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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbool by email to:
for Seconda	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	uctions are located of this workbook	02/24/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at. Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	Y/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20202 Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owne of the subsidiary, not that of the par	r of the cable system. If the owner is a subsid rent corporation.	iary of another corporation, give the full corp	orate title
Owner	List any other name or names under	which the owner conducts the business of the	e cable system.	
		g the accounting period, only the owner on th alty fee payment covering the entire accounti	, .	bmit a
	Check here if this is the system's firs	t filing. If not, enter the system's ID number as	ssigned by the Licensing Division.	40404
	LEGAL NAME OF OWNER/MA	ILING ADDRESS OF CABLE SYSTEM		
	Western Broadband LLC			

		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, zjp)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these aready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	4	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#
	Western Broadband LLC	40404
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Area Served	city.	
		07175
First	CITY OR TOWN Sun Lakes	STATE AZ
Community	our Lakes	
-		
Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM IC
Name	Western Broadband LLC	c							4040
	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIF		TES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	sting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						able svsten	n. broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate c							rae and the	
	unit in which it is generally billed.	-	-	•				-	
	category, but do not include disc	ounts allowed	for adva	nce payment.					
	Block 1: In the left-hand block	•		Ű		,			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					•			
	first set" and would be counted o							с и	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					,		, 0	
	sufficient.	,	j						
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		1,508	36.55					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		319	30.36					
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	;				
F	In General: Space F calls for rat					ll your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t					-			
Services	service for a single fee. There ar furnished at cost or (2) services				•		• •	,	
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the			_		-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that								
Rates	listed in block 1 and for which a				•	0	•		
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable	18.95		el, hotel					
	Pay cable—add'l channel			nmercial					
	Fire protection			cable					
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	29.95		glar protection					
	Additional set(s) EM radio (if concrete rate)			ervices:					
	FM radio (if separate rate)			onnect					
	• Converter			onnect					
			• Out	et relocation					
			• 1400	e to new addre	200				

counting Period: 2	2020/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	Western Broadband	LLC		40404
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61	1) stations carried only on a part-tir e carriage of certain network progra	me basis under ms [sections
Transmitters: Television	Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations car ules, regulations, or authorizations:	rried by your cable system on a sub	stitute program
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (the a substitute basis.		
	basis. For further information	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro-	see page (v) of the general instruction	ons.
	"WETA-2" as the same on	d with a station according to its over-the- the form. el number the FCC assigned to the telev		
	of license. For example, W Column 3: Indicate in each educational station, by enter	/RC is channel 4 in Washington, D.C. case whether the station is a network st ring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or	tation, an independent station, or a or network multicast), "I" (for indepe	noncommercial endent), "I-M"
	For the meaning of these te Column 4: Give the location	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list t dian stations, if any, give the name of the	tions in the paper SA1-2 form. he 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
	ктук	3	I	Phoenix, AZ
	КРНО	5	N	Phoenix, AZ
	KPAZ	21	I	Phoenix, AZ
· · · · · · · · · · · · · · · ·	KAET	8	E	Phoenix, AZ
	KUTP	45	 N	Phoenix, AZ
	KSAZ	10	N	Phoenix, AZ
	KASW	61	I	Phoenix, AZ
	KPNX	12	N	Phoenix, AZ
	KAZT	7.1	I-M	Phoenix, AZ
	KPPX	51	· ···	Phoenix, AZ
	KNXV	15	N	Phoenix, AZ
	KTAZ	39		Phoenix, AZ
			I	

