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	IENT OF ACCOUNT	FOR COPYRIC	FOR COPYRIGHT OFFICE USE ONLY				
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.go			
General instr	ems (Short Form) ructions are located o 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: ()	(YYY/(Period))				
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
		Barcode Data Filing Period (option	al - see instructions)				
Accounting Period							
	Instructions:						
В	Give the full legal name of the owner of the subsidiary, not that of the pare		osidiary of another corporation, give the full co	orporate title			
Owner	List any other name or names under w	which the owner conducts the business or	f the cable system.				
		the accounting period, only the owner or ty fee payment covering the entire accou	n the last day of the accounting period should Inting period.	submit a			
	Check here if this is the system's first f	iling. If not, enter the system's ID numbe	er assigned by the Licensing Division.	63777			
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	И				
	yondoo Broadband LLC						
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)				
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM					
	PO Box 22467 (Number, street, rural route, apartment, or su	ite number)					
	Baltimore MD 21203 (City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In li						
System	IDENTIFICATION OF CABLE SYSTEM	Λ:					
	yondoo Broadband Elsb						
	MAILING ADDRESS OF CABLE SYS	ΓEM:					

Return completed workbook

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.

(Number, street, rural route, apartment, or suite number)

PO Box 22467

Baltimore MD 21203 (City, town, state, zip code)

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	yondoo Broadband LLC	6377
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo 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 fi	rated communities within unincorporated areas and including single, aat 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	Elsberry	MO
Community		
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					515	TEM II 6377
	yondoo Broadband LLC								037
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
Cocondom	system, that is, the retransmissi								
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								
	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	vo- or thre	e-wora descrip	tion of the s	service is	
	BLOCK 1						BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		44	90.85	Starter		13	26.	
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				9				
-	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								
0	service for a single fee. There a	•			•		• • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the up								
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.							e form of a	
								51.001/0	
	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 ch	annel				
	Installation: Residential		-	e protection					
	First set			glar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)		• Rec	connect					
	, , ,		D :-						1
	Converter		• Dise	connect					
	• Converter			connect let relocation					
	• Converter		• Out		ess				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE					
Name	yondoo Broadband L			6					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: Television	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 her station was carried <i>only</i> or • List the station here, and	also in space I, if the station was carried	 (1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and also 	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other					
	Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	ion concerning substitute basis stations, son's call sign. <i>Do not</i> report origination pred with a station according to its over-the- the form. The number the FCC assigned to the televe VRC is channel 4 in Washington, D.C. th case whether the station is a network s tering the letter "N" (for network), "N-M" (fr), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list the adian stations, if any, give the name of the	rogram services such as HBO, ES air designation. For example, rep rision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa stions in the paper SA1-2 form. the community to which the station	SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" itional 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					
Rows as Necessary	KDNL	30.2	N-M	St Louis MO					
	КЕТС	9.1	E						
	1			St Louis MO					
	КЕТС	9.2	E-M	St Louis MO St Louis MO					
	KETC	9.2	E-M	St Louis MO					
	KETC KETC	9.2 9.3	E-M E-M	St Louis MO St Louis MO					
	KETC KETC KETC	9.2 9.3 9.4	E-M E-M E-M	St Louis MO St Louis MO St Louis MO					
	KETC KETC KETC KMOV	9.2 9.3 9.4 4.1	E-M E-M E-M N	St Louis MO St Louis MO St Louis MO St Louis MO					
	KETC KETC KETC KMOV KMOV	9.2 9.3 9.4 4.1 4.2	E-M E-M E-M N N	St Louis MO					
	KETC KETC KETC KMOV KMOV KMOV	9.2 9.3 9.4 4.1 4.2 4.3	E-M E-M E-M N N-M N-M	St Louis MO					
	KETC KETC KETC KMOV KMOV KMOV KPLR	9.2 9.3 9.4 4.1 4.2 4.3 11.1	E-M E-M E-M N N-M N-M I	St Louis MO					
	KETC KETC KETC KMOV KMOV KMOV KPLR KPLR	9.2 9.3 9.4 4.1 4.2 4.3 11.1 11.2	E-M E-M E-M N N-M N-M I I I-M	St Louis MO					
	KETC KETC KETC KMOV KMOV KMOV KPLR KPLR KPLR	9.2 9.3 9.4 4.1 4.2 4.3 11.1 11.2 11.3	E-M E-M N N-M N-M I I I-M I-M	St Louis MO					
	KETC KETC KETC KMOV KMOV KMOV KPLR KPLR KPLR KPLR KSDK	9.2 9.3 9.4 4.1 4.2 4.3 11.1 11.2 11.3 5.2	E-M E-M E-M N N-M N-M I I-M I-M N-M N-M	St Louis MO					
	KETC KETC KETC KMOV KMOV KMOV KPLR KPLR KPLR KPLR KSDK KSDK KSDK	9.2 9.3 9.4 4.1 4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4	E-M E-M E-M N N-M N-M I I I-M I-M N-M N-M N-M	St Louis MO					
	KETC KETC KETC KMOV KMOV KMOV KPLR KPLR KPLR KSDK KSDK KSDK KSDK	9.2 9.3 9.4 4.1 4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1	E-M E-M E-M N N-M N-M I I I-M I-M N-M N-M N-M N-M N-M	St Louis MO					
	KETC KETC KETC KMOV KMOV KMOV KPLR KPLR KPLR KPLR KSDK KSDK KSDK KSDK KSDK KSDK	9.2 9.3 9.4 4.1 4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1 2.2	E-M E-M E-M N 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					
	KETC KETC KETC KMOV KMOV KMOV KPLR KPLR KPLR KPLR KSDK KSDK KSDK KSDK KSDK KSDK	9.2 9.3 9.4 4.1 4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1 2.2 2.3	E-M E-M E-M N N-M N-M 1 1 1-M 1-M N-M N-M N-M N-M N-M N-M N-M N-M	St Louis MO					
	KETC KETC KETC KMOV KMOV KMOV KPLR KPLR KPLR KPLR KSDK KSDK KSDK KSDK KSDK KSDK KSDK KSD	9.2 9.3 9.4 4.1 4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.4 5.1 2.2 2.3 2.1	E-M E-M E-M N N-M N-M I I I-M I-M N-M N-M N-M N-M N-M N-M N N N N N N	St Louis MO St Louis MO					
	KETC KETC KETC KMOV KMOV KMOV KPLR KPLR KPLR KPLR KSDK KSDK KSDK KSDK KSDK KSDK	9.2 9.3 9.4 4.1 4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1 2.2 2.3	E-M E-M E-M N N-M N-M 1 1 1-M 1-M N-M N-M N-M N-M N-M N-M N-M N-M	St Louis MO					

