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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	8/24/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/1 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.
		1
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		RB3, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Reach Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		14 Fir Circle (Number, street, rural route, apartment, or suite number)
		Schleswig, IA 51461
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	RB3, LLC Instructions: List each separate community served by the cable system. A "commun	34366 itv" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nome parks should be reported in parentheses below the
		07175
First	CITY OR TOWN MULESHOE	STATE TX
Community	EARTH	ТХ
	SUDAN	ТХ
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								TEM IC
Name	RB3, LLC	ADLE STSTEM.						515	3436
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				iy stanuai		s within a p		
	Block 1: In the left-hand block	in space E, the	e form li	ists the categori					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca	ble service to a	addition	al sets would be	e included				
	first set" and would be counted o Block 2: If your cable system I					sonvice that are	difforant fr	iom those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a								
	sufficient.							()	
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		183	26.53					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel		24	26.53					
	Commercial		24	20.33					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		•	• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the a	pplicable servic	es listed.		
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	vices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE				RATE	CATEC	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	RAIL		GORY OF SER ation: Non-res		NATE	CAILO	ORT OF SERVICE	NA1
	Pay cable	13.95		tel, hotel					
	• Pay cable—add'l channel			mmercial					
	Fire protection		• Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	First set	49.95		rglar protection					
	Additional set(s)			services:					
	FM radio (if separate rate)			connect		29.95			
	Converter		• DIS	sconnect					
	Converter			tlat ralacation		20.05			
				tlet relocation	200	29.95 29.95			

nting Period: 2	2017/1			FORM SA1-2E. PAGE 3
Name		CABLE SYSTEM:		#SYSTEM ID 34366
	RB3, LLC			J7JUU
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAMC	28	N	LUBBOCK, TX
	KCBD	11	N	LUBBOCK, TX
as Necessary	KENW	3	E	PORTALES, NM
recessary	KJTV	34		
	KLBK	13	N	LUBBOCK, TX
	KPTF	18	<u>I</u>	FARWELL, TX
	KLCW	43		LUBBOCK, TX
	KMYL	22		LUBBOCK, TX
			•	

Accounting F	Period: 2017	/1					FORM	/I SA1-2E. PAGE 4
	F OWNER OF (CABLE SY	(STEM:					SYSTEM ID
RB3, LLC								3436
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the call State whether if f the radio stat this by placing Sive the station	y the sys be recein the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under C term whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral 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	
					·			
					- -			
	<u>†</u>							

Accounting Perio	od: 2017/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	RB3, LLC							34366
_	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	fy every noi	nnetwork televis	ion program, broadcast by	a distant stat	ion, that your c	able syster	m carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the p	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	During the accounting peri				s. anv nonne	twork televisio	n program	
Statement and	broadcast by a distant stat	-			o, any normo			
Program Log	broadcast by a distant star	.1011 ?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	'Yes," you mι	ist complete th	ne progran	า
	log in block 2.							
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more spa				·	,	Ū	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categori		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		lagat liva anto	"Vaa " Othanulaa antar "N	le "			
				r "Yes." Otherwise enter "N sting the substitute progra				
				ie community to which the		nsed by the F	CC or in	
	the case of Mexican or Can							
				tem carried the substitute			h the mon	th
	first. Example: for May 7 giv	e "5/7."			-			
				gram was carried by your				у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. shoi	uld be	
	stated as "6:00-6:30 p.m."	"D" :6 45 -	Pate 4					-1
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.	innig that y	our system wa	s permitted to delete unde		nu regulations)	
					WHE	N SUBSTITU	JTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCUF	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	ES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RB3, LLC	S	*STEM ID# 34366
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 transs (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 s amount, see	e 5,033.13
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	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 \$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 Foc and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O RB3, LLC	OWNER OF CABLE SYSTEM:		SYSTEM ID# 34366
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 		ons	8 48
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMAT about this statement of account.)	TION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Jeffery Lowe	Telephone	303-944-9455
	Address	14 Fir Circle (Number, street, rural route, apartment, or suite num Schleswig, IA 51461-1014 (City, town, state, zip)	iber)	
	Email	jlowe@reachbroadband.net	Fax (optional)	
O Certification	I, the undersigned of the u	ned, hereby certify that (Check one, <i>but only one</i> , her other than corporation or partnership) I arr ht of owner other than corporation or partners in line 1 of space B and that the owner is not a co cer or partner) I am an officer (if a corporation) of in line 1 of space B. ed the statement of account and hereby declare u ste, and correct to the best of my knowledge, info ion 1001(1986)]	n the owner of the cable system as identified in line 1 of space B; ship) I am the duly authorized agent of the owner of the cable system rporation or partnership; or or a partner (if a partnership) of the legal entity identified as owner under penalty of law that all statements of fact contained herein	stem as identified
		Title:	onic signature on the line above to certify this statement. e using an "/s/ signature" (e.g., /s/ John Smith) ffery Lowe	
		(Title of official position held	f in corporation or partnership) 08/23/2017	

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unting Period: 2017/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
, LLC	343
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemen Concerning Gros Receipts Exclusio
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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