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 COPYRIGHT	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located in the first tab of this workbook	2-26-25	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	25109
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Geneva	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI				
Name						
	Zito Midwest LLC	251				
_	Instructions: List each separate community served by the cable system. A "community					
D	separate and distinct community or municipal entity (including unincorporated community compared areas) = 47.0 5.8 areas and a second areas and a second areas and a second areas					
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know community." Please use it as the first community on all future filings.					
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me narks should be reported in parentheses below the identif				
Area		ane parks should be reported in parentneses below the identifi				
Served	city.					
	CITY OR TOWN	STATE				
Fired	Geneva	NE				
First Community						
Community	Exeter	NE				
	Milligan	NE				
d Rows as Necessary	McCool Junction	NE				
	Fairmont	NE				
	Shickley	NE				
	Bruning	NE				
	Davenport	NE				

									A1-2E. PAGE 'Stem I
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						51	2510
	Zito Midwest LLC								2010
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RAT	ES				
E		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							
0									
Secondary Transmission	about other services (including p						ose existi	ng on the	
Service: Sub-	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								
scribers and	Number of Subscribers: Both blocks in space L 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								
Rates	each category by counting the nu							charged	
	separately for the particular servi Rate: Give the standard rate cl							e and the	
	unit in which it is generally billed.								
	category, but do not include disc				Standar		within a p		
	Block 1: In the left-hand block			•					
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity s subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	e right-ha	nd block. A two	- or three	e-word description	on of the s	ervice is	
	sufficient. BLC	DCK 1					BLOC	K 2	
		NO. OF		DATE	0.4.7			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	KVICE	SUBSCRIBERS	RAT
	Service to first set		11	74.54					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel			-					
	Commercial			-					
	Converter								
	Residential			·····					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
F	In General: Space F calls for rat	e (not subscrib	er) inforr	nation with resp	pect to al	your cable syst	em's serv	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There are furnished at cost or (2) services of	•		•			• • • •		
Other Than									
Secondary	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.								
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
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				iea. List i	nese other serv	ces in the	IOTTI OF A	
	bher (two- or three-word) descrip			e loi each.					
	CATEGORY OF SERVICE	BLO						BLOCK 2	
	Continuing Services:	RATE		ORY OF SERV tion: Non-resid		RATE	CATEG	ORY OF SERVIC	E RATI
	U U			el, hotel					
	Pay cable		•	mercial					
	Pay cable Pay cable add'l channel								
	• Pay cable—add'l channel		• Dav						
	Pay cable—add'l channel Fire protection		•Pay		nnel				
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pay	cable-add'l cha	nnel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	20.00	• Pay • Fire	cable-add'l cha protection	nnel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	30.00	• Pay • Fire • Burç	cable-add'l cha protection Jar protection	nnel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	30.00 20.00	• Pay • Fire • Burg Other s	cable-add'l cha protection Jar protection ervices:	nnel	30.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Burg Other s • Rec	cable-add'l cha protection Jar protection ervices: onnect	nnel	30.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Burg Other s • Rec • Disc	cable-add'l cha protection Jar protection ervices: onnect onnect	nnel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Burg Other s • Rec • Disc • Outl	cable-add'l cha protection Jar protection ervices: onnect		<u> </u>			

