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 COPYRIG	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> For additional information,
General instructions are located in the first tab of this workbook	8/27/2020	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	/YY/(Period))	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20201 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.	40405
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Western Broadband LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		9666 E Riggs Road Ste 108 (Number, street, rural route, apartment, or suite number)	
		Sun Lakes, AZ 85248-7410 (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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
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	

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
Name	Western Broadband LLC	40405
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter knowr filings.
Area Served	identified city.	or mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Saddlebrooke	AZ
Community		
Add Rows as Necessary		

								FORM SA1	-2E. PAGE
Name	LEGAL NAME OF OWNER OF C Western Broadband LL		:					515	4040
	Western Broadband LL	6							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period	, , ,			,			g on the	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
Rates	separately for the particular serv		0	•••		•	•	chargeu	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· · ·	,		ny standa	rd rate variation	ns within a	particular rate	
	category, but do not include disc 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								
	categories, that person or entity					<b>U</b> .			
	subscriber who pays extra for ca first set" and would be counted o					d in the count u	nder "Servi	ce to the	
	Block 2: If your cable system					service that ar	e different f	rom those	
	printed in block 1 (for example, t	iers of service	s that inc	lude one or m	ore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descrip	tion of the s	service is	
	sufficient. BLC	DCK 1					BLOCK	(2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		1,134	36.55					
	Service to additional set(s)		1,104	50.55					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rain not covered in space E, that is, t		,		•	• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	narged on a var	iable per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable	e system for ea	ch of the	applicable serv	ces listed.		
Rates	Block 2: List any services that	your cable sy	stem furi	nished or offer	ed during	the accounting	period that		
	listed in block 1 and for which a		,		shed. List	these other se	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclu	de the ra	te for each.			1		
		BLO						BLOCK 2	-
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:	40.05		tion: Non-res	idential				
	Pay cable     Add'l channel	18.95		el, hotel nmercial					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>		_	cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential		· ·	protection					
	• First set	29.95		glar protection					
	Additional set(s)	•		ervices:					
	• FM radio (if separate rate)			onnect					
	• Converter			connect					
				et relocation					
				e to new addr	999				
			10100	c to new addi	000				

accounting Period: 2	2020/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Western Broadband L			40405
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on		of (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L	ne basis under ns [sections ons carried on a stitute program og)—if the
	basis. For further informatio <b>Column 1:</b> List each station	also 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-th	, see page (v) of the general instructic program services such as HBO, ESPI	ons. N, etc. Identify each
	Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ne form. el number the FCC assigned to the tele 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), rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of the stations of the station of the station of the station of the stations of the station of	station, an independent station, or a l (for network multicast), "I" (for independent station), "E-M" (for noncommercial education or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KVOA	4	Ν	Tuscon, AZ
	KPAZ	21	Ι	Phoenix, AZ
dd Rows as Necessary	KUAT	6	Е	Tuscon, AZ
	KHRR	40	Ν	Tuscon, AZ
	KWBA	58	I	Tuscon, AZ
	KGUN	9	Ν	Tuscon, AZ
	KMSB	11	Ν	Tuscon, AZ
	KOLD	13	Ν	Tuscon, AZ
	κττυ	18	I	Tuscon, AZ

Column 2: State Column 3: If the signal, indicate this Column 4: Give Mexican or Canadia	ery radio sta se signals we ns Concern s carried by ti nitoring, to be ation about t tify the call si e whether the e radio station by placing a the station's an stations, i	tion can ere gen ing All- the syst e receiv he Cop ign of e e station n's sign a check s locatio	erally receivable <b>Band FM Carria</b> em whenever it is ved at the headen byright Office regu- ach station carried is AM or FM. al was electronica mark in the "S/D" on (the community	by your cable ge: Under Co s received at id, with the sy ulations on the d. ally processe ' column. y to which the th which the sy	e system during opyright Office re the system's he ystem's FM ante his point, see pag ed by the cable s e station is licens	the accountin- egulations, an adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FC0	g period FM sigr ) it can t ertain sta eneral ir parate a	nal is generally pe expected, ated intervals. Istructions in the.	H Primary Transmitters Radio
eceivable if (1) it is on the basis of mor For detailed informa paper SA1-2 form. Column 1: Ident Column 2: State Column 3: If the signal, indicate this Column 4: Give Mexican or Canadia	s carried by the nitoring, to be ation about the tify the call sing whether the radio station by placing a the station's an stations, i	the syst e receiv the Cop ign of e e station n's sign a check b locatio if any, t	em whenever it is ved at the headen oyright Office regu ach station carrieu n is AM or FM. al was electronica mark in the "S/D" on (the community he community wit	s received at d, with the sulations on the d. ally processe ' column. y to which the th which the subject of th	the system's hea ystem's FM anten is point, see page ed by the cable s e station is licens station is identifie	adend, and (2 nna, during ce ge (v) of the g ystem as a se red by the FC0 ed).	) it can t ertain sta eneral ir parate a C or, in t	be expected, ated intervals. Instructions in the. and discrete he case of	Transmitters
							S/D	LOCATION OF STATION	
CALL SIGN         A		S/D			CALL SIGN	AM or FM	S/D		
			·						

