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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
Cable System	ns (Short Form) otions are located of this workbook	02/02/2018	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
	2017/2	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 th of the subsidiary, not that of the parent co		iary of another corporation, give the full corp	oorate title
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a single statement of account and royalty fer	.	e last day of the accounting period should su ng period.	bmit a
	Check here if this is the system's first filing	. If not, enter the system's ID number as	ssigned by the Licensing Division.	61828
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		ADDIEDO OF CADLE OTOTEM		
	Giggle Fiber, LLC			
	BUSINESS NAME(S) OF OWNER OF	CADLE STOTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		

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

MONROVIA, CA 91016

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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.

911 S PRIMROSE AVENUE (Number, street, rural route, apartment, or suite number)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Giggle Fiber, LLC	613
D	Instructions: List each separate community served by the cable system. A "comn "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	nunity" is the same as a "community unit" as defined in FCC ru d communities within unincorporated areas and including sing ou list will serve as a form of system identification hereafter kn s.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	ile home parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First Community	ARCADIA MONROVIA	CALIFORNIA CALIFORNIA
d Rows as Necessary		

								FORM SA1	-2E. PAG							
Name	LEGAL NAME OF OWNER OF C Giggle Fiber, LLC	ABLE SYSTEM						313	618							
F	SECONDARY TRANSMISSION															
E	In General: The information in s	-		-		•										
Secondary	system, that is, the retransmission about other services (including particulation)															
Transmission	last day of the accounting period	, , ,			,											
Service: Sub-	Number of Subscribers: Both						ble system	, broken								
scribers and	down by categories of secondar					•										
Rates	each category by counting the n separately for the particular service			••••		•		charged								
	Rate: Give the standard rate of							ge and the								
	unit in which it is generally billed	l. (Example: "\$2	20/mth")	. Summarize a	ny standa	rd rate variation	s within a	particular rate								
	category, but do not include disc				tion of ooo	andan (transmi										
	Block 1: In the left-hand block systems most commonly provide			-		•										
	that applies to your system. Not															
	categories, that person or entity						•									
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the								
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those								
	printed in block 1 (for example, t	-		•												
	with the number of subscribers a															
	sufficient.						D LOOL									
	BLO				BLOCK	NO. OF										
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA							
	Residential:															
	Service to first set	4	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	s											
-	In General: Space F calls for ra				-	Il your cable sys	stem's serv	vices that were								
F	not covered in space E, that is, t					,	-									
Services	service for a single fee. There al furnished at cost or (2) services	•			0											
Other Than	amount of the charge and the ur															
Secondary	enter only the letters "PP" in the		,	, , .		J		- 3 ,								
Secondary	Block 1: Give the standard rate	te charged by t		e system for ea												
ransmissions:		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 share was made as established. List these other services in the form of a														
•	Block 2: List any services that				U U	•	vices in the	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.								
ransmissions:	Block 2: List any services that listed in block 1 and for which a	separate charg	je was n	nade or establi	U U	•	vices in the									
ransmissions:	Block 2: List any services that listed in block 1 and for which a	separate charge	je was n de the ra	nade or establi	U U	•	vices in the									
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charge ption and inclue BLO(je was n de the ra CK 1	nade or establi ite for each.	shed. List	these other ser		BLOCK 2	RA							
ransmissions:	Block 2: List any services that listed in block 1 and for which a	separate chargotion and includ BLO(RATE	e was n de the ra CK 1 CATEG	nade or establi	shed. List	•		BLOCK 2 DRY OF SERVICE	RA							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate chargotion and includ BLO(RATE	e was n de the ra CK 1 CATEG Installa	nade or establi ite for each. ORY OF SER	shed. List	these other ser			RA							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and includ BLOC RATE	e was n de the ra CK 1 CATEG Installa • Mot	nade or establi ite for each. ORY OF SER tion: Non-res	shed. List	these other ser			RA							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate chargotion and includ BLOC RATE	ge was n de the ra CK 1 CATEG Installa • Mot • Con	nade or establi te for each. ORY OF SER tion: Non-res el, hotel	shed. List	these other ser			RAT							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate chargotion and includ BLOC RATE	de was n de the ra CK 1 CATEG Installa • Mot • Con • Pay	ORY OF SER tion: Non-res el, hotel nmercial	shed. List	these other ser			RAT							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate chargotion and includ BLOC RATE	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay	or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	shed. List	these other ser			RA							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	separate chargotion and includ BLOC RATE	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch	shed. List	these other ser			RA							
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate chargotion and inclue BLOC RATE 7.34 45.00	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	shed. List	these other ser			RA							
ransmissions:	Block 2: List any services that listed in block 1 and for which a 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	separate chargotion and inclue BLOC RATE 7.34 45.00	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	shed. List	these other ser			RA							
ransmissions:	Block 2: List any services that listed in block 1 and for which a 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)	separate chargotion and inclue BLOC RATE 7.34 45.00	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn • Rec	ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection services:	shed. List	these other ser			RA							
ransmissions:	Block 2: List any services that listed in block 1 and for which a 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)	separate chargotion and inclue BLOC RATE 7.34 45.00	e was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc	ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection eervices: onnect	shed. List	these other ser			RA							

