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	Return completed workbool 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	10/03/2017	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			1

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		61828 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Giggle Fiber, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 911 S PRIMROSE AVENUE
		(Number, street, rural route, apartment, or suite number)
		MONROVIA, CA 91016 (City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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	(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#
	Giggle Fiber, LLC Instructions: List each separate community served by the cable system. A "co	61828 community" is the same as a "community unit" as defined in ECC rules:
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.	nobile home parks should be reported in parentheses below the
		STATE
First	CITY OR TOWN ARCADIA	CALIFORNIA
Community	MONROVIA	CALIFORNIA
dd Rows as Necessary		
uu nows as necessary		

								FORM SA1	-2E. PAG	
Name									618	
	Giggle Fiber, LLC								510/	
Е	SECONDARY TRANSMISSION			-	-					
L	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 blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the n									
	separately for the particular serv Rate: Give the standard rate c							io and the		
	unit in which it is generally billed									
	category, but do not include disc	ounts allowed f	for adva	ince payment.						
	Block 1: In the left-hand block									
	systems most commonly provide that applies to your system. Note	e: Where an inc	dividual	or organization	is receivi	ng service that f	alls under	different		
	categories, that person or entity	should be coun	nted as a	a subscriber in	each appl	icable category.	Example:	a residential		
	subscriber who pays extra for ca					in the count un	der "Servio	ce to the		
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those									
	printed in block 1 (for example, t	iers of services	that inc	lude one or me	ore second	lary transmissio	ns), list the	em, together		
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	o- or three	e-word descripti	on of the s	ervice is		
	Sufficient. BLOCK 1						BLOC	٢2		
		NO. OF SUBSCRIBI		RATE	CAT			NO. OF SUBSCRIBERS	RA	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	ERS	RAIE	CATE	EGORY OF SEI	VICE	SUBSCRIBERS	RA	
	Service to first set		4,845	2.95						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	6					
F	In General: Space F calls for rat		,		•	• •				
•	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services	or facilities furn	ished to	nonsubscribe	rs. Rate in	formation shoul	d include k	ooth the		
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Deter	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
Rates	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
Rates			e the ra		sneu. List					
Rates		ption and includ			sneu. List					
Rates	brief (two- or three-word) descrip		CK 1	te for each.			CATEG	BLOCK 2	RA	
Rates		otion and includ	CK 1 CATEG		VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and includ	CK 1 CATEG Installa	te for each.	VICE		CATEG		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and includ BLOC RATE	CK 1 CATEG Installa • Mot • Cor	te for each. GORY OF SER ation: Non-res tel, hotel nmercial	VICE		CATEG		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and includ BLOC RATE	CK 1 CATEG Installa • Mot • Cor • Pay	te for each. GORY OF SER ation: Non-res tel, hotel mmercial v cable	VICE idential		CATEG		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	otion and includ BLOC RATE	CK 1 CATEG Installa • Mot • Cor • Pay • Pay	GORY OF SER ation: Non-res tel, hotel mmercial (cable (cable-add'l ch	VICE idential		CATEG		RAT	
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	Dition and includ	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	GORY OF SER ation: Non-res tel, hotel mmercial v cable v cable-add'l ch e protection	VICE idential		CATEG		RAT	
Rates	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	Dition and includ BLOC RATE 7.34 45.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection glar protection	VICE idential		CATEG		RA	
Rates	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)	Dition and includ BLOC RATE 7.34 45.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bun Other s	ation: Non-res ation: Non-res tel, hotel mmercial cable cable-add'l ch protection glar protection services:	VICE idential		CATEG		RAT	
Kates	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) • FM radio (if separate rate)	Dition and includ BLOC RATE 7.34 45.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	atte for each. CORY OF SER attion: Non-res tel, hotel mmercial (cable (cable-add'l ch protection glar protection services: connect	VICE idential		CATEG		RAT	
Rates	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)	Dition and includ BLOC RATE 7.34 45.00	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	ation: Non-res ation: Non-res tel, hotel mmercial cable cable-add'l ch protection glar protection services:	VICE idential		CATEG		RAT	

