This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

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

ALLOCATION NUMBER

DATE RECEIVED 02/23/2022 \$

Α	ACCO	DUNTING 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	yondoo Broadband Vandenberg
		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 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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	yondoo Broadband LLC	63692
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	oblie home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Vandenberg AFB	CA
Community		
Add Rows as Necessary		
	การเป็นสามารถการเป็นสามาร	
	การแน่นหมายและและและและและและและและและและและและและแ	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						1 SA1-2E. SYSTE	
Name	yondoo Broadband LLC								369
		•							
Е	SECONDARY TRANSMISSION	SERVICE: SUE	SCRIBERS AND R	TES					
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period						ng on the		
Service: Sub-	Number of Subscribers: Both					le system	broken		
scribers and	down by categories of secondary	/	0 / 1						
Rates	each category by counting the n						charged		
	separately for the particular serv Rate: Give the standard rate c						e and the		
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed for	or advance payment.	-					
	Block 1: In the left-hand block								
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	-	•						
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	right-hand block. A tv	o- or three	-word description	on of the s	ervice is		
		DCK 1				BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RATE	CATE	GORY OF SEF	VICE	NO. OF SUBSCRIBE	RS F	RAT
	Residential:								
	 Service to first set 		116 81.50	Starter				2 3	31.5
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, t	`	,	•	, ,				
-	service for a single fee. There ar								
Services	furnished at cost or (2) services			0		• • • •			
Services							ogram basis		
Other Than	amount of the charge and the ur		sually billed. If any ra	tes are cha	rged on a varia	ble per-pr	ogram baolo,		
Other Than Secondary	enter only the letters "PP" in the	rate column.			-		ogram baolo,		
Other Than Secondary	enter only the letters "PP" in the Block 1: Give the standard rat	rate column. e charged by the	e cable system for ea	ch of the ap	oplicable service	es listed.	-		
Other Than Secondary Fransmissions:	enter only the letters "PP" in the	rate column. e charged by the your cable syst	e cable system for ea em furnished or offer	ch of the ap ed during th	plicable service e accounting p	es listed. eriod that	were not		
Other Than Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. e charged by the your cable syst separate charge	e cable system for ea em furnished or offer was made or establi	ch of the ap ed during th	plicable service e accounting p	es listed. eriod that	were not		
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. e charged by the your cable syst separate charge	e cable system for ea em furnished or offer was made or establi the rate for each.	ch of the ap ed during th	plicable service e accounting p	es listed. eriod that	were not	2	
Other Than Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. e charged by the your cable syst separate charge otion and include BLOC	e cable system for ea em furnished or offer was made or establi the rate for each.	ch of the ap ed during th shed. List th	plicable service e accounting p	es listed. eriod that ices in the	were not form of a		RATE
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER nstallation: Non-res	ch of the ap ed during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATE
Other Than Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER nstallation: Non-res • Motel, hotel	ch of the ap ed during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATE
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER nstallation: Non-res • Motel, hotel • Commercial	ch of the ap ed during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATE
Other Than Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER • Motel, hotel • Commercial • Pay cable	ch of the ap ad during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATE
Other Than Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER nstallation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l ch	ch of the ap ad during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATE
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER • Motel, hotel • Commercial • Pay cable	ch of the ap ad during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATI
Other Than Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	rate column. e charged by the your cable syst separate charge otion and include BLOC RATE	e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER nstallation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l ch	ch of the ap ad during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATE
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by the your cable syst separate charge otion and include BLOC RATE (e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER nstallation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection	ch of the ap ad during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATI
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by the your cable syst separate charge otion and include BLOC RATE (e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER nstallation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protection	ch of the ap ad during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATI
Other Than Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by the your cable syst separate charge otion and include BLOC RATE (e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services:	ch of the ap ad during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATI
Other Than Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by the your cable syst separate charge otion and include BLOC RATE (e cable system for ea em furnished or offer was made or establi the rate for each. K 1 CATEGORY OF SER • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Pay cable-add'l ch • Fire protection • Burglar protection Other services: • Reconnect	ch of the ap ad during th shed. List th VICE	oplicable service e accounting p nese other serv	es listed. eriod that ices in the	were not form of a BLOCK		RATI

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
lame	yondoo Broadband L			6
	PRIMARY TRANSMITTERS:			
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- icitions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other stions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КЕҮТ	3	N	Santa Barbara, CA
	ксоу	12	N	Santa Maria, CA
Necessary	KSBY	6.2	N	San Luis Obispo, CA
	KCAL	9	l	Los Angeles, CA
	KKFX	11	N	
			11	San Luis Obispo, CA
	KPMR	38.3	N	San Luis Obispo, CA Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KMPR	38.2	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KMPR	38.2	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KMPR	38.2	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KMPR	38.2	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KMPR	38.2	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KMPR	38.2	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KMPR	38.2	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KMPR	38.2	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KMPR	38.2	N	Santa Barbara, CA
	KPMR	38.3	N	Santa Barbara, CA
	KSBY	6.3	N	San Luis Obispo, CA
	KEYT	3.2	N	Santa Barbara, CA
	KSBY	6.1	N	Santa Barbara, CA
	KCET	28.1	N	Los Angeles, CA
	KMPR	38.2	N	Santa Barbara, CA

EGAL NAME OF			/STEM:					SYSTEM I 636
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about m. dentify the call tate whether it the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the static tion's sig g a check n's locati	I-Band FM Carriage: Under of the whenever it is received a wed at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	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: 2021/2						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	yondoo Broadband LL	.C						63692
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, identi					ion that you	ır cable syste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	sion progran	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete	e the prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if thei	r meaning is	5
				ision program ("substitute p	orogram") tha	t, during the	e accounting	1
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of	another sta	tion
	under certain FCC rules, re Do not use general categor							n.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific program		ample, 1 Lo	We Lucy Of	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		need by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	th and day		tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv					1 int the a time		h.,
	to the nearest five minutes.			gram was carried by your o ed by a system from 6:01:1				iy
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.							
						N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	I		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4. STATION'S LOCATION	5. MONTH AND DAY	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM	— то	
							<u> </u>	
							_	
							_	
							_	
								"
							_	
							_]
							_	

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	yondoo Broadband LLC		63692
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	, 924.00 ss receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	63,800	
	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 you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3	<u> </u>	
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O yondoo Broa	F OWNER OF CABLE SYSTEM: adband LLC	SYSTEM ID# 63692
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period.	12 193
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Robert Steffen Telephone 410-	-727-8250 ext 121
	Address	PO Box 22467 (Number, street, rural route, apartment, or suite number) Baltimore MD 21203 (City, town, state, zip)	
	Email	Fax (optional)	
O Certification	I, the undersite (Ow (Ag X (Of V (Ag V	(This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)]	
1		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Robert Steffen Title: Vice President of Finance (Title of official position held in corporation or partnership)	
		Date: 2/15/2022	

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 the 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 telephoin 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

unting Period: 2021/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
doo Broadband LLC	636
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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 Assessme
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	-
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	-
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 - k - <td>-</td>	-
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 - k - <td>-</td>	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	-
x	
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	

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.