	2024/2			FORM SA1-2E. PAGE				
ame	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	Zito Midwest LLC			2510				
G mary mitters: vision	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 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 multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general in							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KFXL	51.1	N	Lincoln NE				
	KLKN	8.1	N	Lincoln NE				
Rows as Necessary								
	IKOLN	10.1	N	Lincoln NE				
ecessary	KOLN KSNB	<u>10.1</u> 4.1	N N	Lincoln NE				
ecessary								
lecessary	KSNB KSNB	4.1 4.2	N I	Lincoln NE				
lecessary	KSNB	4.1		Lincoln NE Lincoln NE				
ecessary	KSNB KSNB KUON KETV	4.1 4.2 12.1	N I E	Lincoln NE Lincoln NE Lincoln NE				
ecessary	KSNB KSNB KUON	4.1 4.2 12.1 7.1	N I E N	Lincoln NE Lincoln NE Lincoln NE Omaha NE				
Necessary	KSNB KSNB KUON KETV KPTM	4.1 4.2 12.1 7.1 42.1	N I E N N	Lincoln NE Lincoln NE Lincoln NE Omaha NE Omaha NE				
Necessary	KSNB KSNB KUON KETV KPTM	4.1 4.2 12.1 7.1 42.1	N I E N N	Lincoln NE Lincoln NE Lincoln NE Omaha NE Omaha NE				
Necessary	KSNB KSNB KUON KETV KPTM	4.1 4.2 12.1 7.1 42.1	N I E N N	Lincoln NE Lincoln NE Lincoln NE Omaha NE Omaha NE				
Necessary	KSNB KSNB KUON KETV KPTM	4.1 4.2 12.1 7.1 42.1	N I E N N	Lincoln NE Lincoln NE Lincoln NE Omaha NE Omaha NE				
Necessary	KSNB KSNB KUON KETV KPTM	4.1 4.2 12.1 7.1 42.1	N I E N N	Lincoln NE Lincoln NE Lincoln NE Omaha NE Omaha NE				
: Necessary	KSNB KSNB KUON KETV KPTM	4.1 4.2 12.1 7.1 42.1	N I E N N	Lincoln NE Lincoln NE Lincoln NE Omaha NE Omaha NE				
s Necessary	KSNB KSNB KUON KETV KPTM	4.1 4.2 12.1 7.1 42.1	N I E N N	Lincoln NE Lincoln NE Lincoln NE Omaha NE Omaha NE				
: Necessary	KSNB KSNB KUON KETV KPTM	4.1 4.2 12.1 7.1 42.1	N I E N N	Lincoln NE Lincoln NE Lincoln NE Omaha NE Omaha NE				
s Necessary	KSNB KSNB KUON KETV KPTM	4.1 4.2 12.1 7.1 42.1	N I E N N	Lincoln NE Lincoln NE Lincoln NE Omaha NE Omaha NE				
as Necessary	KSNB KSNB KUON KETV KPTM	4.1 4.2 12.1 7.1 42.1	N I E N N	Lincoln NE Lincoln NE Lincoln NE Omaha NE Omaha NE				