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM				
Name	Giggle Fiber, LLC			618				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary ansmitters: Felevision	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 ru • Do not list the station here, station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channer of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. th case whether the station is a network s tering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t	he Special Statement and Program d both on a substitute basis and all see page (v) of the general instruc- orgram services such as HBO, ES e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde- or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form. the community to which the station	n Log)—if the lso on some other ictions. SPN, etc. Identify each sport multistream er the air in its community r a noncommercial spendent), "I-M" ational multicast).				
	FCC. For Mexican or Cana	adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	ne community with which the static 3. TYPE OF STATION	on is identified. 4. LOCATION OF STATION				
	KTBN-TV	33	1	SANTA ANA, CA				
	KTBN-1V	33.2	·	SANTA ANA, CA SANTA ANA, CA (HILLSONG)				
Rows as Necessary	KTBN-2	33.3	·	SANTA ANA, CA (HILLSONG)				
Rows as inecessory	KTBN-3	33.4		SANTA ANA, CA (JOCE TV)				
	KTBN-5	33.5		SANTA ANA, CA (ENLACE) SANTA ANA, CA (SOAC)				
	KXLA-2	51.2	I	RANCHO PALOS VERDES, CA (H&S				
	KXLA-3	51.3	I	RANCHO PALOS VERDES, CA (Sky				
	KXLA-4	51.4	I	RANCHO PALOS VERDES, CA (Sky				
	KXLA-5	51.5	I	RANCHO PALOS VERDES, CA (Ari				
	KXLA-7	51.7	I	RANCHO PALOS VERDES, CA (ND				
	KXLA-9	51.9	<u> </u>	RANCHO PALOS VERDES, CA (G&				
	KXLA-12	51.12	I	RANCHO PALOS VERDES, CA (Evi				
	KBEH-TV	24	<u> </u>	OXNARD, CA				
	KBEH-2	24.2	I	OXNARD, CA (Guadalupe Radio TV				
	KBEH-3	24.3	I	OXNARD, CA (PanArmenian)				
	KBEH-4	24.4	I	OXNARD, CA (TVA)				
		T I	I	OXNARD, CA (1 USA)				
	KBEH-8	24.8						
	KBEH-8	24.8						
	KBEH-8 KLCS-TV	41	E	LOS ANGELES, CA (PBS)				
			E	LOS ANGELES, CA (PBS) LOS ANGELES, CA (PBS)				
	KLCS-TV	41						
	KLCS-TV KLCS-2	41 41.2	E	LOS ANGELES, CA (PBS)				
	KLCS-TV KLCS-2 KLCS-3	41 41.2 41.3	E	LOS ANGELES, CA (PBS) LOS ANGELES, CA (PBS)				

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEI 6'						
	Giggle Fiber, LLC									
	PRIMARY TRANSMITTERS:									
G	carried by your cable syste	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								
Primary	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									
ansmitters: Television		as explained in the next paragraph. s: With respect to any distant stations c	carried by your cable system on a su	bstitute program						
		rules, regulations, or authorizations: re in space G—but do list it in space I (t	(the Special Statement and Program	loo)if the						
	station was carried only on	n a substitute basis.		6,						
		also in space I, if the station was carrie ion concerning substitute basis stations								
	Column 1: List each statio	on's call sign. <i>Do not</i> report origination ed with a station according to its over-the	program services such as HBO, ESI	PN, etc. Identify each						
	"WETA-2" as the same on	the form.								
		nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community						
	Column 3: Indicate in each	h case whether the station is a network ering the letter "N" (for network), "N-M"								
	(for independent multicast)), "E" (for noncommercial educational),	or "E-M" (for noncommercial educati							
	•	terms, see page (iv) of the general instru- on of each station. For U.S. stations, lis	• •	h is licensed by the						
		adian stations, if any, give the name of t	2							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KOCE-TV	48	Е	HUNTINGTON BEACH, CA (PBS)						
	KOCE-2	48.2	E	HUNTINGTON BEACH, CA (PBS)						
	KOCE-3	48.3	E	HUNTINGTON BEACH, CA (PBS)						
	KOCE-4	48.4	E	HUNTINGTON BEACH, CA (PBS)						
	KDOC-TV	32	I	ANAHEIM, CA						
	KDOC-2	32.2	I	ANAHEIM, CA (ESNE)						
	KDOC-3	32.3	I	ANAHEIM, CA (MeTV)						
	KDOC-4	32.4	I	ANAHEIM, CA (Comet)						
	KDOC-5	32.5	l	ANAHEIM, CA (KVLA)						
	KRCA-TV	35	I	RIVERSIDE, CA (Estrella TV)						
	KRCA-2	35.2	I	RIVERSIDE, CA (Estrella TV 2)						
	KRCA-3	35.3	l	RIVERSIDE, CA (HTTV)						
	KRCA-6	35.6	I	RIVERSIDE, CA (STVUSA)						
	KJLA-TV	49	I	VENTURA, CA						
	KJLA-2	49.2	I	VENTURA, CA (VFTV)						
	KJLA-3	49.3	l	VENTURA, CA (VNATV)						
	KJLA-4	49.4	I	VENTURA, CA (SET)						
	KJLA-5	49.5	I	VENTURA, CA (Saigon TV)						
	KJLA-6	49.6	I	VENTURA, CA (VBS)						
	KJLA-7	49.7	I	VENTURA, CA (LSTV)						
	KJLA-8	49.8	l	VENTURA, CA (IBC)						
	KJLA-9	49.9	l	VENTURA, CA (ZWTV)						
		18	I	LONG BEACH, CA						
	KSCI-TV	1 10								
	KSCI-1V KSCI-2	18.2	I	LONG BEACH, CA (LA 18.2)						

