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

<u>ght.gov</u>

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for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
DATE RECEIVED	AMOUNT	coplicsoa@copyri
8/29/23	\$	For additional inform contact the U.S. Cop Office Licensing Divi
	ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2023/1 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.
	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)
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 1 yondoo Broadband Canton
	2 MAILING ADDRESS OF CABLE SYSTEM: PO Box 22467 (Number, street, rural route, apartment, or suite number)
	Baltimore MD 21203 (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.

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 "con separate and distinct community or municipal entity (including unincorporated 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 mo city.	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Canton	МО
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER C)F CABLE SYSTEM:		SYSTE
ame	yondoo Broadband L	_LC		
	PRIMARY TRANSMITTERS:			
G mary mitters: vision	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 station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V 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	I) stations carried only on a part-tic carriage of certain network progra e)(2) and (4))]; and (2) certain station ied by your cable system on a sult Special Statement and Program both on a substitute basis and also epage (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repor- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections itions carried on a bstitute program Log)—if the p 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
	KHQA	7	N	Hannibal MO
	KHQA KHQA	7.1	<u> </u>	Hannibal MO Hannibal MO
Necessary		•••• ••••••••••••••••••••••••••••••••••		
Necessary	KHQA	7.1	N	Hannibal MO
Necessary	KHQA KIIN PBS	7.1 12	N E	Hannibal MO Iowa
ecessary	KHQA KIIN PBS KIIN PBS Create	7.1 12 12.4	N E E-M	Hannibal MO Iowa Iowa
ecessary	KHQA KIIN PBS KIIN PBS Create KIIN PBS World	7.1 12 12.4 12.3	N E E-M E-M I	Hannibal MO Iowa Iowa Iowa
ecessary	KHQA KIIN PBS KIIN PBS Create KIIN PBS World WTJR	7.1 12 12.4 12.3 16.1	N E E-M	Hannibal MO Iowa Iowa Iowa Hannibal MO
cessary	KHQA KIIN PBS KIIN PBS Create KIIN PBS World WTJR WGEM WGEM	7.1 12 12.4 12.3 16.1 10.1 10.4	N E E-M E-M I N N N-M	Hannibal MO Iowa Iowa Iowa Hannibal MO Hannibal MO Hannibal MO
ecessary	KHQA KIIN PBS KIIN PBS Create KIIN PBS World WTJR WGEM WGEM	7.1 12 12.4 12.3 16.1 10.1 10.4 10.2	N E E-M E-M I N N N-M N-M	Hannibal MO Iowa Iowa Iowa Hannibal MO Hannibal MO Hannibal MO Hannibal MO
s Necessary	KHQA KIIN PBS KIIN PBS Create KIIN PBS World WTJR WGEM WGEM	7.1 12 12.4 12.3 16.1 10.1 10.4	N E E-M E-M I N N N-M	Hannibal MO Iowa Iowa Iowa Hannibal MO Hannibal MO Hannibal MO
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as Necessary	KHQA KIIN PBS KIIN PBS Create KIIN PBS World WTJR WGEM WGEM	7.1 12 12.4 12.3 16.1 10.1 10.4 10.2	N E E-M E-M I N N N-M N-M	Hannibal MO Iowa Iowa Iowa Hannibal MO Hannibal MO Hannibal MO Hannibal MO

Accounting F			′STEM:				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	i it is carried b monitoring, to ormation abou rm. dentify the call state whether t 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 tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In 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	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 general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	1	1				т	T	

Accounting Perio	d: 2023/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				SYSTEM ID#
Name	yondoo Broadband LL	C					63747
	SUBSTITUTE CARRIAGE						
I	In General: In space I, identi substitute basis during the a	ify every nor ccounting pe	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or authori	izations. For a further
Substitute	explanation of the programm				e general Instr	uctions in the pa	aper SA1-2 form.
Carriage: Special	1. SPECIAL STATEMENT	-					
Statement and	 During the accounting per 	riod, did you	ir cable system	n carry, on a substitute bas	is, any nonne	etwork televisior	
Program Log	broadcast by a distant stat	ion?					YES XNO
	Note: If your answer is "No	", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust complete th	e program
	log in block 2.	,	1 .	5	, ,	·	1 5
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	period, was broadcast by a	of every no distant stat	add additional nnetwork telev ion and that yo	rows to the tables. ision program ("substitute our cable system substitute	program") the	at, during the ac gramming of an	ccounting other station
		ries like "mo Bulls." m was broa	ovies" or "baske dcast live, ente	etball." List specific program r "Yes." Otherwise enter "N	m titles, for ex No."		
	Column 4: Give the broat the case of Mexican or Car	adcast stationadian station	on's location (tl ons, if any, the	asting the substitute progra ne community to which the community with which the tem carried the substitute	station is lice station is ide	ntified).	
	first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes.	ve "5/7." es when the	e substitute pro	gram was carried by your	cable system	. List the times	accurately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	and regulati	ons in effect du		d; enter the le	tter "P" if the lis	sted program
		•					
	s	UBSTITUT	E PROGRAM			N SUBSTITUT AGE OCCURF	RED 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	S DELETION TO
						_	
]					

