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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	GHT OFFICE USE ONLY	by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
General instru	ems (Short Form) actions are located of this workbook	08/18/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	'YYY/(Period))	J
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	al - see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner o of the subsidiary, not that of the paren		sidiary of another corporation, give the full co	rporate title
Owner	List any other name or names under w	hich the owner conducts the business of	the cable system.	
	_		the last day of the accounting period should s	submit a
		y fee payment covering the entire account		63744
	Check here if this is the system's first fi	ling. If not, enter the system's ID number	r assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM	Λ	
	yondoo Broadband LLC			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	Т)	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	PO Box 22467 (Number, street, rural route, apartment, or sui	e number)		
	Baltimore MD 21203			
	(City, town, state, zip) INSTRUCTIONS: In line 1, give any bu	sings or trade names used to ida	antify the business and operation of the	a system unless these
С	names already appear in space B. In lir			
System	1			
-	1 yondoo Broadband Poto	si		
-	1 yondoo Broadband Poto MAILING ADDRESS OF CABLE SYST	si		
-	1 yondoo Broadband Poto	В і Ем:		

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 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.

Return completed workbook by email to:

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	yondoo Broadband LLC	63744
D	Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter know ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Potosi	MO
Community		
dd Rows as Necessary		

									SA1-2E	
Name	LEGAL NAME OF OWNER OF C		:					5	YSTE م	=1VI IL 6374
	yondoo Broadband LLC	;								557-
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIE	BERS AND R	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Cocondom	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									
Secondary Transmission	last day of the accounting period	, , ,	,		,		unose exisi	ing on the		
Service: Sub-	Number of Subscribers: Both						ble system	, broken		
scribers and	down by categories of secondar	•		•		•				
Rates	each category by counting the n			•••		•		charged		
	separately for the particular serv Rate: Give the standard rate of							ne 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 o									
	Block 2: If your cable system	•								
	printed in block 1 (for example, t with the number of subscribers a					•	,			
	sufficient.		og			e nora accorp				
	BLC	DCK 1 NO. OF					BLOCK	X 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBER	s	RAT
	Residential:									
	 Service to first set 		88	90.85	Starter				33	26.
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	6					
F	In General: Space F calls for ra	te (not subscril	per) infor		3					
			,	mation with re		Il your cable sy	stem's serv	vices that were		
•	not covered in space E, that is, t	hose services	that are i	not offered in	espect to a combination	on with any sec	ondary trar	smission		
-	service for a single fee. There an	hose services e two exception	that are i ons: you o	not offered in do not need to	espect to a combination give rate	on with any sec information cor	ondary trar cerning (1	ismission) services		
Services Other Than		hose services e two exceptic or facilities fur	that are i ons: you o nished to	not offered in do not need to nonsubscribe	espect to a combinatio give rate ers. Rate in	on with any sec information cor nformation shou	ondary trar icerning (1 ild include	nsmission) services both the		
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	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
Name	yondoo Broadband L			6
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here, station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the charn of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a si e Special Statement and Program both on a substitute basis and al- ee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form, he community to which the statio	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	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
	КЕТС	9.1	E	St Louis MO
	КЕТС	9.2	E-M	St Louis MO
	КЕТС	9.3	E-M	St Louis MO
	КЕТС	9.4	E-M	St Louis MO
	KMOV	4.1	N	St Louis MO
	KMOV	4.1	N-M	St Louis MO St Louis MO
	KMOV	4.2	N-M	St Louis MO
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	KMOV KMOV KPLR KPLR KSDK KSDK KSDK KSDK KSDK KTVI	4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1 2.2	N-M N-M I I I-M I-M N-M N-M N-M N-M N-M N-M N	St Louis MO
	KMOV KMOV KPLR KPLR KSDK KSDK KSDK KSDK	4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1 2.2 2.3	N-M N-M I I-M I-M N-M N-M N-M N-M N-M	St Louis MO
	KMOV KMOV KPLR KPLR KSDK KSDK KSDK KSDK KTVI KTVI KTVI	4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1 2.2 2.3 2.1	N-M N-M I I I-M I-M N-M N-M N-M N N N N N N N N N N N N	St Louis MO St Louis MO
	KMOV KMOV KPLR KPLR KPLR KSDK KSDK KSDK KSDK KTVI KTVI	4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1 2.2 2.3	N-M N-M I I I-M I-M N-M N-M N-M N-M N N N N N N N N	St Louis MO