ccounting Perio	LEGAL NAME OF OWNER OF	F CABLE SYS	STEM:					
Name	Western Broadband L							SYSTEM ID 4040
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	)G			
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every no	nnetwork telev period, under sp	<i>ision program,</i> broadcast b becific present and former f	y a <i>distant</i> sta FCC rules, reg	ulations, or	authorizati	ons. For a further
Carriage:	1. SPECIAL STATEMEN				-			
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did you	ur cable syste	m carry, on a substitute ba	asis, any nonr	network tele	evision pro	<u>gram</u>
Program Log	broadcast by a distant sta	ation?					YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	nust compl	ete the pro	ogram
	log in block 2. 2. LOG OF SUBSTITUT							
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs <b>Column 2:</b> If the progra <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Cal <b>Column 5:</b> Give the mo first. Example: for May 7 gi	ace, please of every no a distant sta egulations, o rires like "mo . Bulls." m was broa sign of the adcast stati nadian stati nth and day ive "5/7." nes when th . Example:	add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask dcast live, ent station broad on's location ( ons, if any, the v when your sy e substitute pr a program car	I rows to the tables. vision program ("substitut rour cable system substitu ns. See page (v) of the ge setball." List specific progr er "Yes." Otherwise enter casting the substitute prog the community to which the e community with which the stem carried the substitut rogram was carried by you ried by a system from 6:0	e program") ti ted for the pro- eneral instruct am titles, for e "No." rram. he station is lin e station is id e program. Us ir cable syste 1:15 p.m. to 6	hat, during ogramming ions for furi example, "I censed by f entified). se numeral m. List the 5:28:30 p.m	the accour of another ther inform Love Lucy the FCC or s, with the times accu . should be	nting r station ation. " or ", in month urately
	to delete under FCC rules was substituted for program	and regulat	ions in effect o		od; enter the	etter "P" if	the listed p	
	to delete under FCC rules was substituted for program effect on October 19, 1976	and regulat mming that ; ).	ions in effect o	during the accounting peri- vas permitted to delete un	d; enter the der FCC rules	etter "P" if	the listed p ations in TUTE	
	to delete under FCC rules was substituted for program effect on October 19, 1976	and regulat mming that S.	ions in effect o your system w	during the accounting peri- vas permitted to delete un	d; enter the der FCC rules	N SUBSTI AGE OCC	the listed p ations in TUTE	orogram
	to delete under FCC rules was substituted for program effect on October 19, 1976	and regulat mming that 5. UBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	during the accounting peri- vas permitted to delete un	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBSTI AGE OCC	the listed p ations in TUTE URRED TMES	7. REASON F
	to delete under FCC rules was substituted for program effect on October 19, 1976	and regulat mming that 5. UBSTITUT 2. LIVE?	ions in effect of your system w E PROGRAM 3. STATION'S	during the accounting peri- vas permitted to delete un	bd; enter the l der FCC rules WHE CARRI 5. MONTH	N SUBSTI AGE OCC	the listed p ations in TUTE URRED TMES	7. REASON F
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Accounting Period:	2020/1		FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
1401116	Western Broadband LLC			40405
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's so (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service amount, see \$ 30	
	COPYRIGHT ROYALTY FEE			-
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less th</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information</li> </ul>	an \$527,600	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 accounting period is \$52.00	you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,1	00)	
	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	300,109.01		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	36,309.01		
	4. Multiply line 3 by .01	. \$	363.09	
	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		\$	1,682.09
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and				
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	1,682.09	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,702.09
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O Western Broad	WNER OF CABLE SYSTEM: band LLC				SYSTEM ID# 40405
M Channels	<ol> <li>to its subscribers</li> <li>Enter the total system carried to</li> <li>Enter the total on which the carried to the carri</li></ol>	, and (2) the cable system's t number of channels on which	total number of h the cable s broadcast stati	which the cable system carried to activated channels during the ac	ccounting period.	9 393
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		TION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Cara Baumeister			Telephone	(240) 420-3660
	Address	1000 Willow Circle (Number, street, rural route, apart Hagerstown, MD 21 (City, town, state, zip)	740	ber)	For (origon)	
	Email	cbaumeister@	schurz.com		Fax (optional)	
O Certification	I, the undersigne     (Owner     (Agent     in li     X     (Office     in li      I have examined	ed, hereby certify that (Check or r other than corporation or p c of owner other than corpor ine 1 of space B and that the o er or partner) I am an officer ine 1 of space B.	one, <i>but only one</i> partnership) I a ration or partne owner is not a co (if a corporation I hereby declare	m the owner of the cable system <b>rship)</b> I am the duly authorized as	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ov ements of fact contained herei	system as identified wner of the cable system
			Enter an elect	'John Schurz ronic signature on the line above to e using an "/s/ signature" (e.g., /s/		
		Typed or printed Title: (Title of c	President	hn Schruz & General Manager in corporation or partnership)		
		Date:			August 21, 2020	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
estern Broadband LLC	4040
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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