	LEGAL NAME OF OWNER OF CA							FU		2E. PAGE FEM IC
Name									515	6374
	yondoo Broadband LLC	•								0014
-	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIBE	RS AND RA	TES					
E	In General: The information in s									
Secondary	system, that is, the retransmissic about other services (including p									
Transmission	last day of the accounting period							ng on the		
Service: Sub-	Number of Subscribers: Both						ole system,	broken		
scribers and	down by categories of secondary									
Rates	each category by counting the nu							charged		
	separately for the particular servi Rate: Give the standard rate c							e and the		
	unit in which it is generally billed.									
	category, but do not include disc									
	Block 1: In the left-hand block	•		0						
	systems most commonly provide that applies to your system. Note									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca									
	first set" and would be counted o									
	Block 2: If your cable system h									
	printed in block 1 (for example, ti with the number of subscribers a									
	sufficient.		ngnt-nan							
	BLC	DCK 1					BLOC		-	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIB		RAT
	Residential:									
	Service to first set		35	90.85	Starter				7	26.9
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	• Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				<u> </u>			*		
_	In General: Space F calls for rat	••••••			-	vour cable svs	tem's servi	ces that were)	
F	not covered in space E, that is, th									
	service for a single fee. There are	•			•		• • • •			
Services Other Than	furnished at cost or (2) services of									
Secondary	amount of the charge and the un enter only the letters "PP" in the		sually bill	eu. Il any la	tes are cha	irged on a varia	able per-pro	ogram basis,		
ransmissions:	Block 1: Give the standard rat		e cable s	ystem for ea	ch of the a	pplicable servic	es listed.			
Rates	Block 2: List any services that				-					
	listed in block 1 and for which a s				shed. List t	hese other serv	ices in the	form of a		
	brief (two- or three-word) descrip	and include	the rate	for each.						
		BLOC						BLOCH		
	CATEGORY OF SERVICE	RATE (RY OF SER		RATE	CATEG	ORY OF SEF	RVICE	RAT
				nn: Non-res	idential					
	Continuing Services:									
	Continuing Services: • Pay cable		• Motel	, hotel						
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Motel • Comn	, hotel nercial						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Motel • Comn • Pay c	, hotel nercial able						
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection		• Motel • Comn • Pay c • Pay c	, hotel nercial able able-add'l cł	nannel					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Motel • Comm • Pay c • Pay c • Fire p	, hotel nercial able able-add'l cl rotection						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set		• Motel • Comn • Pay c • Pay c • Fire p • Burgla	, hotel nercial able able-add'l ch rotection ar protection						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Motel • Comn • Pay c • Pay c • Fire p • Burgla	, hotel nercial able able-add'l cl rotection ar protection rvices:						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		 Motel, Comn Pay c. Pay c. Fire p Burgla Other set Record 	, hotel nercial able able-add'l cł rotection ar protection rvices: nnect						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		 Motel, Comn Pay c. Pay c. Fire p Burgla Other set Record Disco 	, hotel nercial able able-add'l cl rotection ar protection rvices: nnect nnect						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Motel, • Comn • Pay c • Pay c • Fire p • Burgla Other set • Recor • Disco • Outlet	, hotel nercial able able-add'l cł rotection ar protection rvices: nnect						

Accounting Period:	2023/1 FO	RM 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 tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (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.	vice
	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-mor accounting period is \$52.00	th
	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
		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) \$ 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 # M&T Transaction ID 586	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copyri See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	

	: 2023/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O yondoo Broa	F OWNER OF CABLE SYSTEM: adband LLC	SYSTEM ID# 63747
M Channels	to its subscril 1. Enter the t system ca 2. Enter the t on which t	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	0-727-8250
	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 examinate true, com	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.) Iner 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 in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the 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. ection 1001(1986)]	
		ection 1001(1986)] $\frac{X \ /s/Robert Steffen}{Enter an electronic signature on the line above to certify this statement.Enter signature using an "/s/ signature" (e.g., /s/ John Smith)$	

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: 2023/1	FORM SA1-2E. PAG
AL 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclu scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1	asic Ide sub- Special Statemer
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 transmis made by satellite carriers to satellite dish owners?	ssions
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 underpay	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	form.
	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for an explanation of late payment or underpayment	interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessm days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessm days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessm days
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