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Giggle Fiber, LLC			618
	PRIMARY TRANSMITTERS:	TELEVISION		
G	In General: In space G, ide carried by your cable syste FCC rules and regulations	lentify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	(1) stations carried only on a part e carriage of certain network prog	t-time basis under grams [sections
Primary ransmitters: Television	substitute program basis, a Substitute Basis Stations basis under specific FCC r	(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can rules, regulations, or authorizations: re in space G, but do list it in space I (the	rried by your cable system on a s	ubstitute program
	station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. nel number the FCC assigned to the telev	l both on a substitute basis and al see page (v) of the general instru rogram services such as HBO, ES -air designation. For example, re	so on some other ctions. SPN, etc. Identify each port multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	VRC is channel 4 in Washington, D.C. h case whether the station is a network s rering the letter "N" (for network), "N-M" (fi), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of the	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	pendent), "I-M" itional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTBN-TV	33	<u> </u>	SANTA ANA, CA
	KTBN-2	33.2	<u> </u>	SANTA ANA, CA (HILLSONG)
Rows as Necessary	KTBN-3	33.3	I	SANTA ANA, CA (JUCE TV)
	KTBN-4	33.4	I	SANTA ANA, CA (ENLACE)
	KTBN-5	33.5	I	SANTA ANA, CA (SOAC)
	•••••••••••••••••••••••••••••••••••••••			
	1			
	KXLA-2	51.2	I	RANCHO PALOS VERDES, CA (H&
	KXLA-2 KXLA-3	<u>51.2</u> 51.3		RANCHO PALOS VERDES, CA (H& RANCHO PALOS VERDES, CA (Skj
			 	RANCHO PALOS VERDES, CA (Sk
	KXLA-3	51.3	 	RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Sk
	KXLA-3 KXLA-4	51.3 51.4	 	RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Ari
	KXLA-3 KXLA-4 KXLA-5	51.3 51.4 51.5		RANCHO PALOS VERDES, CA (Sky RANCHO PALOS VERDES, CA (Sky RANCHO PALOS VERDES, CA (Ari RANCHO PALOS VERDES, CA (ND
	KXLA-3 KXLA-4 KXLA-5 KXLA-7	51.3 51.4 51.5 51.7		RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Ari RANCHO PALOS VERDES, CA (ND
	KXLA-3 KXLA-4 KXLA-5 KXLA-7 KXLA-9	51.3 51.4 51.5 51.7 51.9		RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Ari RANCHO PALOS VERDES, CA (ND
