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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	02/23/2022	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			·

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless thes as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	se
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		yondoo Broadband Bowling Green MAILING ADDRESS OF CABLE SYSTEM:	
		PO Box 22467	
	2	(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	63801
D Area	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo 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 mob	l communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Bowling Green	MO
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE STEM IC
Name	yondoo Broadband LLC								6380
		, 							
Е	SECONDARY TRANSMISSION								
	In General: The information in si system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							charged	
	<b>Rate:</b> Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc								
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		ngin-ne						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	<ul> <li>Service to first set</li> </ul>		54	87.95	Starter			14	26.9
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	SIONS: RATE	s				
F	In General: Space F calls for rat	<b>`</b>	/			, ,			
I.	not covered in space E, that is, the service for a single fee. There are					,	,		
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
	Block 1: Give the standard rat Block 2: List any services that							vere not	
		voui cabie svst							
ransmissions: Rates				ade or establi					
	listed in block 1 and for which a s brief (two- or three-word) descrip	separate charge			SHEU. LISU				
	listed in block 1 and for which a s	separate charge otion and include	the rat					BLOCK 2	
	listed in block 1 and for which a s	separate charge biton and include BLOC	the rat			RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip	separate charge otion and include BLOC RATE	the rat K 1 CATEG	te for each.	VICE		CATEGO		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge otion and include BLOC RATE	the rat K 1 CATEG	te for each. ORY OF SER	VICE		CATEGO		RATE
ransmissions: Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge otion and include BLOC RATE	the rat K 1 CATEG nstalla • Mot	te for each. ORY OF SER tion: Non-res	VICE		CATEGO		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge otion and include BLOC RATE	the rate K 1 CATEG nstalla • Mote • Con	te for each. ORY OF SER tion: Non-res el, hotel	VICE		CATEGO		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charge otion and include BLOC RATE	the rat K 1 CATEG nstalla • Mot • Con • Pay	te for each. ORY OF SER tion: Non-res el, hotel nmercial	VICE idential		CATEGO		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charge otion and include BLOC RATE	K 1 CATEG nstalla • Mote • Con • Pay • Pay	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	VICE idential		CATEGO		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	separate charge otion and include BLOC RATE	K 1 <u>CATEG</u> <b>nstalla</b> • Mote • Con • Pay • Pay • Fire	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable	VICE idential		CATEGO		RATI
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charge otion and include BLOC RATE (	the rate K 1 CATEG nstalla • Mote • Con • Pay • Pay • Fire • Burg	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	VICE idential		CATEGO		
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate charge otion and include BLOC RATE (	K 1 K 1 CATEG nstalla • Mote • Con • Pay • Pay • Fire • Burg Other s	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	VICE idential		CATEGO		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charge otion and include BLOC RATE (	<ul> <li>the rate</li> <li>K 1</li> <li>CATEG</li> <li>nstalla</li> <li>Mote</li> <li>Con</li> <li>Pay</li> <li>Pay</li> <li>Fire</li> <li>Burg</li> <li>Other s</li> <li>Rec</li> </ul>	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	VICE idential		CATEGO		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	separate charge otion and include BLOC RATE (	<ul> <li>the rate</li> <li>K 1</li> <li>CATEG</li> <li>nstalla</li> <li>Mote</li> <li>Con</li> <li>Pay</li> <li>Pay</li> <li>Fire</li> <li>Burg</li> <li>Other s</li> <li>Rec</li> <li>Disc</li> </ul>	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	VICE idential		CATEGO		

nting Period:	2021/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	yondoo Broadband L			63801
G Primary nsmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> 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 f Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these to Column 4: Give the locatio	TELEVISION entify every television station (including m during the accounting period, except in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n'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-t the carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orgram services such as HBO, ESF e-air designation. For example, report vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education citions in the paper SA1-2 form. the community to which the station	levision stations) ime basis under ams [sections tions carried on a postitute program _og)—if the _og)—if the _og)—if the _og)—if the _og)—if the _og)—if the _og)—if the _og)—if the _og), if the _og) _if the _og)_
	1. CALL SIGN	dian stations, if any, give the name of the stations of the stations of the stations of the station of the stat	ae community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	KDNL	30.3	N-M	St Louis MO
	KDNL	30.4	N-M	St Louis MO
ows as Necessary	KDNL	30.2	N-M	St Louis MO
,	KETC	9.1	E	St Louis MO
	KETC	9.2	E-M	St Louis MO
	KETC	9.3	E-M	St Louis MO
	KETC	9.4	E-M	St Louis MO
	KMOV	4.1	N	St Louis MO
	KMOV	4.2	N-M	St Louis MO
	KMOV	4.3	N-M	St Louis MO
	KPLR	11.1	l	St Louis MO
	KPLR	11.2	I-M	St Louis MO
	KPLR	11.3	I-M	St Louis MO
	KSDK	5.2	N-M	St Louis MO
	KSDK	5.3	N-M	St Louis MO
	KSDK	5.4	N-M	St Louis MO
	KSDK	5.1	N	St Louis MO
	κτνι	2.2	N	St Louis MO
	кти	2.3	N-M	St Louis MO
		T	<b>N</b> 1	
	KTVI	2.1	N	St Louis MO
	KTVI WRBU	2.1 46.2	N-M	St Louis MO St Louis MO

EGAL NAME OF			(SIEM:					SYSTEM II 638
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about rm. dentify the call state whether to 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 stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which th the community with which th	at the system's h system's FM and this point, see pa sed by the cable the station is licer	eadend, and (2 enna, during c age (v) of the c system as a so	2) it can certain s general i eparate	be expected, tated 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	