Nama	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM					
Name	Giggle Fiber, LLC			618					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	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), or "E-M" (for independent multicast). For U.S. stations, list the community to which the station is licen							
	FCC. For Mexican or Canac 1. CALL SIGN	adian stations, if any, give the name of t	he community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION					
		_	J. THE OF OFAHOR						
	KSCI-4	18.4		LONG BEACH, CA (USArmonia)					
	KSCI-5	18.5		LONG BEACH, CA (USArmenia)					
	KSCI-6	18.6		LONG BEACH, CA (MBC America)					
	KSCI-7	18.7		LONG BEACH, CA (Shant TV USA)					
	KSCI-8	18.8	•	LONG BEACH, CA (LA 18.8)					
	KSCI-9	18.9	I	LONG BEACH, CA (YTV)					

ounting Period:	. 2017/1			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID 6182						
	Giggle Fiber, LLC									
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable system	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								
Primary			he carriage of certain network progran 61(e)(2) and (4))]; and (2) certain static							
ransmitters: Television	substitute program basis, as Substitute Basis Stations:	s explained in the next paragraph.	arried by your cable system on a subs							
		e in space G—but do list it in space I (i	the Special Statement and Program Lo	og)—if the						
			d both on a substitute basis and also							
	Column 1: List each station	n's call sign. <i>Do not</i> report origination	, see page (v) of the general instructio program services such as HBO, ESPN	N, etc. Identify each						
	"WETA-2" as the same on t	0	e-air designation. For example, report	t multistream						
	Column 2: Give the channe	el number the FCC assigned to the tele	evision station for broadcasting over th	ne air in its community						
		RC is channel 4 in Washington, D.C.								
			station, an independent station, or a r (for network multicast), "I" (for indepen							
			or "E-M" (for noncommercial education							
	For the meaning of these te	rms, see page (iv) of the general instr	uctions in the paper SA1-2 form.							
			t the community to which the station is							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.									
	FCC. For Mexican or Canac		,							
	FCC. For Mexican or Canac									
	FCC. For Mexican or Canac									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

all-band basis whose signals were generally receivable by your cable system during the accounting period.PrimeSpecial 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,PrimeTransmTransm	EGAL NAME OF Giggle Fiber								SYSTEM I 618
 Transmin Radius Topic regulations on this point, see page (v) of the general instructions in the. Topic regulations on this point, see page (v) of the general instructions in the. Topic regulations on this point, see page (v) of the general instructions in the. Topic regulations on this point, see page (v) of the general instructions in the. Topic regulations of each station carried. Column 1: Identify the call sign of each station carried. 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 w	n General: List	t every radio	station c	arried on a separate and disci					н
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION Image: Sign Sign Sign Sign Sign Sign Sign Sign	eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried b monitoring, to prmation abourn. dentify the cal itate whether the radio star this by placin Sive the statio	y the system be recent at the Control I sign of the station tion's signed g a checon n's locat	stem whenever it is received a sived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process of mark in the "S/D" column. ion (the community to which the	at the system's h system's FM an this point, see p sed by the cable he station is licer	eadend, and tenna, during age (v) of the system as a s nsed by the F	(2) it car certain general separate	n be expected, stated intervals. instructions in the. e 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	
Image: section of the section of th									
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Image: Second									

