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					
8/9/2022	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING 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.	637820221					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		Teleguam Holdings, LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		aka GTA						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		624 N Marine Corp Drive (Number, street, rural route, apartment, or suite number)						
		Tamuning, Guam 96913						
	*	(City, town, state, zip)	40					
С		EUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office 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 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 filing, a determination that would be made by a court of law.

Accounting Period:	2022/1							
necounting remou.		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Teleguam Holdings, LLC	637820221						
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commununincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile homestic.	nities within unincorporated areas and including single, discrete s a form of system identification hereafter known as the "first						
Served	d City.							
F 14	CITY OR TOWN	STATE						
First Community	Tamuning	Guam						
Add Rows as Necessary								

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Teleguam Holdings, LLC

SYSTEM ID# 637820221

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							
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
Converter • 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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential		НВО	\$19.95
• Pay cable		Motel, hotel		Cinemax	\$17.95
Pay cable—add'l channel		Commercial		Showtime	\$10.99
Fire protection		Pay cable		Starz	\$17.95
•Burglar protection		Pay cable-add'l channel		TFC	\$13.49
Installation: Residential		Fire protection		TFC Premium	\$27.99
• First set	\$99.95	Burglar protection		GMA Pinoy	\$11.95
Additional set(s)	\$39.95	Other services:		GNTV	\$18.00
• FM radio (if separate rate)		Reconnect		GMA Plus	\$26.00
Converter		Disconnect		Kapamilya Bundle	\$18.95
		Outlet relocation		TV Monde	\$9.95
		Move to new address		Nippon TV	\$9.95
				SBTN	\$14.99

Accounting Period: 2022/1				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
	Teleguam Holdings, LLC	637820221		

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

11 07 122 01011	E. D GAGT GHARRIEE ROMBER	U. THE OF CTATION	4. 200/(1101/01/01/1101/
KEQI	22	I	DEDEDO, GUAM
KGTF-DT	#NA		#NA
KGTM-DT	14	N	TAMUNING, GUAM
KUAM-DT	8	N	HAGATNA, GUAM

3. TYPE OF STATION

4. LOCATION OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Teleguam Holdings, LLC

637820221

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
KGUM	AM		HAGATNA, GUAM				
KPRG	FM		HAGATNA, GUAM				
KIJI	FM		TUMON, GUAM				
							
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Accounting Perio									
Name	Teleguam Holdings, LL		_IVI.						SYSTEM ID# 6.4E+08
_	SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOG	}				
Substitute	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 must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE					
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.								
Statement and Program Log	broadcast by a distant stat								
i rogium Log	Note: If your answer is "No."		est of this pag	e blank. If vour answer is	"Ye	es." vou mu	ـ st completي		NO m
	log in block 2.								
	2. LOG OF SUBSTITUTE	PROGRAI	VIS						
	In General: List each substi		•		wh	nerever pos	sible, if the	ir meaning is	5
	clear. If you need more space Column 1: Give the title of				nro	ogram") tha	ıt durina th	e accounting	,
	period, was broadcast by a								
	under certain FCC rules, req								
	Do not use general categori		ies" or "baske	tball." List specific progra	m t	itles, for ex	ample, "I L	ove Lucy" or	
	"NBA Basketball: 76ers vs. I Column 2: If the program		cast live_enter	"Yes " Otherwise enter "I	Nο	"			
	Column 3: Give the call s								
	Column 4: Give the broa		`	,			,	FCC or, in	
	the case of Mexican or Cana							with the me	m t la
	Column 5: Give the monifirst. Example: for May 7 give	•	when your syst	em camed the substitute	pro	ogram. Ose	numerais,	with the mo	nun
	Column 6: State the time		substitute prog	gram was carried by your	cal	ble system.	List the tin	nes accurate	ely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	:15	p.m. to 6:2	8:30 p.m. s	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	r "R" if the l	isted program	was substituted for progr	am	ming that v	our evetem	was require	ad
	to delete under FCC rules a		. •				-	•	
	was substituted for program	•		0.	-				
	effect on October 19, 1976.								
						\/\HE	N SUBST	ITLITE	
	S	UBSTITUT	E PROGRAM			CARRIAGE OCCURRED 7. F			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
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Accounting Period: 2	2022/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Teleguam Holdings, LLC	SYSTEM ID# 637820221
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount yo all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ry transmission service
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 but less than or e Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	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 mus accounting period is \$52.00. 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 lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the	
		,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	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less t	han \$527,600)
	1. Enter the amount of gross receipts from space K	,836.00
	2. Base amount under statutory formula	,800.00
	3. Subtract line 2 from line 1	,036.00
	4. Multiply line 3 by .01	2,550.36
		<u> </u>
	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	\$ 3,869.36
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	3,869.36
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,889.36
	EFT Trace # or TRANSACTION ID # 2717CN	LV
	Important: Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instructions	

Accounting Period:	2022/1					FORM	M SA1-2E. PAGE 7.
Name	Teleguam Holdings, I						SYSTEM ID# 637820221
M Channels	to its subscribers, and (1. Enter the total number system carried televical constraints on which the cable system.	2) the cable system's er of channels on whic sion broadcast station er of activated channe ystem carried televisio	total num th the cab is	ast stations	counting period.	388	
N Individual to		ONTACTED IF FURTH	HER INFO	PRMATION IS NEEDED (Identify an inc			
Be Contacted for Further Information	Name <u>Luci</u> l	lle McIntosh			Telephone	671-644-1660	
	(Numbe	N Marine Corp D r, street, rural route, apartr uning, Guam 96 wn, state, zip)	ment, or suit	e number)			
	Email	Imcintosh@gta.	net		Fax (optional		
O Certification	I, the undersigned, heret (Owner other in line 1 X (Officer or pain line 1 I have examined the state	er other than corporation or particles of space B and that the of space B. erement of account and becorect to the best of me	artnership ation or pa e owner is if a corpora hereby dec y knowled	tified and signed in accordance with Color of the boxes.) o) I am the owner of the cable system as artnership) I am the duly authorized age not a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all statements, information, and belief, and are made and selectronic signature on the line above to contaure using an "/s/ signature" (e.g., /s/ Joseph R. Shinohara).	identified in line 1 of space E int of the owner of the cable s e legal entity identified as own ents of fact contained herein e in good faith.	ystem as identified	
		Typed or printed Title: (Tit	Execu	Joseph R Shinohara tive Chief Financial Officer position held in corporation or partnership)			
		Date:			August 9, 2022		

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ounting Period: 2022/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
eguam Holdings, LLC	637820221
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 su scribers 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 YES. Enter the total here and list the satellite carrier(s) below	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	
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 \$	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	e
** 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, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	е
Owner	
Address	
ID number	
First community served	
Accounting period	

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