SALL SIGN		5,0		UALL SIGN		3,0		
		+				+		
						+		
						+		

Name         LCAL INME OF OWER OF CARLE SYSTEM:         SYSTEM ID/ Carlings           Jundob Eroadband LLC         63801           SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOC In General: In space 1, dentify every nonetoxic fieldwatery program. Increduces by distart staten, that your cable system carried on a statement and the accounting restrict, under specific present and tormer FCC tubes, respectioner, and under SCE Statement and the programming part must be induced in this tog see page (v) of the grant instructors in the page SA12 form.           Substitute explanation of the programming part must be induced in this tog see page (v) of the grant and the program brandcasts by a distant station?         Note: If your answer is "No". Is were the rest of this page blank. If your answer is "Yes." you must complete the program brandcasts by a distant station?           Note: If your answer is "No". Is were the rest of this page blank. If your answer is "Yes." you must complete the program brandcast by a distant station?         No           Note: If your answer is "No". Is were the rest of this page blank. If your answer is "Yes." you must complete the program on dor certain FCC uniter, regulations, or a substitute program. That, during the accounting pariod, we brandcast by a distant station and that your cable system substitute for the program. Column 3: Give the call sign of the station brandcast in the call of the station is blanced by the FCC or, in the case of Moxim or Canadian stations, if any, the community with which the station is blanced by the FCC or, in the case of Moxim or Canadian stations, if any, the community with which the station is blanced by the Column 3: Give the call sign of the station brandcast into; the substitute program. Column 4: Give the call sisprostread by a station brandcast	Accounting Perio	od: 2021/2						FOR	M SA1-2E. PAGE 5
Substitute         Case of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.           Substitute         Substitute calculation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.         Image: Special           Substitute         Special         Statement and Programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.           Image: Special         Statement and Programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.           Image: Special         During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?           Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program tog in block 2.           2. LOG OF SUBSTITUTE PROGRAMS           In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.           Column 1: Give the title of every nonnetwork television program "substitute for programming of another station. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball. "For vise. See page (v) of the general isticutions for further information. Do not use general categories like "movies" or "basketball." List specific program. Use numerals, with the month first. Example: a for the broadcast station is claaton (the comm		LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that mutual be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. Out answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 1. Ig in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructons for further information. Do not use general categories like "movies" or "bask Basketball". Ties was bubitive forgram.  Column 2: Give the broadcast 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 townich the station is identified).  Column 6: State the times when	Name	yondoo Broadband LL	.C						63801
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that mutual be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. Out answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 1. Ig in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructons for further information. Do not use general categories like "movies" or "bask Basketball". Ties was bubitive forgram.  Column 2: Give the broadcast 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 townich the station is identified).  Column 6: State the times when		SUBSTITUTE CARRIAGE							
Substitute Carriage: Special Statement and Program Log       substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE       • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the tife of every nonnetwork television program "substitute program" (but by a distant station, and that your cable system substitute program") that, during the accounting period, was broadcast by a distant station, and that your cable system substitute for there programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball." General: State nee all sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station sicenting to by your cable system. List the times accurately to the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried by a syste							ion that you	ır cahla svete	m carried on a
Substitute Carriage: Special statement and Program Log       explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.         1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         *During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?         VERS       X NO         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted program. Do not use general categories like "movies" or "basketball." List specific program. The information. Do not use general categories like "movies" or "basketball." Core vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcast station's location (the community to which the station is identified). Column 6: Give the month and day when your system carried the substitute program. Column 6: Site the month and day when your system from 6:0:115 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 6: Site the times when the substitute program was substituted for programming that your system was sequired to delete under	•								
Special Statement and Program Log       • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       • Yes       × No         Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.       2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program.         Column 1: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Maxican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Maxican or Canadian stations, if any, the community with which the station is licensed by the state the month first. Example: for May 7 give "57." Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting peri	Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in th	ne paper SA1	-2 form.
