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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ms (S	Short Form)			<u>coplicsoa@copyright.gov</u>
				\$	For additional information, contact the U.S. Copyright
General instru	ctions	are located			Office Licensing Division at:
in the first tab	of this	workbook	02/27/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
	1				
Α	ACCO	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))	
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
1					
			Barcode Data Filing Period (optiona	Il - see instructions)	
Accounting Period					
		Instructions:			
В				idiary of another corporation, give the full cor	porate title
D		of the subsidiary, not that of the parent co	rporation.		
Owner		List any other name or names under which	the owner conducts the business of t	the cable system.	
				the last day of the accounting period should su	ubmit a
		single statement of account and royalty fe	e payment covering the entire accoun	iting period.	63646
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	63646
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		yondoo Broadband LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	")	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 22467			
		(Number, street, rural route, apartment, or suite nu	umber)		
		Baltimore MD 21203 (City, town, state, zip)			
^	INSTR	RUCTIONS: In line 1, give any busing	ess or trade names used to ide	ntify the business and operation of the	system unless these
С	names	s already appear in space B. In line 2	2, give the mailing address of th	e system, if different from the address	given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	⊢.	yondoo Eugene			
	1	MAILING ADDRESS 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 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 suffciency of the fling, a determination that would be made by a court of law.

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

PO Box 22467

Baltimore MD 21203 (City, town, state, zip code)

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	yondoo Broadband LLC	63646
D	"a separate and distinct community or municipal entity (including uninc	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Bandon	OR
Community	Coquille	OR
	Reedsport	OR
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					545	TEM II 6364
	yondoo Broadband LLC	;							030
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	-		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the second particular						those exist	ling on the	
Service: Sub-	Number of Subscribers: Bot						ble svstem	ı, broken	
scribers and	down by categories of secondar	•					,		
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	number c	of persons or or	ganizations	charged	
	separately for the particular serv								
	Rate: Give the standard rate of	-	-	•			-	-	
	unit in which it is generally billed category, but do not include disc	· · ·		,	ny standa	rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not	e: Where an ir	ndividua	l or organizatio	n is receiv	ing service that	falls under	r different	
	categories, that person or entity				••		•		
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.		-		1				
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:				.				
	 Service to first set 		170	73.50	Starter			8	25.
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
					0				
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					Il vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t	•	,		-	• •			
	service for a single fee. There a	•			•			,	
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ates are ch	narged on a var	lable per-p	rogram basis,	
Secondary Fransmissions:	Block 1: Give the standard ra		the cabl	e system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charç	ge was r	made or establi	shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable			tel, hotel					
	 Pay cable—add'l channel 		_	mmercial					
	 Fire protection 		-	/ cable					
	 Burglar protection 		•Pay	/ cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	• First set		• Bur	glar protection					
	 Additional set(s) 		Other s	services:					
	 FM radio (if separate rate) 		• Red	connect					
	Converter		• Dis	connect					
	1	[• • • •				[I
			- Ou	tlet relocation					1
				ve to new addr	ess				

accounting Period: 2	2019/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	yondoo Broadband Ll	_C		63646
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting to)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-time carriage of certain network progra	me basis under ms [sections
Transmitters: Television	Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations:	arried by your cable system on a sub	stitute program
	• Do <i>not</i> list the station here station was carried <i>only</i> on a	in space G—but do list it in space I (t a substitute basis.		
	basis. For further information Column 1: List each station	Iso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
		I number the FCC assigned to the tele	evision station for broadcasting over t	he air in its community
	Column 3: Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o	(for network multicast), "I" (for indepe	endent), "I-M"
	For the meaning of these ter Column 4: Give the location	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of t	uctions in the paper SA1-2 form. : the community to which the station i	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KEZI	9	Ν	Eugene OR
	KVAL	13	N	Eugene OR
Add Rows as Necessary	KMTR2	16.2	N-M	Eugene OR
	KVAL3	13.3	N-M	Eugene OR
	KEZI2	9.2	N-M	Eugene OR
	KMTR	16	N	Eugene OR
	KVAL2	13.2	N-M	Eugene OR
	KLSR	34	N	Eugene OR
	KEVU	34.2	N-M	Eugene OR
	КОРВ	10	E	Portland OR

	adband LL		YSTEM:					SYSTEM 636
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C stem whenever it is received at 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 his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ii 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	
						·		
						·	·	
						·	·	
						·	·	
						·		
							·	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Namo	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	yondoo Broadband LL	_C						63646
	SUBSTITUTE CARRIAG			NT AND PROGRAM I C	G			
	In General: In space I, ident				-	tion that vo	ur cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		reat of this no	an blank If your anower i	- "Vee " veu	⊔ noust somen	-	
	Note: If your answer is "No	, leave the	e rest of this pa	age blank. If your answer i	s res, you	must comp	iete the prot	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if t	heir meanin	n is
	clear. If you need more spa				o wherever p	0001010, 11 1		9 10
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	leiball. List specific progra		example, i	LOVE LUCY	0
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	IN
				stem carried the substitute			ls. with the r	nonth
	first. Example: for May 7 gi				o program o			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m	. should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	m was <i>rea</i>	ired
	to delete under FCC rules							
	was substituted for program							5
	effect on October 19, 1976							
						N SUBSTI	TUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
	I. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								"
							_	
							_	
							_	
		+						
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								"
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								1
		•						1

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	yondoo Broadband LLC		63646
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (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.	nission service amount, se	,445.25
_	COPYRIGHT ROYALTY FEE		
L 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 \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	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 t accounting period is \$52.00	nis 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		
	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 \$ 263,800.00		
	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)	52.00	
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
	EFT Trace # or TRANSACTION ID # MT20052002067		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2									FORM SA1-2E. PA	AGE 7
Name	LEGAL NAME OF OW yondoo Broadba	NER OF CABLE SYSTEM: and LLC								SYSTEI 6	M ID#
M Channels	 to its subscribers, a Enter the total nu system carried te Enter the total nu on which the cabl 	must give (1) the number o and (2) the cable system's t umber of channels on which levision broadcast stations umber of activated channel le system carried television st services	total numb h the cable s broadcas	e e st stations	ated channels	during the a	accountin	g period.	tions	10 283	
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of accourt		RMATION	IS NEEDED	(Identify an i	ndividual	to whom			
for Further Information	Name I	Robert Steffen						Telep	ohone 4	10-727-8250	
	(PO Box 22467 Number, street, rural route, apart Baltimore MD 21203 City, town, state, zip)		ite number)			Fax (optional)			
O Certification	I, the undersigned (Owner of (Agent o in line X (Officer in line · I have examined the second s	his statement of account m , hereby certify that (Check of other than corporation or p of owner other than corpor- e 1 of space B and that the of or partner) I am an officer (e 1 of space B. he statement of account and and correct to the best of my 1001(1986)] Typed or printed Title:	ation or p owner is no (if a corpor hereby de y knowledg Enter an Enter sign d name:	nly one, of the ip) I am the partnership) ot a corpora ration) or a partnership eclare under ge, informat /s/Rober electronic sin nature using Robert	ne boxes.) owner of the) I am the duly tion or partne partner (if a p r penalty of la	cable system r authorized a rship; or artnership) of w that all stat f, and are ma	n as identi agent of the f the legal tements of ade in good	fied in line 1 of ne owner of the entity identified of fact contained d faith.	space B; cable sy d as owne	stem as identified	
					poration or partr			2/20/20			

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punting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
idoo Broadband LLC	6364
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name 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
	Q Interest Assessmen
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	Q Interest Assessme
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