yondoo Broa	OWNER OF (ISTEM.					SYSTEM I 637
	every radio s	station 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 isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recei it the Co l sign of e the static ion's sign g a chech 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. 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 his point, see pa ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) 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	
		5,5				2,2		

Accounting Perio	od: 2022/1						FORM SA1-2E. PAGE	E 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM I	D#
Name	yondoo Broadband LL	C					637	77
	SUBSTITUTE CARRIAG	E: SPECI			G			
					-	tion that your cat	ale eveter corrige	
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							31
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did yoi	ur cable syster	n carry, on a substitute ba	isis, any noni	network televisior		
Program Log	broadcast by a distant sta	tion?				Y	'ES XNO	
	Note: If your answer is "No	" leave the	rest of this pa	ige blank. If your answer is	s "Yes " vou i	must complete th	e program	
	log in block 2.	,		.ge slama i jear anoner i	,	indet complete til	o p. og. a	
	2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if their m	eaning is	
	clear. If you need more spa							
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute	e program") t	hat, during the ac	counting	
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies or bask	etball. List specific progra	am uties, for e	example, I Love	Lucy or	
			dcast live. ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			C or, in	
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerals, with	the month	
			e substitute pr	ogram was carried by you	r cable syste	m List the times	accurately	
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."				·	·		
				n was substituted for prog				
	to delete under FCC rules							
	was substituted for programe ffect on October 19, 1976	• •	your system w	as permitted to delete und	ier FCC rules	s and regulations	IN	
		•						
						N SUBSTITUTE		
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCURRE	ED 7. REASON F	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH AND DAY	6. TIMES FROM —		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM —	то	
						_		
						-		
						-		
					·			
						_		
						_		
					·			
						_		
1								

Accounting Period:	2022/1 FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#
Name	yondoo Broadband LLC	63777
K 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	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
		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) \$ 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 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 OW yondoo Broadba	WNER OF CABLE SYSTEM: and LLC						SYSTEM ID# 63777
M Channels	 to its subscribers, i Enter the total n system carried te Enter the total n on which the cab 	and (2) the cable system's number of channels on whic elevision broadcast stations number of activated channel ble system carried television st services	total numbers the cable the cable s ls n broadcast	er of activated ch e t stations	nannels during the	accounting pe	riod.	24 218
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accou		RMATION IS NE	EDED (Identify an	individual to w	hom	
for Further Information	Name	Robert Steffen					Telephone 4	410-727-8250
O Certification	Email CERTIFICATION (T I, the undersigned (Owner) (Agent of in lin X) (Officer in lin X) (Officer in lin V) I have examined t	PO Box 22467 (Number, street, rural route, apart Baltimore MD 21203 (City, town, state, zip) This statement of account m d, hereby certify that (Check of other than corporation or p of owner other than corpor ne 1 of space B and that the of r or partner) I am an officer ne 1 of space B. the statement of account and and correct to the best of m o 1001(1986)]	nust be cert one, <i>but onl</i> partnershi owner is no (if a corpora d hereby de	tified and signed <i>ly one</i> , of the box p) I am the owner artnership) I am I ot a corporation of ation) or a partne	es.) [•] of the cable system [•] partnership; or r (if a partnership) o Ity of law that all sta	h Copyright Off m as identified i agent of the ov of the legal entit atements of fac	fice regulations) in line 1 of space E wner of the cable s ty identified as own t contained herein	ystem as identified
		Typed or printe Title:	Enter sign ed name: Vice P		e on the line above ;/ signature" (e.g., / ffen =inance		atement.	
		Date:				08/18/	/2022	

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ounting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ndoo Broadband LLC	6377
 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 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 Assessmer
x	-
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x	-
x	-
x	
x	
x	
x	
x	

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