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 by email to:

coplicsoa@copyright.gov

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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

 DATE RECEIVED
 AMOUNT

 3/1/2023
 \$

 ALLOCATION NUMBER
 ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	63747
		LEGAL NAME OF OWNER/MAILING 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 (Number, street, rural route, apartment, or suite number)	
		Baltimore MD 21203 (City, town, state, zip)	
	INCTO	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	alaaa thaaa
С	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		yondoo Broadband Canton	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	PO Box 22467 (Number, street, rural route, apartment, or sulte number)	
		Baltimore MD 21203 (City, town, state, zip code)	
		(Unity, town, state, 214 unde)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	yondoo Broadband LLC	63747
D Area Served	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n city.	ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Canton	MO
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA								A1-2E. PAGI Stem II
Name	vondoo Broadband LLC							01	6374
		,							
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or De	cember	31, as the ca	se may be).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
Rales	separately for the particular servi							chargeu	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.				ny standaro	d rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ndary transmis	sion servic	e that cable	
	systems most commonly provide	•		•		,			
	that applies to your system. Note								
	categories, that person or entity	should be coun	ted as a	subscriber in	each appli	cable category.	Example:	a residential	
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system h					sonvice that are	difforont fr	om thosa	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		0			•			
	BLOCK 1						BLOCI		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		36	90.85	Starter			8	26.
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	NSMISSI	ONS: RATES	5				
F	In General: Space F calls for rat		,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions:	Block 1: Give the standard rat							ware not	
Rates	Block 2: List any services that listed in block 1 and for which a s				-				
	brief (two- or three-word) descrip							lonn or u	
	CATEGORY OF SERVICE	BLOC RATE		DRY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	E RAT
	Continuing Services:	1		ion: Non-res			UAILO		- 1041
	Pay cable			I, hotel					
				mercial					
	,								
	• Pay cable—add'l channel		• Pav	cable		L			
	Pay cable—add'l channel Fire protection			cable cable-add'l cl	nannel				
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pay	cable-add'l cł	nannel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire	cable-add'l cł protection					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay • Fire • Burg	cable-add'l ch protection lar protection					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Burg Other se	cable-add'l ch protection lar protection prvices:					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Burg Other se • Reco	cable-add'l ch protection lar protection e rvices: onnect					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Burg Other se • Reco • Disce	cable-add'l ch protection lar protection ervices: onnect onnect					
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Burg Other se • Reco • Disce • Outle	cable-add'l ch protection lar protection e rvices: onnect					

	LEGAL MAIVIE OF OWNER C	OF CABLE SYSTEM:		SYST
ne	yondoo Broadband L	LLC		
	PRIMARY TRANSMITTERS:			
ary hitters: ision	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 basis. For further informati Column 1: List each static 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 ente (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried b ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	1) stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain sta ried by your cable system on a sub special Statement and Program both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- sion station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial education tions in the paper SA1-2 form.	ime basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КНQА	7	N	Hannibal MO
	KHQA	7.1	N	Hannibal MO
Necessary	KIIN PBS	12	Е	lowa
vs as Necessary	KIIN PBS Create	12.4	E-M	lowa
		••••		
		12.3	E-M	lowa
	KIIN PBS World	12.3	E-M I	lowa Hannibal MO
	KIIN PBS World WTJR	16.1	<u>I</u>	Hannibal MO
	KIIN PBS World WTJR WGEM	16.1 10.1	l N	Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM	16.1 10.1 10.4	I N N-M	Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM	16.1 10.1 10.4	I N N-M	Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO
	KIIN PBS World WTJR WGEM WGEM WGEM	16.1 10.1 10.4 10.2	I N N-M N-M	Hannibal MO Hannibal MO Hannibal MO Hannibal MO

Accounting F			ŚTEM:				FORM	A SA1-2E. PAGE 4
yondoo Bro	adband LL	C						6374
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Sive the station	y the sys be recein t the Co sign of e he station ion's sign g a chech n's locati	I-Band FM Carriage: Under C item whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In 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	It the system's he system's FM ante this point, see pay ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral ii eparate a	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	
	T	1				r	T 	

	d: 2022/2						FORM	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	yondoo Broadband LL	C						63747
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG				
	In General: In space I, identi	-	-			on. that vour ca	able svsten	n carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or autho	orizations.	For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Special Statement and	 During the accounting per 	riod, did you	ur cable system	n carry, on a substitute bas	sis, any nonne	etwork televisi	ion progra	
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the progra	am
	log in block 2.				•			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subs				wherever po	ssible, if their	meaning i	s
	clear. If you need more spa			rows to the tables. rision program ("substitute	program") th	at during the	accountin	a
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorization	is. See page (v) of the ger	neral instruction	ons for further	· informatio	on.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "baske	etball." List specific progra	m titles, for ex	kample, "I Lov	e Lucy" or	r
			dcast live, ente	er "Yes." Otherwise enter "I	No."			
	Column 3: Give the call	sign of the	station broadca	asting the substitute progra	am.			
				he community to which the			FCC or, in	
	the case of Mexican or Car Column 5: Give the mor			stem carried the substitute			ith the mo	onth
	first. Example: for May 7 giv	ve "5/7."						
				gram was carried by your				əly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carr	led by a system from 6:01:	15 p.m. to 6:	28:30 p.m. sn	ouid be	
		er "R" if the	listed program	was substituted for progra	amming that	your system w	vas <i>require</i>	ed
	to delete under FCC rules a							jram
	was substituted for programe ffect on October 19, 1976		your system wa	as permitted to delete unde	er FCC rules	and regulatior	ns in	
								l
	S	UBSTITUT	TE PROGRAM			N SUBSTITU		7. REASON FOR
	S	2. LIVE?	E PROGRAM		5. MONTH	AGE OCCUF 6. TIM	RRED IES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCCUF	RRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED IES	

Accounting Period:	2022/2 F	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	yondoo Broadband LLC	63747
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 to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission set (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, 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.	ervice
	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 \$263,800 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-mo accounting period is \$52.00	onth
	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)	9.00
		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)	2.00_
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	5.00
	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 Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF	F OWNER OF CABLE SYSTEM: adband LLC	SYSTEM ID# 63747
M Channels	to its subscril 1. Enter the t system can 2. Enter the t on which th	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable rried television broadcast stations total number of activated channels he cable system carried television broadcast stations oadcast services	10 204
N Individual to	we can conta	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom act about this statement of account.)	
Be Contacted for Further Information	Name	Robert Steffen Telephone 410-7	27-8250
	Address	PO Box 22467 (Number, street, rural route, apartment, or suite number) Baltimore MD 21203 (City, town, state, zip)	
	Email	Fax (optional	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, comp	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Oner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as i in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		X /s/Robert Steffen 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	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	

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. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
doo Broadband LLC	637
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 fol- lowing 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 sub- scribers 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	P Special Statemer Concerning Gros Receipts Exclusio
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\$	
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.	Q
	Q Interest Assessme
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 Assessme
	Q Interest Assessme
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
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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.