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.

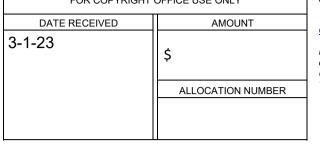
SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting 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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Catalina Broadband Solutions LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 22467
	(Number, street, rural route, apartment, or suite number) Baltimore MD 21203 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Catalina Broadband Solutions LLC	63591
D Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated 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 home city.	is the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Avalon	СА
Community		
Add Rows as Necessary		

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:								STEM ID
Name	Catalina Broadband Solutions LLC								
	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIBE	ERS AND RA	TES				
E	In General: The information in sp			-					
Coordon	system, that is, the retransmission								
Secondary Transmission	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).								
Service: Sub-	Number of Subscribers: Both						le system	, broken	
scribers and	down by categories of secondary	transmission se	ervice. li	n general, you	u can com	pute the numbe	r of subscr	ibers in	
Rates	each category by counting the nu							charged	
	separately for the particular servi Rate: Give the standard rate cl							ie and the	
	unit in which it is generally billed.	-	-	•			-		
	category, but do not include disc	· · ·	,		ly standar		, within a p		
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity s subscriber who pays extra for cal						•		
	first set" and would be counted o								
	Block 2: If your cable system h	0			()	service that are	different fi	rom those	
	printed in block 1 (for example, ti	ers of services t	hat inclu	ude one or mo	ore second	lary transmissio	ns), list the	em, together	
	with the number of subscribers a	nd rates, in the r	right-har	nd block. A tw	o- or three	e-word description	on of the s	ervice is	
	sufficient.	DCK 1					BLOC	K 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI
	Residential:		700	97.00	Startor			77	31.6
	Service to first set		709	87.66	Starter			77	31.0
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECO	ONDARY TRAN	SMISSI	ONS: RATES	;				
F	In General: Space F calls for rate		'		•				
I	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services of				•				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:									
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								
	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 1							BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	E RATE
	Continuing Services:			ion: Non-res					
	• Pay cable		• Mote	l, hotel					
	• Pay cable—add'l channel		• Com	mercial					
	Fire protection		• Pay o						
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential		-	protection					
	• First set			lar protection					
	Additional set(s)	C	-	ervices:					
	• FM radio (if separate rate)			onnect					
	Converter			onnect					
				et relocation					
	1		Julie						
			• Move	e to new addr	ess				

counting Period: 2	-			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 6359				
	Catalina Broadband Solutions LLC PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including trans during the accounting period, <i>except</i> (7 n effect on June 24, 1981, permitting the)(2) and (4), or 76.63 (referring to 76.61(s explained in the next paragraph. : With respect to any distant stations carriels, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried I n concerning substitute basis stations, so 's call sign. <i>Do not</i> report origination prowith a station according to its over-the-according	I) stations carried only on a part-tir carriage of certain network progra e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub Special Statement and Program L both on a substitute basis and also be page (v) of the general instruction gram services such as HBO, ESP in designation. For example, repo sion station for broadcasting over the ation, an independent station, or a r network multicast), "I" (for indepen- te-M" (for noncommercial education ions in the paper SA1-2 form. ne community to which the station	ne basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" nal multicast). is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	ксвѕ	2	N	Los Angeles CA				
	KNBC	4	N	Los Angeles CA				
dd Dawe as Nasaaaan	KTLA	5	1	Los Angeles CA				
dd Rows as Necessary	KABC	7	N	Los Angeles CA				
	KCAL	9	N	Los Angeles CA				
	KTTV	11						
	КСОР	13		Los Angeles CA				
			I	Los Angeles CA				
	KCET	28	E	Los Angeles CA				
	KOCE	<u>50</u> 52	. E	Los Angeles CA				
	KVEA	Los Angeles CA						
	KAZA	54		Los Angeles CA				
	KDOC	56	-	Los Angeles CA				
	KLCS	58	E	Los Angeles CA				

Accounting P	eriod: 2022/	2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF Catalina Bro								SYSTEM ID
Calainia Bru		nutions						6359 ⁻
all-band basis w	t every radio s vhose signals	tation ca were ger	rried on a separate and discre nerally receivable by your cab	le system during	the accounting	period		н
ecceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati	y the sys be recein t the Co sign of e he statio on's sign	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	t the system's hea system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge	it can b rtain sta eneral in	e expected, ated intervals. structions in the.	Primary Transmitters: Radio
Column 4: G	live the station	i's locatio	< mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	t		h				h	

