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Name	Zito Midwest LLC	31224
D	Instructions: List each separate community served by the cable system. A "o "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
	CITY OR TOWN	OTATE
First	Utica	STATE NE
Community	Waco	NE
dd Rows as Necessary		

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:												
Name	Zito Midwest LLC							010	TEM II 3122				
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable					
_	system, that is, the retransmission	•		-		•							
Secondary	about other services (including p	bay cable) in s	bace F,	not here. All the	e facts you	u state must be							
Transmission Service: Sub-			une 30 or December 31, as the case may be). ocks in space E call for the number of subscribers to the cable system, broken										
scribers and		•											
Rates	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	-	-	•				-					
	category, but do not include disc				iny stanua		is within a						
	Block 1: In the left-hand block	t in space E, th	e form	lists the catego									
	systems most commonly provide												
	that applies to your system. Not categories, that person or entity			0		0							
	subscriber who pays extra for ca												
	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 a						,						
	sufficient.		e ngini i										
	BLC	OCK 1					BLOCH						
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA				
	Residential:	COBCOLUD	LIKU	TUTE	0/11		WICE	COBCONIBEINO	101				
	Service to first set		3	70.92									
	 Service to additional set(s) 								h				
	• FM radio (if separate rate)								6				
	Motel, hotel												
	Commercial]				
	Converter												
	Residential												
	Non-residential												
	SERVICES OTHER THAN SEC			SIONS: RATE	s								
-	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were					
F	not covered in space E, that is, t												
Services	service for a single fee. There an furnished at cost or (2) services	•			•		• •	,					
Other Than	amount of the charge and the ur												
Secondary	enter only the letters "PP" in the					-		-					
ransmissions: Rates	Block 1: Give the standard rat							were not					
Rates	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) descrip												
		BLO	CK 1					BLOCK 2					
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA				
	Continuing Services:		Install	ation: Non-res	idential								
	• Pay cable			tel, hotel									
	• Pay cable—add'l channel			mmercial									
	Fire protection			y cable									
	•Burglar protection			y cable-add'l ch	nannel								
	Installation: Residential	20.00		e protection									
	First set Additional set(s)	30.00		rglar protection services:									
	 Additional set(s) FM radio (if separate rate) 	20.00		connect		30.00							
	• Converter			connect									
		1							Į				
			• Ou	tlet relocation		30.00							
			-	tlet relocation ve to new addr	ess	30.00 30.00							

unting Period: 2	2022/1			FORM SA1-2E. PAGE 3						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 31224						
	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, <i>except</i> (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 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 <i>not</i> 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 <i>only</i> 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. <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. 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 multic									
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
				4. LOCATION OF STATION						
	KFXL	51.1	N	Lincoln NE						
	KLKN	8.1	N							
Rows as Necessary	KOLN	10.1								
	KOLN	10.5								
	KSNB	4.1								
	KSNB	4.2								
	KUON	12.1	E	Lincoln NE						
	KXVO	15.1	I	Omaha NE						
	WATM	12.2								
		23.3	I	Altoona PA						
		23.3	I	Altoona PA						
		23.3	I	Altoona PA						
		23.3		Altoona PA						
		23.3		Altoona PA						
		23.3		Altoona PA						
				Altoona PA						
				Altoona PA						
				Altoona PA						
				Altoona PA						
				Altoona PA						
				Altoona PA						
				Altoona PA						
				Altoona PA						

all-band basis whose signals were generally receivable by your cable system during the accounting period. Prima 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, Prima	LEGAL NAME OI Zito Midwes								SYSTEM 31
 acceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, and 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. 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). 	n General: Lis	t every radio s	station ca	arried on a separate and discr					н
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION Image: Image	eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locatio	tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pay ed by the cable s he station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se wed by the FC	!) it can ertain st eneral ii eparate a	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	
		,	5,6			31 1 10	0,0		
Image: And the second secon									
Image: Section of the section of th									
Image: section of the section of th									
Image: And and a section of the sec									
Image: section of the section of th									
Image: section of the section of th									
			<u> </u>						
Image: section of the section of th									
Image: Second									
Image: series of the series									
Image: section of the section of th									
Image: series of the series									
Anderse <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Image: second									
Image: series of the series									
Image: Section of the section of th									
Image: Second									
Image: Answire and Ample and A									
Image: series of the series									
Image: Second									
Image: Second									
Image: Second									

	od: 2022/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							31224
_	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every no	nnetwork televi	<i>ision program,</i> broadcast by	/ a distant sta	tion, that yo	our cable sys	stem carried on a
	substitute basis during the a	01	, ·	•	, 0	,		
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of t	he general ins	structions ir	n the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Statement and	 During the accounting pe 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tel	evision prog	gram
Program Log	broadcast by a distant sta	ition?				ļ	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comp	lete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUT			ata lina. Llas abbraviation		aasibla ift	hair maanim	a ia
	In General: List each subs clear. If you need more spa				s wherever po	ossidie, ii t	neir meanin	ig is
				vision program ("substitute	e program") tl	nat, during	the accoun	ting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ted for the pro	ogramming	g of another	station
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	am titles, for e	example, i	Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter '	"No."			
		0		asting the substitute prog				
	the case of Mexican or Cal			the community to which the			the FCC or,	, in
				stem carried the substitute			ls, with the	month
	first. Example: for May 7 gi	ve "5/7."	, ,		1 0		,	
				ogram was carried by you				
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.m	n. should be	
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	vour syste	em was <i>req</i>	uired
	to delete under FCC rules							rogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	and regul	ations in	
		-						
					WHE	N SUBST	ITUTE	
	S	1	E PROGRAM	1	CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 31224
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 transm (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.	ission service amount, see	I,048.51 ss 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-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 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		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2022/1											FORM	I SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM: LC											SYSTEM ID# 31224
M Channels	to its subscribers 1. Enter the total system carried	ou must give (1) the number o s, and (2) the cable system's t I number of channels on which television broadcast stations I number of activated channels	total numb	mber of a	f activated cha	nnels during	g the acc	counting per		ns		9	
		able system carried television										94	
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		ORMA	ATION IS NEEI	DED (Identif	ify an ind	ividual to wh	nom				
for Further Information	Name	Teri McMullen							Telepho	one 814	-260-043 [,]	4	
	Address	PO Box 665 (Number, street, rural route, aparth Coudersport PA 169 (City, town, state, zip)		suite numl	mber)								
	Email	teri.mcmullen@	zitomed	edia.cor	om			Fax (option	nal)				
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	(This statement of account m ed, hereby certify that (Check of er other than corporation or p t of owner other than corpora- line 1 of space B and that the of er or partner) I am an officer (line 1 of space B. d the statement of account and e, and correct to the best of my on 1001(1986)]	ation or powner is n (if a corpo hereby d y knowled Enter an Enter sig	only one ship) I ar partner not a cc poration) declare edge, info , /s/, an electrus signature	ne, of the boxes am the owner o ership) I am the corporation or p n) or a partner (e under penalty	s.) of the cable s e duly autho partnership; o (if a partners y of law that a l belief, and a as on the line al signature" (e	system as orized age or ship) of th all staten are made	s identified ir ent of the ow ne legal entity ments of fact e in good fait	n line 1 of sp ner of the ca y identified a contained h h.	ace B; or ble syster s owner o			
		Title:	Presid	ident									
		Date:						08/23/2	2022				

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 fing, a determination that would be made by a court of law.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Midwest LLC	31224
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.	P Special Statement Concerning Gross Receipts Exclusion
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 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 Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
x1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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 \$ -	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
Owner	
Owner Address	

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 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.