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

Return completed workbook by email to:

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
8/25/2023
\$
ALLOCATION NUMBER

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))	
		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.	63696
		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)	
		(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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	4	IDENTIFICATION OF CABLE SYSTEM:	
	1	Zito Media - Buffalo	
		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 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.

Accounting Period:	2023/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Midwest LLC	63696
D Area Served	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	unities within unincorporated areas and including single, discrete te as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Buffalo	TX
Community	Jewett	ТХ
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	Zito Midwest LLC	DEE OTOTEM.						0.0	6369
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission			-	-				
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed.	-	-				-		
	category, but do not include disc				y stanuart		within a p		
	Block 1: In the left-hand block	in space E, the	e form list	s the categorie					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity			0		•			
	subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system I printed in block 1 (for example, ti	•							
	with the number of subscribers a					,	<i>,</i> ,	, 0	
	sufficient.	,	5			I			
	BLO	DCK 1					BLOC		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	 Service to first set 		10	66.25					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISSI	ONS: RATES					
E	In General: Space F calls for rat	•	,			• •			
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•					• • • •		
Other Than	amount of the charge and the un								
	enter only the letters "PP" in the	rate column.					an lintad		
Secondary	Block 1: Give the standard rat			system for eac	h of the a	nnlicahla sarvic		wara not	
Secondary ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	e charged by the		-		• •		were not	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	e charged by th your cable sys	tem furni	shed or offere	d during th	ne accounting p	eriod that		
ransmissions:	Block 2: List any services that	e charged by th your cable sys separate charg	tem furni e was ma	shed or offere de or establis	d during th	ne accounting p	eriod that		
ransmissions:	Block 2: List any services that listed in block 1 and for which a s	e charged by th your cable sys separate charg	tem furni e was ma e the rate	shed or offere de or establis	d during th	ne accounting p	eriod that		
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	e charged by th your cable system separate chargotion and includ	tem furni e was ma e the rate CK 1 CATEGO	shed or offere de or establish for each.	d during th ned. List t	ne accounting p	eriod that ices in the	form of a	RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	e charged by the your cable system is separate charge ition and includ	tem furni e was ma e the rate CK 1 CATEGO Installat	shed or offere de or establish for each. DRY OF SERV ion: Non-resid	d during th ned. List t	he accounting p hese other serv	eriod that ices in the	form of a BLOCK 2	RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	e charged by the your cable system is separate charge ition and includ	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote	shed or offere de or establish for each. DRY OF SERV ion: Non-resid	d during th ned. List t	he accounting p hese other serv	eriod that ices in the	form of a BLOCK 2	RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	e charged by the your cable system is separate charge ition and includ	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com	shed or offere de or establish for each. DRY OF SERV ion: Non-resid I, hotel mercial	d during th ned. List t	he accounting p hese other serv	eriod that ices in the	form of a BLOCK 2	RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	e charged by the your cable system is separate charge ition and includ	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay	shed or offere de or establisi for each. DRY OF SERV ion: Non-resid I, hotel mercial cable	d during the during th	he accounting p hese other serv	eriod that ices in the	form of a BLOCK 2	RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	e charged by the your cable system is separate charge ition and includ	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay	shed or offere de or establish for each. DRY OF SERV ion: Non-resid I, hotel mercial cable cable	d during the during th	he accounting p hese other serv	eriod that ices in the	form of a BLOCK 2	RA
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	e charged by the your cable system of the sy	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	shed or offere de or establisi for each. DRY OF SERV ion: Non-resid I, hotel mercial cable cable-add'l cha protection	d during the during th	he accounting p hese other serv	eriod that ices in the	form of a BLOCK 2	RA
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	e charged by the your cable system is separate charge ition and includ	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	shed or offere de or establish for each. DRY OF SERV ion: Non-resid I, hotel mercial cable cable cable-add'I cha protection lar protection	d during the during th	he accounting p hese other serv	eriod that ices in the	form of a BLOCK 2	RA
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	e charged by the your cable system of the sy	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	shed or offere de or establish for each. DRY OF SERV ion: Non-resid I, hotel mercial cable cable cable-add'I cha protection lar protection	d during the during th	he accounting p hese other serv	eriod that ices in the	form of a BLOCK 2	RA
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	e charged by the your cable system of the sy	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other so • Reco	shed or offere de or establisi for each. DRY OF SERV ion: Non-resid I, hotel mercial cable cable-add'I cha protection lar protection ervices:	d during the during th	RATE	eriod that ices in the	form of a BLOCK 2	RA
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	e charged by the your cable system of the sy	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	shed or offere de or establisi for each. DRY OF SERV ion: Non-resid I, hotel mercial cable cable-add'I cha protection lar protection ervices: onnect	d during the during th	RATE	eriod that ices in the	form of a BLOCK 2	RA

