Submitting the form

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

· Alphabetization: Alphabetization is NOT required for any spaces.

• Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.

• Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

· Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at: https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH. IN BETWEEN THE YEAR AND NUMBER.

· For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 - Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 – Space H

· Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- · Space K input the total gross receipts for the cable system in the highlighted box.
- Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

Page 7 – Spaces M-O

- Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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

 8-28-20
 \$

 ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	1000	
~	ACC	OUNTING 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
		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 number) Baltimore MD 21203 (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	s 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:
		yondoo Sandy MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 22467 (Number, street, rural route, apartment, or suite number)
		Baltimore MD 21203 (City, town, state, zip code)
Privacy Act Notic	e: Sectio	n 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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	yondoo Broadband LLC	63635
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	identified city.	nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First		JIAIE
Community		
vs as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1		
Name	yondoo Broadband LLC		-						6363	
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting perior Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	SERVICE: SU pace E should on of television vay cable) in sp (June 30 or E n blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$ counts allowed in space E, th	cover all and radio pace F, no pecember ce E call t service. I gs in that indicated- h categor 20/mth"). for advan e form list	categories c b broadcasts t here. All th 31, as the c or the numb n general, yo category (the —not the num y of service. Summarize a ce payment. s the categor	f secondar by your sy e facts you ase may be er of subso ou can com e number of noer of set Include bo any standa	vistem to subscri u state must be t e). cribers to the cal pute the number of persons or org ts receiving serv oth the amount or rd rate variation ondary transmis	bers. Give those exist ble system of subsc ganizations rice). of the charg s within a p ssion servio	information ing on the , broken ribers in charged ge and the particular rate ce that cable		
	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.									
	BLC	DCK 1	· •		BLOCK 2					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATEGORY OF SERVICE			NO. OF SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		20	73.50	Starter			1	25.	
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial Converter									
	Residential									
	Non-residential									
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rain not covered in space E, that is, t service for a single fee. There are 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 rain Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	te (not subscril hose services re two exceptic or facilities fun hit in which it is rate column. te charged by t t your cable sy separate charge	ber) inform that are n ons: you d nished to usually b the cable s stem furni ge was ma de the rate	nation with re ot offered in o not need to nonsubscribi illed. If any r system for e shed or offe ade or establ	espect to a combinatio give rate ers. Rate in ates are ch ach of the red during	on with any secc information con- nformation shou narged on a vari- applicable servio the accounting p	ondary tran cerning (1) ld include l able per-pi ces listed. ceriod that	asmission o services both the rogram basis, were not e form of a		
	BLOCK 1						BLOCK 2			
							OATES			
	CATEGORY OF SERVICE	BLO RATE	CATEGO	RY OF SEF		RATE	CATEGO	DRY OF SERVICE	RAT	
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEGO	on: Non-res		RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services:		CATEGC Installati • Mote	on: Non-res		RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services: • Pay cable		CATEGC Installati • Mote	on: Non-res , hotel nercial		RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel		CATEGC Installati • Motel • Comr • Pay c	on: Non-res , hotel nercial	idential	RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEGC Installati • Motel • Comr • Pay c	on: Non-res , hotel nercial able	idential	RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEGC Installati • Motel • Comr • Pay c • Pay c	on: Non-res , hotel nercial æble æble-add'l cl	idential	RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEGC Installati • Motel • Comr • Pay c • Pay c	on: Non-res , hotel nercial able able-add'l cl protection ar protectior	idential	RATE	CATEGO	DRY OF SERVICE	RAT	
	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)		CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco	on: Non-res , hotel mercial able able-add'I cl protection ar protection rvices: nnect	idential	RATE	CATEGO	DRY OF SERVICE	RAT	
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEGC Installati • Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco • Disco	on: Non-res , hotel nercial able able-add'l cl protection ar protection rvices: nnect nnect	idential	RATE	CATEGO	DRY OF SERVICE	RAT	
	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)		CATEGC Installati • Motel • Comr • Pay o • Pay o • Fire p • Burgl Other se • Reco • Disco	on: Non-res , hotel mercial able able-add'I cl protection ar protection rvices: nnect	idential nannel	RATE		DRY OF SERVICE	RAT	

ounting Period:	2020/1			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
Name	yondoo Broadband L	63635								
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W	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 s 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 (f a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	of (1) stations carried only on a part-the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain state carried by your cable system on a sub- the Special Statement and Program and both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the 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.									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KATU	2	N	Portland OR						
	KOIN	6	Ν	Portland OR						
ws as Necessary	KRCW	32	N	Portland OR						
	КРТV	12	Ν	Beaverton OR						
	KGW	8	Ν	Portland OR						
	КОРВ	10	Е	Portland OR						
	KUNP	16	Ν	Portland OR						
	KPXG	5	Ν	Salem OR						
	KPDX	13	N-M	Beaverton OR						
	KATU	4	N	Portland OR						
	KRCW	7	N	Salem OR						