Accounting P	Period: 2024	/2					FORM	I SA1-2E. PAGE
LEGAL NAME OF Zito Midwes		CABLE SY	′STEM:					SYSTEM ID 2510
								2510
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		
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G) it is carried b monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of o the static tion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	at the system's h system's FM ant this point, see pa sed by the cable he station is licer	eadend, and (2 enna, during c age (v) of the g system as a se ased by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			
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Accounting Perio	d: 2024/2					FOR	M SA1-2E. PAGE 5.	
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#	
Name	Zito Midwest LLC						25109	
	SUBSTITUTE CARRIAGE				3			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former F	/ a <i>distant</i> stat CC rules, regu	lations, or authorizations.	For a further	
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and Program Log	t and Log broadcast by a distant station?						× NO	
r rogram Eog								
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program					am		
		PROGRA	MS					
	 log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." 						ng tation ion. or n	
	to the nearest five minutes stated as "6:00–6:30 p.m."	Example: a er "R" if the and regulati nming that y	a program carr listed program ons in effect d	n was substituted for prog uring the accounting perio	1:15 p.m. to 6 gramming that od; enter the le	28:30 p.m. should be your system was <i>requir</i> etter "P" if the listed pro	red	
	5	UBSTITUT	E PROGRAM	l	WHEN SUBSTITUTE CARRIAGE OCCURRED		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	
						_		
						_		
		+				+		
						<u>-</u>		
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Key of the second sec	Name		S	YSTEM ID# 25109					
Letter the impact provide the type the type to wee: - Complete block 1 if the amount of gross receipts in space K is more than \$137,000 bit tess than or equal to \$203,800 · Use block 2 if the amount of gross receipts in space K is more than \$137,000 bit tess than or equal to \$203,800 · Use block 2 if the amount of gross receipts in space K is more than \$137,000 bit tess than or equal to \$203,800 · Use block 2 if the amount of gross receipts of \$137,100 or less. Instructions: To a colle system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this site-morth accounting period. Instructions: As a colle system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this site-morth accounting period. Ins 3 to TAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. \$ \$2.00 Line 3. ToTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. \$ \$2.00 I.ine 3. ToTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. \$ \$2.00 I.ine 3. ToTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. \$ \$2.00 I.ine 3. ToTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.		Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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.	ission service amount, see \$ 7						
Instructions: As a cable system with gross receipts of \$137,100 or less, the royally fee that you must pay for this six-month accounting period is \$22,00 Line 1. Royally fee for accounting period		 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						
accounting period is \$52.00 Line 1. Royality fee for accounting period \$ 52.00 Line 2. Interest charge. Enter the amount from line 4, space 0, 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		BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
Line 1. Royalty fee for accounting period. \$ 52.00 Line 2. Interest charge. Enter the amount from line 4, space 0, 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.			s six-month						
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		Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K.		Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00					
2. Enter amount of gross receipts from space K.		BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)						
3. Subtract line 2 from line 1		1. Base amount under statutory formula \$ 263,800.00							
4. Enter the amount of gross receipts from space K		2. Enter amount of gross receipts from space K							
5. Enter the amount from line 3		3. Subtract line 2 from line 1	<u>.</u>						
6. Subtract line 5 from line 4.		4. Enter the amount of gross receipts from space K							
7. Multiply line 6 by .005 (enter figure here). 8. Interest charge. Enter the amount from line 4, space Q, page 8 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) 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 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 ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00 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 Register of Copyrights!		5. Enter the amount from line 3							
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.		6. Subtract line 5 from line 4							
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		7. Multiply line 6 by .005 (enter figure here)							
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K		8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00					
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) 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 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 Status \$ 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 Register of Copyrights!		9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1		BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)						
3. Subtract line 2 from line 1		1. Enter the amount of gross receipts from space K							
4. Multiply line 3 by .01 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		2. Base amount under statutory formula							
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 0.00 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) 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 Mathematicance must be in the form of an electronic payment payable to the Register of Copyrights!		3. Subtract line 2 from line 1							
6. Interest charge. Enter the amount from line 4, space Q, page 8		4. Multiply line 3 by .01							
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) 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 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 Register of Copyrights!		5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00						
FILING FEE AND TOTAL REMITTANCE DUE 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)		6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
Filing Fee and Total Remittance Due 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
Total Remittance 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		FILING FEE AND TOTAL REMITTANCE DUE							
Total Remittance 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	Filing Foc and								
2. Filing Fee (See the instructions for more information on filing fee calculations)	Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!	Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1					
		3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00					
				s!					

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: LC	SYSTEM ID# 25109
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable ed television broadcast stations	9
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephon	e <u>814-260-0434</u>
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional	
O Certification	I, the undersigned (Owned) (Owned) (Agened) X (Office) I have examined are true, completed of the true of	(This statement of account must be certified and signed in accordance with Copyright Office regulations ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or ever or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein ste, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	; or ystem as identified
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	
		Date: 02/27/2025	

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.

Inting Period: 2024/2	FORM SA1-2E. PAGE 8
	25109
Midwest LLC	2010
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 fol- lowing 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 sub-	P Special Statement
scribers 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	Concerning Gross Receipts Exclusion
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?	
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.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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C	Cal Woi	ble rksheet	Total amount of remittance	Number of SAs re	c'd Initials
			Date of remittance	Check EFT	FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗌 Janu	ary 1 - June 30, 2017	[July 1 - December 31, 2017	
	Lette	er sent	[Information received	
	Acce	pted		Phone call/Date/Contact	
Space B Owner					
	Lette	er sent	[Information received	
	Acce	epted		Phone call/Date/Contact	
Space D Area Served					
	Lette	er sent	Γ	Information received	
	Acce	epted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	Lette	er sent		Information received	
and Rates	Acce	epted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Acce	pted	Γ	Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	