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

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
8/26/2022	\$							
	ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOU	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2	022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20221 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В	G	istructions: ive 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 f the subsidiary, not that of the parent corporation.
Owner	Li	st any other name or names under which the owner conducts the business of the cable system.
		there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a ngle statement of account and royalty fee payment covering the entire accounting period.
	C	heck 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
	v	Vestern Broadband LLC
	В	SUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	N	IAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1666 E Riggs Road Ste 108 lumber, street, rural route, apartment, or suite number)
	S	Sun Lakes, AZ 85248-7410
	(C	niy, town, state, cp)
С		CTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these llready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	DENTIFICATION OF CABLE SYSTEM:
	M	IAILING ADDRESS OF CABLE SYSTEM:
	2 (lumber, street, rural route, apartment, or suite number)
	(0	ity, 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.

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Western Broadband LLC	40405						
	Instructions: List each separate community served by the cable system. A "commun							
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you last the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	Saddlebrooke	AZ						
Community								
Add Rows as Necessary								

Accounting Period: 2022/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Western Broadband LLC

SYSTEM ID# 40405

FORM SA1-2E. PAGE 2

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	998	36.55				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		•				

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	18.95	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	29.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 40405

Western Broadband LLC

G

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

2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
4	N	Tuscon, AZ
21	<u>l</u>	Phoenix, AZ
6	E	Tuscon, AZ
40	N	Tuscon, AZ
58	<u> </u>	Tuscon, AZ
9	N	Tuscon, AZ
11	N	Tuscon, AZ
13	N	Tuscon, AZ
18	l	Tuscon, AZ
	4 21 6 40 58 9 11	4 N 21 I 6 E 40 N 58 I 9 N 11 N

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Western Broadband LLC

40405

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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
						 	
							
					 		
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]					
							
							
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	1 2222/4								
Accounting Perio	legal name of owner of	CARLE SVS	STEM:				FORM SA1-2E. PAGE 5.		
Name	Western Broadband L		O I CIVI.				SYSTEM ID# 40405		
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No	ify every no ccounting ping that mu CONCEI iod, did yo tion?	onnetwork televi period, under se ust be included RNING SUBS ur cable syster	ision program, broadcast pecific present and former in this log, see page (v) o TITUTE CARRIAGE m carry, on a substitute I	by a distant s FCC rules, re f the general i	egulations, or au nstructions in th	uthorizations. For a further ne paper SA1-2 form. ision program YES 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 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 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 permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976.					EN SUBSTITU			
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	1 4. STATION'S LOCATION	5. MONTH		DELETION		

Accounting Period:	2022/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Western Broadband LLC			;	**************************************
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	system's se ion of how t	econdary transm to compute this	ission service amount, see	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I	ines 1 and 2	2	- <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				•
	6. Subtract line 5 from line 4				•
	7. Multiply line 6 by .005 (enter figure here)				•
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26:	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	358,786.75		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	94,986.75		
	4. Multiply line 3 by .01		\$	949.87	
	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		\$	2,268.87
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,268.87	
Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,288.87
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ights!

Accounting Period:	2022/1						FORM SA1-	-2E. PAGE 7.
Name	Western Broad	OWNER OF CABLE SYSTEM: dband LLC					SY	STEM ID# 40405
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	ou must give (1) the number of s, and (2) the cable system's to a number of channels on which television broadcast stations. I number of activated channels able system carried television cast services	otal numb	per of activated channe	els during the ad	ecounting period.	9 398	
N Individual to		D BE CONTACTED IF FURTH about this statement of accour		PRMATION IS NEEDEL	D (Identify an in	dividual to whom		
for Further Information	Name	Cara Baumeister				Telephone	(240) 420-3660	
	Address	1000 Willow Circle (Number, street, rural route, apartr Hagerstown, MD 217		te number)				
		(City, town, state, zip)				Fav (antional)		
	Email	cbaumeister@s	GCHUIZ.CC	JITI		rax (opuonai)		
O Certification	I, the undersign (Owne	(This statement of account mided, hereby certify that (Check correction or post of owner other than corporation or post of owner other than corporation 1 of space B and that the o	one, <i>but or</i> partnersh ation or p	ip) I am the owner of the	e cable system uly authorized a	as identified in line 1 of space		
		cer or partner) I am an officer (line 1 of space B.	if a corpo	ration) or a partner (if a	partnership) of	the legal entity identified as ov	vner of the cable system	
		d the statement of account and te, and correct to the best of my on 1001(1986)]					י	
				/s/John Schurz electronic signature on t gnature using an "/s/ sign				
		Typed or printed	d name:	John Schruz				
		Title: (Title of o		dent & General M				
		Date:				August 26, 2022		

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counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
estern Broadband LLC	40405
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 s scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	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 transmissio made by satellite carriers to satellite dish owners? X NO	ns
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- 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 pleat contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase
** 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, pleal 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	101111111111111111111111111111111111111

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