	adband LL		YSTEM:					SYSTEM 636
	t every radio s	station 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 the static ion's sign g a check 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	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Namo	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	yondoo Broadband LL	_C						63635
	SUBSTITUTE CARRIAG	E: SPECIA		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	xplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program					ram		
Program Log	broadcast by a distant sta	tion?					YES	× NO
	-		root of this pr	aa blank. If your anowar i	- "V " vouu	⊐ must somn	-	
	Note: If your answer is "No	, leave the	e rest or 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 p	ossible if t	heir meanin	a is
	clear. If you need more spa				o 1111010101 p			9.0
	Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the gene							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 3	,	1 /	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		consod by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi					1.1.1.1		. (.) .
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car		1. 10 p.m. to t			
				n was substituted for prog				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und		s and regul	auons in	
						N SUBST		
	S					AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	— TO	
							_	
							_	
							<u> </u>	"
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1	1				I I'			1

Accounting Period:	2020/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM ID
Naille	yondoo Broadband LLC 6363
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts for muscles for secondary transmission service(s) during the accounting period. \$ 3,141.50 (Amount of gross receipts) IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ (Amount of gross receipts)
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 \$263,80(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.
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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
	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
	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)
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
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 # M&T Transaction ID 586
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O yondoo Broadb	WNER OF CABLE SYSTEM: Dand LLC			SYSTEM ID# 63635
M Channels	to its subscribers, 1. Enter the total system carried t 2. Enter the total on which the ca	, and (2) the cable system's t number of channels on which television broadcast stations number of activated channel ble system carried television		e accounting period.	11 291
N Individual to Be Contacted		bout this statement of accour	ER INFORMATION IS NEEDED (Identify a .)		
for Further Information	Name	Robert Steffen		Telephone 41	10-727-8250
	Address 	PO Box 22467 (Number, street, rural route, apart Baltimore MD 21203 (City, town, state, zip)	ent, or suite number)	Fax (optional)	
O Certification	I, the undersigne (Owner (Agent in li X (Office in li I have examined	d, hereby certify that (Check of r other than corporation or p of owner other than corpor- ne 1 of space B and that the of er or partner) I am an officer (ne 1 of space B. the statement of account and a, and correct to the best of my n 1001(1986)]	st be certified and signed in accordance wine, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system tion or partnership) I am the duly authorize where is not a corporation or partnership; or a corporation) or a partner (if a partnership) hereby declare under penalty of law that all s knowledge, information, and belief, and are X /s/ Robert Steffen Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g.,	em as identified in line 1 of space B; d agent of the owner of the cable sys) of the legal entity identified as owne statements of fact contained herein made in good faith.	stem as identified
		Typed or printed Title: (Title of o	name: Robert Steffen Vice President of Finance cial position held in corporation or partnership)		
		Date:		8/28/2020	

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.

scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Commercial Control Contervice Contervice Control Control Control Control Co	SYSTEM 630	NAME OF OWNER OF CABLE SYSTEM:
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." Specification of the cable system shall not include subscribers receiving secondary transmissions pursuant to section 119." Specification of the cable system exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Specification of the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? \$ Mo		
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." Spectors 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. \$ Name Name Maling Address Maling Address Name Maling Address Line 1 Enter the total here set or underpayment	P	oo Broadband LLC
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. Interest Line 1 Enter the amount of late payment or underpayment x	pecial Stateme oncerning Gros eceipts Exclusio	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- 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 sub- scribers 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
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 Line 2 Multiply line 1 by the interest rate* and enter the sum here x		
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Line 1 Enter the amount of late payment or underpayment	Q	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274 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 \$ - (interest charge)	erest Assessm	_ine 1 Enter the amount of late payment or underpayment
Line 3 Multiply line 2 by the number of days late and enter the sum here		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		Line 3 Multiply line 2 by the number of days late and enter the sum 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@copyright.gov.		* 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@copyright.gov.
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		** 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		Owner
Address		Address
ID number		
ID number First community served		ID number

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 th 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.

Cable Worksheet		Total amount of remittance	Num	ber of SAs rec'd	Iı	nitials			
			Date of remittance	Check	EFT		G FEES		
Cable ID #						Amount	Initials		
Examined by	R	eviewed by	Date examination completed	Allocatio	n number				
Space A Accounting Period									
	🔲 January	y 1 - June 30, 2017	[July 1 - Decem	ber 31, 2017				
Letter sent			Information received						
	Accepte	ed	Ε	Phone call/Date	e/Contact				
Space B Owner									
	Letter s	sent	C	Information received					
	Accepte	ed	C	Phone call/Date	e/Contact				
Space D Area Served									
	Letter s	sent	Ľ	Information rec	reived				
	Accepte	ed	E	Phone call/Date	e/Contact				
Space E Secondary Transission									
Service Letter sent Information received					reived				
and Rates	Accepte	ed	Γ	Phone call/Date	e/Contact				
Space G Primary Transmitters:									
Television	Letter s	sent	[Information re	ceived				
	Accepte	ed	Γ	Phone call/Dat	e/Contact				
Space H Primary Transmitters:									
Radio	Accepte	ed	[Phone call/Dat	e/Contact				

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	