Accounting Perio	d: 2017/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Giggle Fiber, LLC						61828
					-		
	SUBSTITUTE CARRIAGE		-		-		
I	In General: In space I, identi						
Substitute	substitute basis during the ac explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				general mou		
Special	During the accounting period					twork tolovision prog	ram
Statement and	• •	•	Cable System	carry, on a substitute basi			X
Program Log	broadcast by a distant stat	.1011 ?				YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ust complete the prog	jram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more space				wherever pos	sible, if their meaning	gis
				sion program ("substitute p	orogram") tha	it. during the account	ina
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	d for the prog	ramming of another	station
	under certain FCC rules, re						
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy"	or
			lcast live, enter	"Yes." Otherwise enter "N	lo."		
	Column 3: Give the call s	sign of the s	tation broadca	sting the substitute progra	m.		
				e community to which the			in
	the case of Mexican or Can			community with which the s			nonth
	first. Example: for May 7 giv		when your sys				nonan
	Column 6: State the time	es when the		gram was carried by your o			ately
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that y	our system was rea	ired
	to delete under FCC rules a						
	was substituted for program						0
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM	1		IAGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO)
						-	
						_	
						_	
						_	
						_	

Accounting Period:	2017/1	FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Giggle Fiber, LLC		61828
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 servi s amount, see	ee 4,310.95
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	\$	0.05
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.05
	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 Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.05	
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	\$	67.05
	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		ghts!

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Giggle Fiber, LLC	SYSTEM ID# 61828
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	56 68
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name J. Michael Miller Telephone	213-743-0483
	Address 911 S. Primrose Ave (Number, street, rural route, apartment, or suite number) Monrovia, CA 91016 (City, town, state, zip)	
	Email mmiller@gigglefiber.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	tem as identified
	Typed or printed name: J. Michael Miller Title: Vice-President, Operations	
	(Title of official position held in corporation or partnership) Date: 10/03/17	

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 telephon 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 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 t 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 lave

				FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM II
ggle Fiber, LLC				6182
 SPECIAL STATEMENT CONCERNING GROSS R The Satellite Home Viewer Act of 1988 amended Title 17, sec lowing sentence: "In determining the total number of subscribers and the service of providing secondary transmissions of prima scribers and amounts collected from subscribers received. For more information on when to exclude these amounts, see located in the paper SA1-2 form. During the accounting period, did the cable system exclude a made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) be 	ction 111(d)(1)(A), of the C e gross amounts paid to th ry broadcast transmitters, t iving secondary transmission e the note on page (vii) of th ny amounts of gross receip	opyright Act by adding the cable system for the light for the system shall not income pursuant to section to section the general instructions for secondary transmosts for secondary transmosts.	basic lude sub- 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address			
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments For an explanation of interest assessment, see page (viii) of t				Q
				I
Line 1 Enter the amount of late payment or underpayment.		\$	52.00 1%	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment . Line 2 Multiply line 1 by the interest rate* and enter the sum		x	1% 0.52	Interest Assessmen
	here	x	1% 0.52 33 days 17.16	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum	here	x x	1% 0.52 33 days 17.16 74 0.05	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.go</i> contact the Licensing Division at (202) 707-8150 or licen	here	x	1% 0.52 33 days 17.16 774 0.05 harge)	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.go</i>	here he sum here or block 3 line 6 ov/licensing/interest-rate.pc nsing@loc.gov. erest assessment for one d f account already submitted	xxxx 0.002 \$ (interest cf ff. For further assistance lay late. d to the Copyright Office	1% 0.52 33 days 17.16 274 0.05 narge) 2e please e, please	Interest Assessme
 Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the 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 * To view the interest rate chart click on <i>www.copyright.go</i> contact the Licensing Division at (202) 707-8150 or licer ** This is the decimal equivalent of 1/365, which is the inter NOTE: If you are filing this worksheet covering a statement of 	here he sum here or block 3 line 6 ov/licensing/interest-rate.pc nsing@loc.gov. erest assessment for one d f account already submitted	xxxx 0.002 \$ (interest cf ff. For further assistance lay late. d to the Copyright Office	1% 0.52 33 days 17.16 274 0.05 narge) 2e please e, please	Interest Assessme

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