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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/26/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Λ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
_		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	
B		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.	
		24191	
		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	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		RB3, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Reach Broadband	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 430	
		(Number, street, rural route, apartment, or suite number) Canon City, CO 81215-0430	
		(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	•
	name	es 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	RB3, LLC Instructions: List each separate community served by the cable system. A "com	24191
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mole	ile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	WEST ODESSA	ТХ
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					FORM SA1	
Name	RB3, LLC							2419
E Secondary Transmission Service: Sub-	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both	pace E should on of television bay cable) in sp I (June 30 or D	cover all catego and radio broad ace F, not here. ecember 31, as	ries of secondar casts by your sy All the facts you the case may be	ystem to subscrib u state must be th e).	oers. Give nose existi	nformation ng on the	
scribers and Rates	down by categories of secondary each category by counting the miseparately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for cat first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, the system) and the second	umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the to their subsc where an ind should be cour ble service to a once again und has rate catego iers of services	is in that catego indicated—not th h category of se 20/mth"). Summa for advance pay e form lists the c ribers. Give the dividual or organ ted as a subscr additional sets w er "Service to ac ories for second that include on	ry (the number of se rvice. Include bo arize any standa ment. ategories of sec number of subso ization is receiv iber in each app rould be included Iditional set(s)." ary transmission e or more secon	of persons or orgats ts receiving servi- both the amount of and rate variations condary transmiss cribers and rate f ing service that fo blicable category. d in the count und service that are idary transmissio	anizations ce). f the charg s within a p sion servic or each lis alls under Example: der "Servic different fr ns), list the	charged e and the articular rate e that cable ted category different a residential te to the om those em, together	
	with the number of subscribers a sufficient.		e right-hand bloo	k. A two- or thre	e-word description			
	BLO	OCK 1 NO. OF				BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		E CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	• Service to first set		258 2	7.20				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel		15 2	7.20				
	Commercial							
	Converter							
	Residential							
	Non-residential							
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) information hat are not offerns: you do not n ished to nonsut usually billed. If ne cable system tem furnished of e was made or	with respect to a red in combination eed to give rate oscribers. Rate in any rates are cl for each of the r offered during established. List	on with any seco information conc nformation should harged on a varia applicable servic the accounting p	ndary trans ærning (1) d include b able per-pr es listed. æriod that	smission services oth the ogram basis, were not	
		BLO					BLOCK 2	-
	CATEGORY OF SERVICE	RATE	CATEGORY O		RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services: Pay cable	13.70	 Motel, hotel 					
	Pay cable Add'l channel	13.70	Commercia					
	• Fire protection		Pay cable					
	•Burglar protection		Pay cable-a	dd'l channel				
	Installation: Residential		Fire protect					
	• First set	49.95	Burglar pro					
			Other services					
	 Additional set(s) 							
	 Additional set(s) FM radio (if separate rate) 		 Reconnect 		29.95			
			 Reconnect Disconnect 		29.95			
	• FM radio (if separate rate)			ation	29.95 29.95			

nting Period:	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF RB3. LLC	CABLE SYSTEM:		8YSTEM ID# 24191
	RB3, LLC PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations i 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 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 location	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin the carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepe- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" inal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMID	26	N	MIDLAND, TX
	KMLM	42		ODESSA, TX
s Necessary	KOSA	7	N	ODESSA, TX
,	KPBT	38	E	MIDLAND, TX
	KPEJ	23	N	ODESSA, TX
	KUPB	18	l	ODESSA, TX
	KWES	9	N	ODESSA, TX
	ĸwwt	30	I	ODESSA, TX
	KTLE	6	I	ODESSA, TX

Accounting P	Period: 2019	/2					FORM	I SA1-2E. PAGE 4
LEGAL NAME OF RB3, LLC	FOWNER OF (CABLE SY	/STEM:					SYSTEM ID 2419
PRIMARY TRA	Nemittede							
In General: Lis	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call state whether f the radio state this by placing Sive the station	y the sys be recein at the Co l sign of o the static ion's sign g a chech n's locati	I-Band FM Carriage: Under 0 stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can œrtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	RB3, LLC							24191
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, identi	-	-		-	ion, that your	cable svste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	norizations.	For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	-	ir cable system	carry, on a substitute bas	is, any nonne	twork television	on program	
Program Log	broadcast by a distant sta	tion?					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 t	the program	n
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their ı	meaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") tha	t during the :	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							1.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			ith the mon	ith
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sno	buid be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	ind regulation	s in	
					<u>тг</u>			I
			TE PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
							-	
						_		
			1				<u> </u>	
							-	
								
							-	
							-	
						_	-	
							-	
						_	-	
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						_		
						-		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RB3, LLC	S	YSTEM ID# 24191
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 servic s amount, see	e 5,268.78
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		10.00]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME O RB3, LLC	OF OWNER OF CABLE SYSTEM:			SYSTEM ID# 24191
M Channels	to its subscrib	pers, and (2) the cable system's	s total numb	Is on which the cable system carried television broadcast stations ber of activated channels during the accounting period.	
		otal number of channels on whi ied television broadcast station		le	9
	on which the	otal number of activated channe e cable system carried televisic adcast services	on broadcas	st stations	51
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of acco		PRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Jeffery Lowe		Telephone	303-944-9455
	Address	PO Box 430 (Number, street, rural route, apa	artment, or su	ite number)	
		Canon City, CO 812 (City, town, state, zip)	215-0430)	
	Email	jlowe@reacht	broadband	I.net Fax (optional)	
0	CERTIFICATIO	DN (This statement of account i	must be ce	rtified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersi	gned, hereby certify that (Check	one, <i>but on</i>	<i>ly one</i> , of the boxes.)	
	(Ow	vner other than corporation or	partnershi	p) I am the owner of the cable system as identified in line 1 of space B	; or
				artnership) I am the duly authorized agent of the owner of the cable sy ot a corporation or partnership; or	ystem as identified
	X (Of	fficer or partner) I am an officer in line 1 of space B.	(if a corpor	ation) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
	are true, comp		-	clare under penalty of law that all statements of fact contained herein ye, information, and belief, and are made in good faith.	
			<u> </u>	/s/ Jeffery Lowe	
				electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	ed name:	Jeffery Lowe	
		Title: (Title o		Controller ion held in corporation or partnership)	

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unting Period: 2019/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
, LLC	241
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 for lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.	sub- Special Statemer Concerning Gros
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 Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?	ions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	m. Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form Line 1 Enter the amount of late payment or underpayment	m. Q Interest Assessment -
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