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.

STATEMENT OF ACCOUNT

SA1-2E Short Form

by email to:

Return completed workbook

	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form)	08/18/22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	_
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the pare		idiary of another corporation, give the full co	rporate title
Owner	List any other name or names under v	vhich the owner conducts the business of t	he cable system.	
	-	the accounting period, only the owner on t ty fee payment covering the entire accoun	the last day of the accounting period should sting period.	submit a
	Check here if this is the system's first	filing. If not, enter the system's ID number	assigned by the Licensing Division.	63747
	LEGAL NAME OF OWNER/MAI	LING ADDRESS OF CABLE SYSTEM		
	yondoo Broadband LLC			
		OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	PO Box 22467 (Number, street, rural route, apartment, or su	uite number)		
	Baltimore MD 21203 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any but names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM			
	yondoo Broadband Cant MAILING ADDRESS OF CABLE SYS			
	PO Box 22467			
	2 (Number, street, rural route, apartment, or su Baltimore MD 21203 (City, town, state, zip code)	Jite number)		
Privacy Act Notic	e: Section 111 of title 17 of the United States Cod	e authorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this

FOR COPYRIGHT OFFICE USE ONLY

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

Name		
	yondoo Broadband LLC	6374
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fill the first community.	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile nome parks should be reported in parentheses below the
_	CITY OR TOWN	STATE
First Community	Canton	MO
d Rows as Necessary		

								FORM SA		
Name	LEGAL NAME OF OWNER OF C		:					SYS	TEM II 6374	
	yondoo Broadband LLC	2							0374	
-	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						lilose exis	ung on the		
Service: Sub-	Number of Subscribers: Both						ble system	n, broken		
scribers and	down by categories of secondar	•				•				
Rates	each category by counting the n		0	U I I I		•	•	s 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							0,		
	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	Ű								
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in th	e right-n	iand diock. A t	NO- or thre	e-wora descrip	tion of the	Service IS		
	BLO	OCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	NO. OF SUBSCRIBERS	RAT			
	Residential:									
	Service to first set		38	90.85	Starter			9	26.	
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				<u>د</u>			•		
-	In General: Space F calls for ra					ll your cable sy	stem's serv	vices that were		
F	not covered in space E, that is, t	hose services	that are	not offered in	combinatio	on with any sec	ondary trar	nsmission		
. .	service for a single fee. There an	•			•		0 (,		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		usually	billed. If ally is	ales ale ci	larged on a var	iable pei-p	lografii basis,		
ransmissions:	Block 1: Give the standard rate	te charged by								
Rates	Block 2: List any services that				0	•	•			
	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.									
	CATEGORY OF SERVICE	BLO		ORY OF SER	VICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RAT	
	Continuing Services:			ation: Non-res			UATEO			
	• Pay cable		• Mot	tel, hotel						
	• Pay cable—add'l channel			nmercial						
	• Fire protection		_	/ cable						
	•Burglar protection		-	/ cable-add'l cł	nannel					
	Installation: Residential		-	e protection						
	First set			glar protection						
	 Additional set(s) 			services:						
	• FM radio (if separate rate)		• Rec	connect						
	· · · /		l						•••	
	Converter		• Dise	connect						
	Converter			connect let relocation						
	• Converter		• Out		ess					

counting Period: 2	2022/1			FORM SA1-2E. PAGE 3.	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#	
Name	yondoo Broadband L	LC		63747	
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	KHQA	7	N	Hannibal MO	
	KHQA	7.1	N	Hannibal MO	
as Necessary	KIIN PBS	12	E		
	KIIN PBS Create	12.4	E-M	lowa	
	KIIN PBS World	12.3	E-M	lowa	
	WTJR	16.1	I	Hannibal MO	
	WGEM	10.1	N	Hannibal MO	
	WGEM	10.4	N-M	Hannibal MO	
	WGEM	10.2	N-M	Hannibal MO	
	WGEM	10.3	Ν	Hannibal MO	

yondoo Bro	FOWNER OF (adband LL)							SYSTEM 637
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C item whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	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	od: 2022/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	yondoo Broadband LL	_C						63747
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tify every no	nnetwork televi	sion program, broadcast by	a distant sta	tion, that yo	our cable sys	tem carried on a
	substitute basis during the a	accounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm				he general ins	structions ir	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable syster	n carry, on a substitute ba	sis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you ı	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if t	heir meaning	g is
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pro	ogramming	of another	station
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			etball. List specific progra		example, i	LOVE LUCY	01
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		concod by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi		o cubetituto pr	ogram was carried by you	r cabla sveta	m list the	timos occur	atoly
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01				atery
	stated as "6:00-6:30 p.m."							
	Column 7: Enter the lett to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,	•		0		
						N SUBST	TUTE	
	s	UBSTITUT	E PROGRAM	l		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							<u> </u>	
								·
							_	
							_	
							<u> </u>	·
							_	
							_	
								
							_	
							_	

Accounting Period:	2022/1 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:
	yondoo Broadband LLC 6374
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.
	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
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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
	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)
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 # M&T Transaction ID 586
	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	OWNER OF CABLE SYSTEM: Iband LLC						SYSTEM ID# 63747
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television cast services	total numb th the cabl ls n broadcas	nber of act ble ast stations	ivated channels during th	e accounting period.	stations	10 204
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		ORMATIC	N IS NEEDED (Identify a	n individual to whom		
for Further Information	Name	Robert Steffen				Те	lephone 41	0-727-8250
	Address	PO Box 22467 (Number, street, rural route, apar Baltimore MD 21203 (City, town, state, zip)		uite number)				
	Email					Fax (optional)		
O Certification	I, the undersign (Own (Ager in X (Offic in · I have examine	I (This statement of account m ned, hereby certify that (Check er other than corporation or line 1 of space B and that the cer or partner) I am an officer line 1 of space B. ed the statement of account and ite, and correct to the best of m ion 1001(1986)]	one, <i>but or</i> partnersh ration or p owner is n (if a corpo d hereby d	hip) I am t hip) I am t partnersh not a corpo coration) or declare un	f the boxes.) ne owner of the cable syst ip) I am the duly authorize ration or partnership; or a partner (if a partnership der penalty of law that all s	tem as identified in line 1 ad agent of the owner of t) of the legal entity identif statements of fact contair	of space B; o he cable syst fied as owner	em as identified
				in electroni	bert Steffen : signature on the line abov ing an "/s/ signature" (e.g.,		<u>.</u>	
		Typed or printe Title: (Title of o	Vice F	Preside	ert Steffen ont of Finance orporation 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	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 Name 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 Assessme
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	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 - 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	<pre>Interest Assessme</pre>
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	<pre>Interest Assessme</pre>
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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