Accounting Perio							FC	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:					SYSTEM ID#
Name	Catalina Broadband S	olutions L	LC					63591
-	SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	T AND PROGRAM LOG	ì			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programn	accounting pe	eriod, under spe	cific present and former FC	C rules, regula	itions, or au	uthorizations	s. For a further
Carriage:	1. SPECIAL STATEMEN				- -			
Special	During the accounting pe				is any nonnet	work telev	vision proar	am
Statement and	broadcast by a distant sta			ourly, on a substitute bus	is, any nonne			
Program Log	-		_				YES	
	Note: If your answer is "No	o", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ist comple	te the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUT			ta lina. I laa ahbraviatiana	wherever	مناحام أأحلهم	ir meening	ia
	In General: List each subs clear. If you need more spa				wherever pos	Sidle, if the	eir meaning	IS
				sion program ("substitute	program") tha	t, during th	ne accounti	ng
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs		vies or baske	toall. List specific program	m titles, for exa	ampie, IL	ove Lucy o	Dr
			dcast live, ente	r "Yes." Otherwise enter "I	No."			
				sting the substitute progra				
				e community to which the			e FCC or, i	n
	the case of Mexican or Car Column 5: Give the mo			tem carried the substitute			with the m	onth
	first. Example: for May 7 gi		when you byb		program. ooc	nameraio	, with the m	onur
	Column 6: State the tim	nes when the		gram was carried by your				tely
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be	
			listed program	was substituted for progr	amming that v	ourevetor	A WAS FORIN	
	Column 7: Enter the let	ter "R" if the		was substituted for progra				
		ter "R" if the and regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	e listed pro	
	Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulation mming that y	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	e listed pro	
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ons in effect du /our system wa	ring the accounting period s permitted to delete unde	d; enter the let er FCC rules a	ter "P" if th ind regulat	ie listed pro ions in	
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatio mming that y 5. SUBSTITUT	ons in effect du your system wa	ring the accounting period s permitted to delete unde	d; enter the let er FCC rules a WHE CARRI	ter "P" if th ind regulat	e listed pro ions in TITUTE CURRED	
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ons in effect du /our system wa	ring the accounting period s permitted to delete unde	d; enter the let er FCC rules a	ter "P" if th ind regulat	ie listed pro ions in	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
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	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
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	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
	Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the and regulation mming that y b. SUBSTITUT 2. LIVE?	ons in effect du your system wa	ring the accounting period s permitted to delete unde	t; enter the let er FCC rules a WHE CARRI 5. MONTH	ter "P" if th ind regulat N SUBST AGE OCC 6.	TITUTE CURRED	gram 7. REASON FOR
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Accounting Period:	2022/2 FORM SA1-2	E. PAGE 6.
Name		TEM ID#
INdille	Catalina Broadband Solutions LLC	63591
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 of 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, see 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.	
		_
L 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 equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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
	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	
	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 Due	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:	2022/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: dband Solutions LLC	SYSTEM ID# 63591
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stat ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ied television broadcast stations	tions 13 190
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Robert Steffen Telepi PO Box 22467	hone 410-727-8250
	Address	(Number, street, rural route, apartment, or suite number) Baltimore MD 21203 (City, town, state, zip)	
	Email		
O Certification	I, the undersign (Own (Agen X (Offi I have examine are true, compl	I (This statement of account must be certified and signed in accordance with Copyright Office regulationed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of spectors of the owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified are in line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained here, and correct to the best of my knowledge, information, and belief, and are made in good faith. etion 1001(1986)]	ace B; or able system as identified s owner of the cable system
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Robert Steffen Title: Vice President of Finance	
		Vice President of Finance (Title of official position held in corporation or partnership)	
		Date: 2/28/2023	

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.

unting Period: 2022/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
alina Broadband Solutions LLC	6359
 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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here x x	
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	
* 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.	
** 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
OwnerAddress	
ID number First community served Accounting period	

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C	Cable Worksheet		Total amount of remittance	of Number of SAs rec'd Initials				
			Date of remittance	Check CFT	□ FILING FEES			
Cable ID #					Amount Initials			
Examined by		Reviewed by	Date examination completed	Allocation number				
Space A Accounting Period								
	🗆 Janua	ary 1 - June 30, 2017		July 1 - December 31, 2017				
	🗆 Lette	r sent		Information received				
	Accept	oted		Phone call/Date/Contact				
Space B Owner								
	🗆 Lette	r sent		Information received				
	🗆 Accep	oted		Phone call/Date/Contact				
Space D Area Served								
	□ Lette	r sent		Information received				
	🗆 Accep	oted		Phone call/Date/Contact				
Space E Secondary Transission								
Service Subscribers:	🗆 Lette	r sent		Information received				
and Rates		oted		Phone call/Date/Contact				
Space G Primary Transmitters:								
Television	🗆 Lette	r sent		Information received				
		oted		Phone call/Date/Contact				
Space H Primary Transmitters:								
Radio		oted		Phone call/Date/Contact				

		Space I Substitute Carriage
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
□ Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
□ Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□ Info/add'l fee received	
□ Accepted	Phone call/Date/Contact	