nting Period: 2				
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM II
	Zito Midwest LLC			6369
	PRIMARY TRANSMITTERS:			
G		entify every television station (including m during the accounting period, <i>except</i>		
Ŭ		in effect on June 24, 1981, permitting the		
Primary		e)(2) and (4), or 76.63 (referring to 76.6	1(e)(2) and (4))]; and (2) certain stat	tions carried on a
nsmitters: elevision		as explained in the next paragraph. :: With respect to any distant stations ca	arried by your cable system on a sub	ostitute program
		ules, regulations, or authorizations:	- Crasial Otatamant and Dramana	ler) if the
	• Do not list the station her station was carried only or	re in space G—but do list it in space I (th n a substitute basis.	he Special Statement and Program	Log)—II the
		also in space I, if the station was carried		
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p		
	multicast stream associate	d with a station according to its over-the		
	"WETA-2" as the same on Column 2: Give the chann	the form. el number the FCC assigned to the tele	vision station for broadcasting over	the air in its community
	of license. For example, W	/RC is channel 4 in Washington, D.C.	C C	·
		n case whether the station is a network s		
		ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c		
		erms, see page (iv) of the general instru		in linemond by the
		on of each station. For U.S. stations, list idian stations, if any, give the name of th	-	
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
	1. CALL SIGN			4. LOCATION OF STATION
	1. CALL SIGN	44.1	N	Waco TX
		44.1 3.1		
ows as Necessary	кwкт		N	Waco TX
ows as Necessary	КШКТ КВТХ	3.1	N N	Waco TX Bryan TX
ows as Necessary	KWKT KBTX KXXV	3.1 25.1	N N N	Waco TX Bryan TX Waco TX
ows as Necessary	KWKT KBTX KXXV KXAS	3.1 25.1 5.1	N N N N	Waco TX Bryan TX Waco TX Fort Worth TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN	3.1 25.1 5.1 6.1	N N N N N	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX	3.1 25.1 5.1 6.1 10.1	N N N N N N	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX
ows as Necessary	KWKT KBTX KXXV KXAS KCEN KWTX KERA	3.1 25.1 5.1 6.1 10.1 13.1	N N N N N E	Waco TX Bryan TX Waco TX Fort Worth TX Temple TX Waco TX Dallas TX

	eriod: 2023/						FORI	M SA1-2E. PAGE 4
EGAL NAME OF		CABLE S	YSTEM:					SYSTEM ID
Zito Midwes	t LLC							6369
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St	it is carried by monitoring, to prmation abou m. lentify the call tate whether t	y the sys be recei t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. nal was electronically process	at the system's h system's FM an this point, see p	eadend, and (2 tenna, during c age (v) of the g	?) it can I ertain sta eneral ir	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
signal, indicate t Column 4: G	this by placing ive the statior	g a checl n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	he station is lice	nsed by the FC			
CALL SIGN	AM or FM	e/D	LOCATION OF STATION	CALL SIGN	AM or FM	e/D	LOCATION OF STATION	
GALL SIGN	Aivi of FIVI	S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
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Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito Midwest LLC							63696
	SUBSTITUTE CARRIAGE							
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	itions, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				J			
Special	 During the accounting period 	-			s, any nonnet	work telev	ision progran	n
Statement and Program Log	broadcast by a distant stat	ion?			-		YES	×NO
	Note: If your answer is "No'	' leave the	rest of this noo	e blank. If your answer is "		ist complet		
	log in block 2.	, leave life	rest of this pay	je blatik. Il your allswel is	res, you mu	ist comple	te the program	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	ce, please a of every nor distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day "e "5/7."	add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the o when your syst substitute pro	rows to the tables. ision program ("substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute program the community to which the community with which the s tem carried the substitute p gram was carried by your of	brogram") that d for the prog eral instruction n titles, for exa lo." m. station is licer station is licer station is iden program. Use cable system.	t, during th ramming o ns for furth ample, "I L nsed by th tified). numerals, List the tir	ne accounting of another sta er information ove Lucy" or e FCC or, in , with the mor mes accurate	tion n.
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	our ovetor	was require	d
	to delete under FCC rules a							
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete under	r FCC rules a	nd regulat	ions in	
		UBSTITUT	E PROGRAM			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	
							_	
							_	
							_	
							_	
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Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	63696
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service amount, see	6,837.06 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 1 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)	
	1. Base amount under statutory formula \$ 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 \$52	27,600)	
	1. Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula \$ 263,800.00	<u>)</u>	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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 inform		hts!

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF C Zito Midwest LLC	CABLE SYSTEM:			SYSTEM ID: 63696
M Channels	to its subscribers, and (2) th 1. Enter the total number of system carried television	e cable system's total nun channels on which the ca broadcast stations	els on which the cable system carried television b nber of activated channels during the accounting ble	period.	8
		m carried television broad	cast stations		65
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this st		ORMATION IS NEEDED (Identify an individual to	whom	
for Further Information	Name Teri McI	Mullen		Telephone 814-260-04	34
		eet, rural route, apartment, or su sport PA 16915	uite number)		
	Email	teri.mcmullen@zitomed	lia.com Fax (o	ptional	
•	CERTIFICATION (This statem	nent of account must be ce	ertified and signed in accordance with Copyright C	Office regulations)	
O Certification	I, the undersigned, hereby ce (Owner other than		<i>nly one</i> , of the boxes.) ip) I am the owner of the cable system as identified	in line 1 of space B; or	
			partnership) I am the duly authorized agent of the c is not a corporation or partnership; or	wner of the cable system as identifie	ed
	X (Officer or partner in line 1 of s		oration) or a partner (if a partnership) of the legal ent	ity identified as owner of the cable s	ystem
		ect to the best of my knowle	eclare under penalty of law that all statements of fac dge, information, and belief, and are made in good f		
			/s/James Rigas		
			n electronic signature on the line above to certify this s gnature using an "/s/ signature" (e.g., /s/ John Smith)	statement.	
		Typed or printed name:	James Rigas		
		Title: Presi (Title of officia	dent al position held in corporation or partnership)		
		Date:	08/2	28/2023	

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Midwest LLC	6369
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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 Assessmen
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	- ays -
Line 1 Enter the amount of late payment or underpayment	- ays -

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