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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
8-27-19	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Innovative Financial Technologies dba AW Broadband
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		AW Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 20561 (Number, street, rural route, apartment, or suite number)
		Amarillo, TX 79114 (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 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	(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.

Accounting Period:	2019/1	FORM SA1-2E. PAGE 1b.									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name		32279									
	Innovative Financial Technologies dba AW Broadband										
	Instructions: List each separate community served by the cable system. A "communit										
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,										
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known										
	as the "first community." Please use it as the first community on all future filings.										
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the										
Area Served	identified city.										
Serveu											
	OUT / OR TOWN	0-1									
	CITY OR TOWN	STATE									
First	CROSBYTON	TX									
Community											
Add Rows as Necessary											
Add Nows as Necessary											

Accounting Period: 2019/1

FORM SA1-2F_PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 32279

Innovative Financial Technologies dba AW Broadband

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service 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, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:	00000111021110		57.12551X1 51 52.1X152	ooboobe				
 Service to first set 	12	25.99						
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel	3	25.99						
Commercial								
Converter								
 Residential 								
Non-residential								
		Ī						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1					
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					
	Installation: Non-residential				
13.95	Motel, hotel				
	Commercial				
	• Pay cable				
	Pay cable-add'l channel				
	Fire protection				
49.95	Burglar protection				
	Other services:				
	Reconnect				
	Disconnect				
	Outlet relocation				
	Move to new address				
	more to new agained				
	13.95 13.95	RATE CATEGORY OF SERVICE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect	RATE CATEGORY OF SERVICE RATE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

SYSTEM ID# 32279

Innovative Financial Technologies dba AW Broadband

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF 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, except (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 G—but do list it in space I (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 origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general 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.

Add Rows as Necessary

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
KJTV	34	l	LUBBOCK, TX
KLBK	13	N	LUBBOCK, TX
КТХТ	5	E	LUBBOCK, TX
KUPT	22	<u> </u>	LUBBOCK, TX
КРТВ	16	l	LUBBOCK, TX
KLCW	43	<u> </u>	LUBBOCK, TX
KXTQ	46	<u> </u>	LUBBOCK, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Innovative Financial Technologies dba AW Broadband

32279

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special 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, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

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 to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

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							FOR	M SA1-2E. PAGE 5.	
Name	Innovative Financial T			Broadband				SYSTEM ID# 32279	
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEMEI	NT AND PROGRAM I	ng.				
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or a	uthorizations.	For a further	
Carriage:	1. SPECIAL STATEMEN								
Special	During the accounting per				sis anv nonn	etwork telev	sion progran	n	
Statement and	broadcast by a distant sta	•			o.o, a,		YES	X NO	
Program Log	_				(C) / 11		_		
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	s "Yes," you n	nust complet	e the prograi	m	
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broad the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ce, please a of every no distant stati gulations, o ies like "mo Bulls." In was broad sign of the sadcast static atth and day ye "5/7." es when the Example: a er "R" if the	am on a separaradd additional renetwork televition and that your authorizations vies" or "basked dcast live, enterstation broadca on's location (thons, if any, the owner your system substitute program carried listed program	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the get tball." List specific program "Yes." Otherwise enter sting the substitute program community to which the community with which the tem carried the substitute gram was carried by you ed by a system from 6:01 was substituted for program.	e program") the d for the proneral instruction titles, for e "No." re station is lide to program. Us reable system: 15 p.m. to 6 ramming that	ensed by the entified). List the tir 28:30 p.m. s	e accounting fanother stater information ove Lucy" or e FCC or, in with the mornes accurate should be	tion n. nth	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete und				T	
		HIRSTITLIT	TE PROGRAM	1		IEN SUBST RIAGE OCC			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
									
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Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Innovative Financial Technologies dba AW Broadband	S'	YSTEM ID: 32279
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	e 9,056.67
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.		
	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 fo accounting period is \$52.00	r 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		
	1. Base amount under statutory formula	,	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K	_	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	?7,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	- 1	
	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)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	·	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period:	2019/1									FORM SA1-2E. PAGE	E 7
Name	LEGAL NAME OF OWNE Innovative Financia	R OF CABLE SYSTEM: al Technologies dba A	AW Broad	dband						SYSTEM I	
M Channels	to its subscribers, and 1. Enter the total numl system carried televi 2. Enter the total numl on which the cable s	ust give (1) the number of I (2) the cable system's to ber of channels on which ision broadcast stations. ber of activated channels system carried television I ervices	otal number of the cable of the cable of the cable of the cable	er of activated	d channels durir	ng the acc	counting period	d.		9 43	
N Individual to Be Contacted		CONTACTED IF FURTHI this statement of accoun		RMATION IS	NEEDED (Ident	tify an ind	lividual to who	m			
for Further Information	Name Ma	tthew Carpenter						Telephone	806-236-95	58	
	(Nun	D Box 20561 mber, street, rural route, apartn marillo, TX 79114 town, state, zip)	ment, or suite	e number)							
	Email	mcarpenter@aw	wbroadba	and.net			Fax (optiona	l)			
O Certification	I, the undersigned, here (Owner other (Agent of over in line 1) X (Officer or in line 1) I have examined the s	Typed or printed Title:	artnership) artnership) artnership) artnership) artner is not f a corporate thereby decly knowledge Enter an e Enter sign a name:	rtnership) I am the own rtnership) I am the own rtnership) I am t a corporation tion) or a partr clare under per e, information, /s/ Matthee lectronic signa nature using an	oxes.) The ref the cable so the duly author or partnership; the ref (if a partnership) that a sality of law that a	system as prized ager or ship) of the all stateme are made in above to complete the complete to complete the	identified in line at of the owner legal entity ide ents of fact cont in good faith.	e 1 of space B of the cable sy intified as own tained herein	stem as identifie		
		Date.					0/20/18				

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Accounting Period: 2019/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Innovative Financial Technologies dba AW Broadband	32279
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."	P Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
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	
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 block 3 line 6	
* 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.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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