	KXLA-3 KXLA-4 KXLA-5 KXLA-7 KXLA-9 KXLA-12	51.3 51.4 51.5 51.7 51.9 51.12		RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Ari RANCHO PALOS VERDES, CA (ND RANCHO PALOS VERDES, CA (G8 RANCHO PALOS VERDES, CA (Evi OXNARD, CA
	KXLA-3 KXLA-4 KXLA-5 KXLA-7 KXLA-9 KXLA-12 KBEH-TV	51.3 51.4 51.5 51.7 51.9 51.12 24		RANCHO PALOS VERDES, CA (Sky RANCHO PALOS VERDES, CA (Sky RANCHO PALOS VERDES, CA (Ari RANCHO PALOS VERDES, CA (ND RANCHO PALOS VERDES, CA (G& RANCHO PALOS VERDES, CA (Evi OXNARD, CA
	KXLA-3 KXLA-4 KXLA-5 KXLA-7 KXLA-9 KXLA-12 KBEH-TV KBEH-2	51.3 51.4 51.5 51.7 51.9 51.12 24 24.2		RANCHO PALOS VERDES, CA (Sky RANCHO PALOS VERDES, CA (Sky RANCHO PALOS VERDES, CA (Ari RANCHO PALOS VERDES, CA (And RANCHO PALOS VERDES, CA (G& RANCHO PALOS VERDES, CA (Evi OXNARD, CA OXNARD, CA (Guadalupe Radio TV
	KXLA-3 KXLA-4 KXLA-5 KXLA-7 KXLA-9 KXLA-12 KBEH-TV KBEH-2 KBEH-3	51.3 51.4 51.5 51.7 51.9 51.12 24 24.2 24.3		RANCHO PALOS VERDES, CA (Sky RANCHO PALOS VERDES, CA (Sky RANCHO PALOS VERDES, CA (Sky RANCHO PALOS VERDES, CA (Ari RANCHO PALOS VERDES, CA (MD RANCHO PALOS VERDES, CA (MD RANCHO PALOS VERDES, CA (G& RANCHO PALOS VERDES, CA (G& RANCHO PALOS VERDES, CA (G& OXNARD, CA OXNARD, CA (Guadalupe Radio TV OXNARD, CA (PanArmenian) OXNARD, CA (TVA)
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	KXLA-3 KXLA-4 KXLA-5 KXLA-7 KXLA-9 KXLA-12 KBEH-TV KBEH-2 KBEH-3 KBEH-4 KBEH-8 KLCS-TV	51.3 51.4 51.5 51.7 51.9 51.12 24 24.2 24.3 24.4 24.4 24.8 41		RANCHO PALOS VERDES, CA (Ski RANCHO PALOS VERDES, CA (Ski RANCHO PALOS VERDES, CA (Ski RANCHO PALOS VERDES, CA (Ari RANCHO PALOS VERDES, CA (MD RANCHO PALOS VERDES, CA (MD RANCHO PALOS VERDES, CA (G8 OXNARD, CA OXNARD, CA OXNARD, CA (Guadalupe Radio TV OXNARD, CA (PanArmenian) OXNARD, CA (1 USA) LOS ANGELES, CA (PBS)
	KXLA-3 KXLA-4 KXLA-5 KXLA-7 KXLA-9 KXLA-12 KBEH-TV KBEH-2 KBEH-3 KBEH-4 KBEH-4 KBEH-8 KLCS-TV KLCS-2	51.3 51.4 51.5 51.7 51.7 51.9 51.12 24 24.2 24.3 24.4 24.8 41 41.2	E	RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (MD RANCHO PALOS VERDES, CA (ND RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (ND RANCHO PALOS VERDES, CA (Sk RANCHO PALOS VERDES, CA (Gk RANCHO PALOS VERDES, CA (Ev OXNARD, CA OXNARD, CA (Guadalupe Radio TV OXNARD, CA (PanArmenian) OXNARD, CA (TVA) OXNARD, CA (1 USA) LOS ANGELES, CA (PBS) LOS ANGELES, CA (PBS)

