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

SA1-2E Short Form

Return completed workbook

STATEMI	ENT OF ACCOUNT	FOR COPYRIGH	by email to:					
-	ry Transmissions by	DATE RECEIVED	AMOUNT	-				
	ems (Short Form)	08/18/22	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
	ctions are located	00,10,22						
In the first tad	of this workbook		ALLOCATION NUMBER					
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	J				
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
Accounting Period		Barcode Data Filing Period (optional	- see instructions)					
Fellou								
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c	-	diary of another corporation, give the full cor	rporate title				
Owner	List any other name or names under whic	h the owner conducts the business of t	ne cable system.					
		e accounting period, only the owner on the last day of the accounting period should submit a fee payment covering the entire accounting period.						
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	63636				
	LEGAL NAME OF OWNER/MAILIN	G 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	PO Box 22467 (Number, street, rural route, apartment, or suite number)						
	(Number, street, rurai route, apartment, or suite r Baltimore MD 21203 (City, town, state, zip)	umper)						
	INSTRUCTIONS: In line 1, give any busin	ass or trade names used to ider	tify the husiness and operation of the	system unless these				
С	names already appear in space B. In line		, i	5				
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM	۸.						
	2 (Number, street, rural route, apartment, or suite r							
	Baltimore MD 21203 (City, town, state, zip code)							
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	Ithorizes the Convright Office to collect the	e personally identifying information (PII) rogue	asted on this				

pyrig form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name		
	yondoo Broadband LLC	636
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including singl ou list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	ile home parks should be reported in parentheses below the
Contra		
	CITY OR TOWN	STATE
First	Brigham City	UT
Community	Tremonton	UT
	Centerville	UT
dd Rows as Necessary	Midvale	UT
,	Lindon	UT
	Orem	UT
	Layton	UT
	Murray	UT
	Payson	UT
	West Valley City	UT
,		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM II 6363
	yondoo Broadband LLC								030.
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s			-		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (inc						those exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar	y transmission	service	. In general, yo	u can con	npute the numb	er of subsc	ribers in	
Rates	each category by counting the n		0	0,0		•	•	charged	
	separately for the particular server Rate: Give the standard rate of							re 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. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					•••	•		
	first set" and would be counted of								
	Block 2: If your cable system	Ũ							
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-n	iand diock. A ti	NO- OF THE	e-wora aescrip	tion of the s	service is	
		DCK 1					BLOCK		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		136	91.95	Starter			20	26.
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				s				
-	In General: Space F calls for ra					III your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
0	service for a single fee. There and	•			•		• • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		oddany	billed. If dify it				rogram basis,	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.								
						[1	51 6 614 6	
	CATEGORY OF SERVICE	BLO		ORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
	Continuing Services:	TUTE		ation: Non-res		TUTE	UNTER		1011
	• Pay cable		• Mot	tel, hotel					
	Pay cable—add'l channel			nmercial					
	• Fire protection		_	cable					
	•Burglar protection		-	/ cable-add'l ch	annel				
	Installation: Residential		-	e protection					
	• First set		• Bur	glar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)		• Rec	connect					
	, , ,		D :-						•
	Converter		• Dise	connect					
	• Converter			connect let relocation					
	• Converter		• Out		ess				

	LEGAL NAME OF OWNER O			SYSTE
Name	vondoo Broadband L			6
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station here, station was carried only or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t	dentify every television station (including t em during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. us: With respect to any distant stations can rules, regulations, or authorizations: ere in space G—but do list it in space I (the on a substitute basis. d also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a par- te carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s be Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde- r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	rt-time basis under grams [sections stations carried on a substitute program m Log)—if the also on some other actions. SPN, etc. Identify each aport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ктух	4	N	Salt Lake City, UT
	κυτν	2	N	SLC, UT
Rows as Necessary	KUCW	30	N	SLC, UT
	KSTU	13	N	SLC, UT
	КИРХ	16	N	Provo, UT
	KSL	5	N	SLC, UT
	KUED	7	E	SLC, UT
	KJZZ	14	I	SLC, UT
	KTMW	20	l	SLC, UT
	KBYU	11	E	Provo, UT
	KUEN	9	E	Ogten, UT
	KSL3	5.3	N-M	SLC, UT
	ΚΤVΧ2	4.2	N-M	SLC, UT
	κυτν	2.2	N-M	SLC, UT
	KUED	7.2	E	SLC, UT
	KULX	10	I	Ogten, UT
	· · · · · · · · · · · · · · · · · · ·			SLC, UT
	KTMW7	20.2		
	KTMWZ KUED3	7.4	E	SLC, UT
			E	
			E	
			E	
			E	

EGAL NAME OF			IUILIWI.					SYSTEM 636
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s he station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0	!) it can ertain st eneral ii eparate :	be expected, ated 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	
SALE GION		5,5				5,0		
							·	
							·	
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	yondoo Broadband LL	_C						63636
	SUBSTITUTE CARRIAG							
					-	tion that va	ur aabla ava	tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	<i>'</i>		, 0	, ,		
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	During the accounting per	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	vision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram zog	-				- "\/"		-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must compi	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if th	neir meanin	n is
	clear. If you need more spa				5 Wherever p	0001010, 11 11		9 10
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					, -	,	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		censed by f	he FCC or	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi					1.44		
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car		1. 10 p.m. to t		. Should be	
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete und		s and regula		
								T
						N SUBSTI		7. REASON FOR
	5	2. LIVE?	E PROGRAM 3. STATION'S		-	AGE OCC		DELETION
	1. TITLE OF PROGRAM	Z. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	— то	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2022/1	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S۱	STEM ID#
Name	yondoo Broadband LLC		63636
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, se	,368.50
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	,
	1. Base amount under statutory formula \$ 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		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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 Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instructions in the paper SA1-2 form and the transmission of the general instruct		

Accounting Period:	2022/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	WNER OF CABLE SYSTEM: pand LLC	SYSTEM ID# 63636
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	u must give (1) the number of channels on which the cable system carried televi , and (2) the cable system's total number of activated channels during the accou number of channels on which the cable television broadcast stations	nting period.
N Individual to Be Contacted for Further		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individe bout this statement of account.) Robert Steffen	tual to whom Telephone 410-727-8250 ext 121
Information	Address	PO Box 22467 (Number, street, rural route, apartment, or suite number)	
	Email	Baltimore MD 21203 (City, town, state, zip)	ax (optional)
O Certification	I, the undersign (Own (Ager in X (Offic in · I have examine	This statement of account must be certified and signed in accordance with Copy d, hereby certify that (Check one, <i>but only one</i> , of the boxes.) r other than corporation or partnership) I am the owner of the cable system as id of owner other than corporation or partnership) I am the duly authorized agent ne 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the le ne 1 of space B. the statement of account and hereby declare under penalty of law that all statemer a, and correct to the best of my knowledge, information, and belief, and are made in n 1001(1986)] $\underbrace{X /s/Robert Steffen}_{Enter an electronic signature on the line above to certific the resignature using an "/s/ signature" (e.g., /s/ John$	lentified in line 1 of space B; or of the owner of the cable system as identified egal entity identified as owner of the cable system hts of fact contained herein good faith.
		Typed or printed name: Robert Steffen	
		(Title of official position held in corporation or partnership) Date:	08/18/2022

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ndoo Broadband LLC	6363
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Mailing Address Mailing Address	
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 Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 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 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - Line 3 Multiply line 2 by the number of days late and enter the sum here - - Line 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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - x 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.	
x	
x	
x	
x	
x	

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