EGAL NAME OF			TSTEM.					SYSTEM 63
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (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 his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i 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	
							·	
						·	·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	yondoo Broadband LL	_C						63744
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ify every no.	nnetwork televi	<i>ision program,</i> broadcast b	γa <i>distant</i> sta	ition, that yo	our cable sys	tem carried on a
	substitute basis during the a	01	<i>'</i>	•	, 0	, ,		
Substitute	explanation of the programm				he general in	structions in	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per		ur cable syster	m carry, on a substitute ba	isis, any noni	network tel		
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. Llaa ahbraviatian		aasibla ift	hair maanin	a io
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it t	neir meaning	g is
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."					,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the FCC or,	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which th	e station is id	lentified).		
	Column 5: Give the mor first. Example: for May 7 gi		when your sy	stem carried the substitut	e program. U	se numera	ls, with the r	nonth
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.							2
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour syste	m was <i>rea</i> u	uired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete uno	der FCC rules	s and regul	ations in	-
	effect on October 19, 1976	•						
					WHE	N SUBSTI	ITUTE	
	S	1	E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	TIMES — TO	5222.1011
							-	
							_	
							_	
							<u> </u>	
							_	
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							_	
							_	
								1
								+

Accounting Period:	2022/1 FORM SAT	I-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
indiffe	yondoo Broadband LLC	63744
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	795.55 s receipts)
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(• 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.	
	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 this six-month accounting period is \$52.00	
	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 \$137,100)	
	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
	o. Interest charge. Enter the amount from line 4, space Q, page 6	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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)	
	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 of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2022/1								FORM SA1-2E	. PAGE 7
Name	LEGAL NAME OF OV yondoo Broadba	VNER OF CABLE SYSTEM: and LLC							SYST	TEM ID# 63744
M Channels	 to its subscribers, Enter the total n system carried te Enter the total n on which the cab 	must give (1) the number of and (2) the cable system's number of channels on whic elevision broadcast stations number of activated channel ele system carried television st services	total numb th the cabl s ls n broadcas	ber of activ le st stations	ated channels d	uring the a	ccounting peric		24 219	
N Individual to Be Contacted	we can contact ab	BE CONTACTED IF FURTH out this statement of accou		DRMATION	I IS NEEDED (Id	lentify an ir	ndividual to who			
for Further Information		Robert Steffen						Telephone	410-727-8250	
		PO Box 22467 (Number, street, rural route, apart Baltimore MD 21203 (City, town, state, zip)		ite number)			Fax (option	al)		
O Certification	I, the undersigned (Owner (Agent o in lin X (Officer in lin . I have examined t	This statement of account m d, hereby certify that (Check other than corporation or p of owner other than corpor the 1 of space B and that the or or partner) I am an officer the 1 of space B. the statement of account and and correct to the best of m o 1001(1986)]	one, <i>but on</i> partnershi ration or p owner is n (if a corpor	nly one , of f nip) I am the partnership not a corpora pration) or a leclare unde	the boxes.) e owner of the ca o) I am the duly a ation or partners partner (if a part er penalty of law	ble system uthorized a hip; or tnership) of that all state	as identified in gent of the own the legal entity ements of fact o	line 1 of space line of the cable s identified as ow	system as identified	
				electronic s	ert Steffen signature on the I g an "/s/ signatur			ement.		
		Typed or printe Title: (Title of c	Vice F	Presiden	t Steffen t of Finance					
		Date:					08/1820)22		

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 fling, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ndoo Broadband LLC	6374
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessme
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	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<pre>Interest Assessme</pre>
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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