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						
2/19/21	\$						
	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	ACCOUNTING 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									
	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 number)									
	Baltimore MD 21203 (City, town, state, zip)									
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:									
	yondoo Salt Lake City									
	MAILING ADDRESS OF CABLE SYSTEM:									
	PO Box 22467 (Number, street, rural route, apartment, or suite number)									
	Baltimore MD 21203 (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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM					
Name							
	yondoo Broadband LLC	636					
	Instructions: List each separate community served by the cable system. A "community served by the cable system."						
D	"a separate and distinct community or municipal entity (including unincorporated cor						
_	discrete unincorporated areas). 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification						
	as the "first community." Please use it as the first community on all future filings.						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Brigham City	UT					
Community	Tremonton	UT					
	Centerville	UT					
Rows as Necessary	Midvale	UT					
,	Lindon	UT					
	Orem	UT					
		UT					
	Layton						
	Murray	UT					
	Payson	UT					
	West Valley City	UT					

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63636

yondoo Broadband LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category 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.

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	163	73.50	Starter	11	25.75	
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
				411	f	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable		 Motel, hotel 			
 Pay cable—add'l channel 		 Commercial 			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set		 Burglar protection 			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		 Reconnect 			
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

#3151 EWI ID# 63636

yondoo Broadband LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KTVX	4	N	Salt Lake City, UT
KUTV	2	N	SLC, UT
KUCW	30	N	SLC, UT
KSTU	13	N	SLC, UT
KUPX	16	N	Provo, UT
KSL	5	N	SLC, UT
KUED	7	E	SLC, UT
KJZZ	14	l	SLC, UT
KTMW	20	1	SLC, UT
KBYU	11	E	Provo, UT
KUEN	9	E	Ogten, UT
KSL3	5.3	N-M	SLC, UT
KTVX2	4.2	N-M	SLC, UT
KUTV	2.2	N-M	SLC, UT
KUED	7.2	E	SLC, UT
KULX	10	1	Ogten, UT
KTMWZ	20.2	1	SLC, UT
KUED3	7.4	E	SLC, UT

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

yondoo Broadband LLC

63636

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	ΛM 05 ΓM	C/D	LOCATION OF STATION	CALLSION	ΛM ας ΓΜ	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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Accounting Perio	v4· 2020/2							EOD	M SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					FOR	SYSTEM ID#
Name	yondoo Broadband LL	.c							63636
1	SUBSTITUTE CARRIAG	ify every no	nnetwork telev	ision prog	gram, broadcast by	a distant sta			
Substitute									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Special Statement and									
Program Log	broadcast by a distant sta	tion?						YES	X NO
	Note: If your answer is "No	", leave the	rest of this pa	age blanl	. If your answer is	s "Yes," you r	nust com	plete the pro	gram
	log in block 2.								
	2. LOG OF SUBSTITUTI		-	4_ !!			::		:-
	In General: List each subs clear. If you need more spa					s wnerever po	ossidie, it	their meanin	g is
	Column 1: Give the title	of every no	nnetwork tele	vision pr	ogram ("substitute				
	period, was broadcast by a under certain FCC rules, re		,		•		•	•	
	Do not use general categor								
	"NBA Basketball: 76ers vs.		1	" "	0.11	(A.1. ")		-	
	Column 2: If the program Column 3: Give the call		,						
	Column 4: Give the broa	adcast stati	on's location (the com	nunity to which the	e station is lic		y the FCC or,	in
	the case of Mexican or Car Column 5: Give the more							als with the I	month
	first. Example: for May 7 gi	,	which your sy	Storr oar	ned the substitute	program. O	3C Humen	ais, with the i	Honur
	Column 6: State the tim								
	to the nearest five minutes stated as "6:00–6:30 p.m."	Example:	a program car	ned by a	system from 6.0 i	: 15 p.m. to 6	1:26:30 p.	m. snould be	
	Column 7: Enter the lett								
	to delete under FCC rules a was substituted for prograr								rogram
	effect on October 19, 1976	•	your system w	as perm	nica io acicie ana	ici i oo iulos	and regu		
									
	S	IRSTITLIT	E PROGRAM	1			N SUBS	TITUTE CURRED	7. REASON FOR
			3. STATION'S			5. MONTH		TIMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN		TION'S LOCATION	AND DAY	FROM	— то	
								_	
								_	
								_	
									"
				 		·			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: yondoo Broadband LLC	SY	STEM I 636						
	GROSS RECEIPTS		300						
K Gross Receipts	Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission so (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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	\$ 24	,565.50						
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)						
Copyright Royalty Fee									
	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	his 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	00)							
	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)								
	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)							
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and otal Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00							
	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 #								
	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:	2020/2					FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF OW yondoo Broadba	NER OF CABLE SYSTEM: nd LLC				SYSTEM ID# 63636				
M Channels	to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cable	and (2) the cable system's to	total number the cable the cable the cable	on which the cable system carried telever of activated channels during the account of the case of the	unting period.	297				
N Individual to Be Contacted	we can contact abo	out this statement of account		MATION IS NEEDED (Identify an indivi		440 707 0250 244 424				
for Further Information	Address F	Robert Steffen PO Box 22467 Number, street, rural route, apartm	ment, or suite	number)	Telephone	410-727-8250 ext 121				
		Baltimore MD 21203 City, town, state, zip)		F	-ax (optional)					
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner o	other than corporation or pa	partnership) I am the owner of the cable system as i	dentified in line 1 of space	B; or				
	in line	e 1 of space B and that the ov	owner is not	rtnership) I am the duly authorized agent a corporation or partnership; or						
		or partner) I am an officer (II e 1 of space B.	ιτ a corpora	tion) or a partner (if a partnership) of the	legal entity identified as ow	/ner of the cable system				
		and correct to the best of my		clare under penalty of law that all stateme a, information, and belief, and are made in		1				
			Enter an e	/s/Robert Steffen lectronic signature on the line above to cerature using an "/s/ signature" (e.g., /s/ John						
		Typed or printed Title:		Robert Steffen						
				held in corporation or partnership)						
		Date:			2/17/21					

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unting Period: 2020/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
doo Broadband LLC	63636
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."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
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	
120. Enter the total field and list the satellite darrier(s) below.	_
Name Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	_
* 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.	
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	
Address	
ID number First community served Accounting period	

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