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM II
Vestern Bro	adband LL	.C						404
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1)	it is carried by	/ the syst	Band FM Carriage: Under C wer whenever it is received at yed at the headend, with the s	the system's hea	idend, and (2)	it can b	e expected,	Primary Transmitters Radio
aper SA1-2 for Column 1: Id	m. entify the call	sign of e	pyright Office regulations on th ach station carried. n is AM or FM.	nis point, see pag	e (v) of the ge	eneral in	structions in the.	
ignal, indicate t Column 4: Gi	his by placing ive the station	g a check n's locatio	al was electronically processe mark in the "S/D" column. on (the community to which the he community with which the	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2020/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF Western Broadband L		TEM:					#SYSTEM ID 40404
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every not ccounting p	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati CC rules, regul	lations, or a	authorizations	. For a further
Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	iod, did you tion? ", leave the E PROGRA titute progra ce, please of every no distant star gulations, of ies like "mo Bulls." m was broa sign of the adcast station addian station th and day ve "5/7." es when the Example: : er "R" if the and regulation	In cable system rest of this page IMS am on a separa add additional ponetwork televition and that yo or authorization povies" or "basked dcast live, enter station broadca on's location (the on's location	a carry, on a substitute bas ge blank. If your answer is ate line. Use abbreviations rows to the tables. vision program ("substitute our cable system substitute s. See page (v) of the ger etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra- ne community to which the stem carried the substitute ogram was carried by your ied by a system from 6:01 o was substituted for progra	"Yes," you m wherever po program") the ed for the prog- eral instruction m titles, for ex No." am. e station is lice station is lice program. Use cable system :15 p.m. to 6: amming that y	ust comple ssible, if th at, during t gramming ons for furtl cample, "I I ensed by tt ntified). e numerals n. List the t 28:30 p.m your syster tter "P" if t	YES ete the progra the accountin of another st her informatio Love Lucy" of he FCC or, in s, with the mo imes accurat . should be m was <i>requir</i> he listed prog	x NO am is ng ation on. r onth ely ed
	effect on October 19, 1976		TE PROGRAM	1	11	N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	1	TIMES — TO	DELETION
					·			· · · · · · · · · · · · · · · · · · ·
					- 			
					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2020/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			:	SYSTEM ID#
	Western Broadband LLC				40404
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the e (as identified in space E) during the accounting period. For a further explanation 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	system's se on of how to	condary transmi compute this a	ssion service mount, see \$2	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	in \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that yo	u must pay for th	is six-month	
	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 li	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	275,880.34		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	12,080.34		
	4. Multiply line 3 by .01		\$	120.80	
	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	l, 5, and 6 .		\$	1,439.80
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and					
Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,439.80	
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			\$	1,459.80
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Western Broa	OWNER OF CABLE SYSTEM: dband LLC			SYSTEM ID# 40404
M Channels	to its subscribe 1. Enter the to system carr	ers, and (2) the cable system's total nut	nels on which the cable system carried television bro mber of activated channels during the accounting pe able	eriod.	12
		e cable system carried television broad			401
N Individual to Be Contacted		O BE CONTACTED IF FURTHER IN t about this statement of account.)	FORMATION IS NEEDED (Identify an individual to w	hom	
for Further Information	Name	Cara Baumeister		Telephone (240)) 420-3660
	Address	1000 Willow Circle (Number, street, rural route, apartment, or Hagerstown, MD 21740 (City, town, state, zip)	suite number)		
	Email	cbaumeister@schurz.	com Fax (opti	onal	
O Certification	I, the undersign (Own (Agen X (Offi I have examine are true, compl	er other than corporation or partners nt of owner other than corporation or in line 1 of space B and that the owne cer or partner) I am an officer (if a corp in line 1 of space B. d the statement of account and hereby	ertified and signed in accordance with Copyright Offic only one, of the boxes.) (hip) I am the owner of the cable system as identified in partnership) I am the duly authorized agent of the own is not a corporation or partnership; or poration) or a partner (if a partnership) of the legal entity declare under penalty of law that all statements of fact c edge, information, and belief, and are made in good fait	line 1 of space B; or ner of the cable system a identified as owner of the contained herein	
			/s/John Schurz an electronic signature on the line above to certify this star signature using an "/s/ signature" (e.g., /s/ John Smith)	tement.	
		Typed or printed name	John Schruz		
			sident & General Manager cial position held in corporation or partnership)		
		Date:	February	23, 2021	

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GAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 8
	SYSTEM ID#
estern Broadband LLC	40404
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 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 Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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