Statement and Program Log       During the decoding period, but you cable system carry, on a substitute basis, but you not not not not the decoding program log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS       In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Solum 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is dentified).         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substitute of programming that your system was required to delete under FCC rules and regulations in effect du	-	1. SPECIAL STATEMEN		RNING SUBST	TITUTE CARRIAGE				
Program Log       Model         Image: Program Log       Image: Program Program:		<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televi	sion progran	
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast 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). Column 6: Site the times when the substitute program was carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 7: Enter the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 1		broadcast by a distant sta	tion?					YES	× NO
log in block 2.         2. LOG OF SUBSTITUTE PROGRAMS         In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.         Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: The program was broadcast live, enter "Yes." Otherwise enter "No."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast station's location (the community with which the station is identified).         Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program wa		Note: If your answer is "No"	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ust complete	e the program	m
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"NBA Basketball: 76ers vs. Bulls."         Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast 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).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         UBSTITUTE PROGRAM       WHEN SUBSTITUTE CARRIAGE OCCURRED         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES		under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for furthe	er informatio	
Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast 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).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         UBSTITUTE PROGRAM       WHEN SUBSTITUTE CARRIAGE OCCURRED T. REASON FOR DELETION         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES				vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast 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).         Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."         Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         UBSTITUTE PROGRAM       WHEN SUBSTITUTE CARRIAGE OCCURRED (ARRIAGE OCCURRED)         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES		_		lcast live ente	r "Yes " Otherwise enter "N	o "			
the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S 7. REASON FOR DELETION									
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to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.           WHEN SUBSTITUTE         WHEN SUBSTITUTE         7. REASON FOR           1. TITLE OF PROGRAM         2. LIVE?         3. STATION'S         5. MONTH         6. TIMES				innen yeur eye		logiani. 000	numerale,		
stated as "6:00–6:30 p.m."         Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         WHEN SUBSTITUTE         SUBSTITUTE PROGRAM         1. TITLE OF PROGRAM         2. LIVE?       3. STATION'S		Column 6: State the time	es when the						ly
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.         WHEN SUBSTITUTE         SUBSTITUTE PROGRAM         UNER SUBSTITUTE         TITLE OF PROGRAM       STATION'S         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES			Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	hould be	
to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE         SUBSTITUTE PROGRAM       WHEN SUBSTITUTE         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES			er "R" if the	listed program	was substituted for progra	mming that v	our svstem	was require	d
effect on October 19, 1976.           SUBSTITUTE PROGRAM         WHEN SUBSTITUTE           1. TITLE OF PROGRAM         2. LIVE?         3. STATION'S         5. MONTH         6. TIMES		to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period;	enter the let	ter "P" if the	e listed progr	
WHEN SUBSTITUTE       SUBSTITUTE PROGRAM     WHEN SUBSTITUTE       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES				our system wa	s permitted to delete under	FCC rules a	nd regulation	ons in	
SUBSTITUTE PROGRAM     CARRIAGE OCCURRED     7. REASON FOR       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES									
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION									
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		S							1
		1. TITLE OF PROGRAM			4. STATION'S LOCATION		-		2222.000
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Hume	yondoo Broadband LLC		63801
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 transmit (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	<b>,597.05</b> ss receipts)
_	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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	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
			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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 040 00	
	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			
Filing Fee and Total Remittance	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# 63801
M Channels	<ul> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ul>	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	24 218
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
	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 undersigned of the u	ON (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.) <b>uner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or <b>tent of owner other than corporation or partnership)</b> 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 <b>fficer or partner</b> ) 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. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. toton 1001(1986)] X /s/Robert Steffen	
		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 telephol 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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 638
doo Broadband LLC	638
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(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
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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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.