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 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 informatio Column 1: List each station	entify every television station (including m during the accounting period, except in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carried	ot (1) stations carried only on a part the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain st carried by your cable system on a si	t-time basis under grams [sections tations carried on a ubstitute program
In General: In space G, ide carried by your cable syster 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 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 informatio Column 1: List each station	entify every television station (including m during the accounting period, except in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carried	ot (1) stations carried only on a part the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain st carried by your cable system on a si	t-time basis under grams [sections tations carried on a ubstitute program
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 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 informatio Column 1: List each station	m during the accounting period, except in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carried	ot (1) stations carried only on a part the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain st carried by your cable system on a si	t-time basis under grams [sections tations carried on a ubstitute program
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Substitute Basis Stations: 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 informatio Column 1: List each station	With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie		
• Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station	e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie	the Special Statement and Program	
• List the station here, and a basis. For further informatio Column 1: List each station	also in space I, if the station was carrie		n Log)—If the
basis. For further informatio Column 1: List each station	•	ed both on a substitute basis and al	iso on some other
		s, see page (v) of the general instruc	ctions.
municasi siream associated	n's call sign. <i>Do not</i> report origination d with a station according to its over-th		•
"WETA-2" as the same on the common terms of the common sector of the com		levision station for broadcasting ove	er the air in its community
of license. For example, W	/RC is channel 4 in Washington, D.C.		
(for independent multicast),	, "E" (for noncommercial educational),	or "E-M" (for noncommercial educa	
			n is licensed by the
FCC. For Mexican or Canac	dian stations, if any, give the name of f	the community with which the static	on is identified.
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KPXN-5	38.5	l	SAN BERNADINO, CA (QVC)
KOCE-TV	48	E	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	<u> </u>	ANAHEIM, CA
KDOC-2	32.2	I	ANAHEIM, CA (ESNE)
KDOC-3	32.3	I	ANAHEIM, CA (MeTV)
KDOC-4	32.4	l	ANAHEIM, CA (Comet)
KDOC-5	32.5	I	ANAHEIM, CA (KVLA)
KRCA-TV	35	l	RIVERSIDE, CA (Estrella TV)
		l	RIVERSIDE, CA (Estrella TV 2)
			RIVERSIDE, CA (HTTV)
			RIVERSIDE, CA (STVUSA)
			VENTURA, CA
		-	VENTURA, CA (VFTV)
		- 	VENTURA, CA (VNATV)
		•	VENTURA, CA (SET)
			VENTURA, CA (Sel)
			VENTURA, CA (VBS)
			VENTURA, CA (IBC)
	49.9	I	VENTURA, CA (ZWTV) LONG BEACH, CA
	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 location FCC. For Mexican or Canad I. CALL SIGN KPXN-5 KOCE-7V KOCE-2 KOCE-3 KOCE-4 KDOC-7V KDOC-2 KDOC-3 KDOC-4 KDOC-5	of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network educational station, by entering the letter "N" (for network), "N-M" (for independent multicast), "E" (for noncommercial educational), For the meaning of these terms, see page (iv) of the general insti Column 4: Give the location of each station. For U.S. stations, lis FCC. For Mexican or Canadian stations, if any, give the name of 1. CALL SIGN 2. B'CAST CHANNEL NUMBER KPXN-5 38.5 KOCE-TV 48 KOCE-2 48.2 KOCE-3 48.3 KOCE-4 48.4 KDOC-TV 32 KDOC-2 32.2 KDOC-3 32.3 KDOC-4 32.4 KDOC-5 32.5 KRCA-1V 35 KRCA-2 35.2 KRCA-3 35.3 KRCA-6 35.6 KJLA-TV 49 KJLA-2 49.2 KJLA-5 49.5 KJLA-7 49.7 KJLA-8 49.8 KJLA-9 49.9	Column 3: Indicate in each case whether the station is a network station, an independent station, or educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for oncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational) and these terms, see page (iv) of the general instructions in the paper SA1-2 form.Column 4: Give the location of each station. For U.S. stations, list the community to which the statioFCC. For Mexican or Canadian stations, if any, give the name of the community with which the statioKPXN-538.5IKOCE-TV48EKOCE-248.2EKOCE-348.3EKOCE-448.4EKDOC-7V32IKDOC-232.2IKDOC-332.3IKDCC-432.4KDC-532.5IKRCA-1V35KRCA-2KRCA-3KRCA-3KACA-4KACA-5KACA-5KACA-6KACA-6KACA-6KACA-7KACA-7KACA-7KACA-7KACA-6KACA-7KACA-7KACA-6KACA-6KACA-6KACA-6KACA-7KACA-6KACA-7KACA-7KACA-7KACA-6KACA-7KACA-6KACA-6KACA-6KACA-6KACA-6<

unting Period:				
Name		F CABLE SYSTEM:		SYSTEM ID 6182
	Giggle Fiber, LLC	TELEVICION		0102
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p of with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial education to community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each oort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	4. LOCATION OF STATION		
	KSCI-2	2. B'CAST CHANNEL NUMBER 18.2	3. TYPE OF STATION	LONG BEACH, CA (LA 18.2)
		18.3		
	KSC1-3			
	KSCI-3		 	LONG BEACH, CA (MBCD)
	KSCI-4	18.4	l	LONG BEACH, CA (CGNTV)
	KSCI-4 KSCI-5	18.4 18.5	1 1 1	LONG BEACH, CA (CGNTV) LONG BEACH, CA (USArmenia)
	KSCI-4 KSCI-5 KSCI-6	18.4 18.5 18.6	l	LONG BEACH, CA (CGNTV) LONG BEACH, CA (USArmenia) LONG BEACH, CA (MBC America)
	KSCI-4 KSCI-5 KSCI-6 KSCI-7	18.4 18.5 18.6 18.7	l	LONG BEACH, CA (CGNTV) LONG BEACH, CA (USArmenia) LONG BEACH, CA (MBC America) LONG BEACH, CA (Shant TV USA)
	KSCI-4 KSCI-5 KSCI-6 KSCI-7 KSCI-8	18.4 18.5 18.6 18.7 18.8	l	LONG BEACH, CA (CGNTV) LONG BEACH, CA (USArmenia) LONG BEACH, CA (MBC America) LONG BEACH, CA (Shant TV USA) LONG BEACH, CA (LA 18.8)
	KSCI-4 KSCI-5 KSCI-6 KSCI-7	18.4 18.5 18.6 18.7	l	LONG BEACH, CA (CGNTV) LONG BEACH, CA (USArmenia) LONG BEACH, CA (MBC America) LONG BEACH, CA (Shant TV USA)
	KSCI-4 KSCI-5 KSCI-6 KSCI-7 KSCI-8	18.4 18.5 18.6 18.7 18.8	l	LONG BEACH, CA (CGNTV) LONG BEACH, CA (USArmenia) LONG BEACH, CA (MBC America) LONG BEACH, CA (Shant TV USA) LONG BEACH, CA (LA 18.8)
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	ounting Period	2017/2			FORM SA1-2E. PAGE 3
Giggle Fiber, LLC 61822 G 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 not list the station here in space —but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only 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. Do not report orgination 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 3: livice the chancel 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: livice the function of each station, Si a network station, an independent station, or a noncommercial educational	Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
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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 instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.			0	evision station for broadcasting over th	ne air in its community
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 instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.				station, an independent station. or a r	noncommercial
For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.		educational station, by ente	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indeper	ndent), "I-M"
Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.					nal multicast).
					licensed by the
1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION Image: I		FCC. For Mexican or Canad	dian stations, if any, give the name of	the community with which the station is	s identified.
1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION Image: State S					
1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION Image: State S					
Image: section of the section of th		1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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Giggle Fibe	r, LLC		YSTEM:						SYSTEM 618
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca						н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li isignal, indicate Column 4: C	it is carried b monitoring, to ormation abou rm. dentify the cal state whether the radio state this by placing Sive the station	y the sys be rece it the Co I sign of the station's sig g a checo n's locat	II-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process is mark in the "S/D" column. ion (the community to which the the community with which the	at t e sy n thi sseo the	he system's he stem's FM ant is point, see pa d by the cable station is licer	eadend, and (enna, during age (v) of the system as a s used by the Fe	(2) it car certain s general separate	a be expected, stated intervals. instructions in the.	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	od: 2017/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Giggle Fiber, LLC							61828
	SUBSTITUTE CARRIAG				G			
			-		-	tion that va		tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general in			/(1 2 10111.
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	riod, did yoi	ur cable syster	n carry, on a substitute ba	sis, any noni	network tele	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
0 0	Neter If your anowar is "No	" loovo tha	reat of this no	an blook. If your oppyor is	"Vee" veu			
	Note: If your answer is "No	, leave the	e rest of this pa	ige blank. If your answer is	s res, you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if t	neir meaning	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					oxampio, i	Lovo Luoy	01
			dcast live, ent	er "Yes." Otherwise enter '	'No."			
				asting the substitute progr				
				the community to which th			the FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	lentified).		
			when your sy	stem carried the substitute	e program. U	se numeral	s, with the n	nonth
	first. Example: for May 7 gi						e	- 1 - 1 -
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example.	a program can	ned by a system from 6.01	. 15 p.m. to c	5.26.30 p.m	. should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	m was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program							og. um
	effect on October 19, 1976			•		Ū		
								ſ
						N SUBSTI		
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
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Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Giggle Fiber, LLC	S	YSTEM ID# 61828
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	4,773.20 sss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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.	63,800	
	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	his six-mon	
	accounting period is \$52.00 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 \$137,1)		32.03
	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		<u> </u>
	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 informati		hts!

Accounting Period:	2017/2	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 to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	stations
	Enter the total number of channels on which the cable system carried television broadcast stations	56
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	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 T	elephone 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 reg 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 ' (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ident 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 conta 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)] 	l of space B; or the cable system as identified ified as owner of the cable system
	X /s/ John Michael Miller Enter an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	t.
	Typed or printed name: J. Michael Miller Title: Vice-President, Operations (Title of official position held in corporation or partnership)	
	Date: 02/02/18	

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.

counting Period: 2017/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ggle Fiber, LLC	6182
 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 Mailing Address	
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52 x 33 days Line 3 Multiply line 2 by the number of days late and enter the sum here 17.16 x 0.00274	_
x 33 days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 33 Line 3 Multiply line 2 by the number of days late and enter the sum here 17.16 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ 0.05	
x 33 Aussion 17.16 x 0.00274 Line 3 Multiply line 2 by the number of days late and enter the sum here 17.16 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ 0.05 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
x 33 Line 3 Multiply line 2 by the number of days late and enter the sum here 17.16 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ 0.05 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
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