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 Diffice Licensing Division at: Fel: (202) 707-8150

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for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY	by email to
DATE RECEIVED	AMOUNT	coplicsoa
8/29/23	\$ ALLOCATION NUMBER	For additio contact the Office Lice Tel: (202)
	ALLOCATION NOIMBEN	

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2023/1 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
	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
System	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. IDENTIFICATION OF CABLE SYSTEM:
System	1 yondoo Broadband Elsberry
	MAILING ADDRESS OF CABLE SYSTEM:
	2 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 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	63777
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho city.	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	Elsberry	MO
Community		
dd Rows as Necessary		
uu nows as necessary		

	LEGAL NAME OF OWNER OF CA	ARI E SVSTEM								2E. PAGE FEM IC
Name	vondoo Broadband LLC								0101	6377
		,								
Е	SECONDARY TRANSMISSION									
–	In General: The information in s system, that is, the retransmission									
Secondary	about other services (including p									
Fransmission	last day of the accounting period	June 30 or Dec	ember 3	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							laigeu		
	Rate: Give the standard rate c							e and the		
	unit in which it is generally billed.				ny standaro	d rate variations	within a pa	articular rate		
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ndary transmis	sion servic	a that cable		
	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					in the count une	der "Servic	e to the		
	Block 2: If your cable system h					service that are	different fro	om those		
	printed in block 1 (for example, ti									
	with the number of subscribers a	and rates, in the r	ight-har	id block. A tv	vo- or three	-word descripti	on of the se	ervice is		
	sufficient.	OCK 1					BLOC	()		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBE	RS	RAT
	Residential:		20	00.05	Stortor				12	26.
	Service to first set		39	90.85	Starter				12	20.
	Service to additional set(s)									
	• FM radio (if separate rate) Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSI	ONS: RATES	3					
F	In General: Space F calls for rat	•	,		•	• •				
Г	not covered in space E, that is, the									
Services	service for a single fee. There ar 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.	-	-		-		-		
•			o cahle s				es listed.			
ransmissions:	Block 1: Give the standard rat									
•	Block 2: List any services that	your cable syste	em furnis	shed or offere	ed during th	ne accounting p	eriod that v			
ransmissions:		your cable syste separate charge	em furnis was ma	shed or offered de or establi	ed during th	ne accounting p	eriod that v			
ransmissions:	Block 2: List any services that listed in block 1 and for which a s	your cable syste separate charge ption and include	em furnis was ma the rate	shed or offered de or establi	ed during th	ne accounting p	eriod that v	form of a	2	
ransmissions:	Block 2: List any services that listed in block 1 and for which a s	your cable syste separate charge otion and include BLOC	em furnis was ma the rate K 1	shed or offered de or establi	ed during th shed. List t	ne accounting p	eriod that v ices in the			RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	your cable syste separate charge otion and include BLOC RATE	em furnis was ma the rate K 1 CATEGC	shed or offere de or establis for each.	ed during th shed. List t	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	your cable syste separate charge otion and include BLOC RATE	em furnis was ma the rate K 1 CATEGC	shed or offere de or establis for each. DRY OF SER on: Non-res	ed during th shed. List t	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	your cable syste separate charge otion and include BLOC RATE	em furnis was ma the rate K 1 CATEGC nstallati • Motel	shed or offere de or establis for each. DRY OF SER on: Non-res	ed during th shed. List t	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	your cable syste separate charge otion and include BLOC RATE	em furnis was ma the rate K 1 CATEGC nstallati • Motel	shed or offere de or establi for each. DRY OF SER on: Non-res l, hotel mercial	ed during th shed. List t	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	your cable syste separate charge otion and include BLOC RATE	em furnis was ma the rate K 1 CATEGC • Stallati • Motel • Comi • Pay c	shed or offere de or establi for each. DRY OF SER on: Non-res l, hotel mercial	ed during th shed. List t VICE sidential	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	your cable syste separate charge otion and include BLOC RATE	em furnis was ma the rate K 1 CATEGC • Motel • Com • Pay c • Pay c	shed or offere de or establis for each. DRY OF SER on: Non-res I, hotel mercial sable	ed during th shed. List t VICE sidential	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	your cable syste separate charge otion and include BLOC RATE	ern furnis was ma the rate K 1 CATEGC nstallati • Motel • Com • Pay c • Pay c	shed or offere de or establis for each. DRY OF SER on: Non-res I, hotel mercial cable cable	ed during the shed. List the shed. List the shed. List the shed shed shed shed shed shed shed sh	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	separate charge bition and include BLOC RATE C	ern furnis was ma the rate K 1 CATEGC nstallati • Motel • Com • Pay c • Pay c	Shed or offered de or establis for each. ORY OF SER on: Non-res I, hotel mercial cable cable-add'l ch protection ar protection	ed during the shed. List the shed. List the shed. List the shed shed shed shed shed shed shed sh	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate charge bition and include BLOC RATE C	em furnis was ma the rate K 1 CATEGC nstallati • Motel • Com • Pay c • Pay c • Fire p • Burgl	shed or offere de or establis for each. ORY OF SER on: Non-res I, hotel mercial cable cable cable-add'l ch protection ar protection rvices:	ed during the shed. List the shed. List the shed. List the shed shed shed shed shed shed shed sh	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAT
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charge bition and include BLOC RATE C	em furnise was ma the rate K 1 CATEGC nstallati • Motel • Com • Pay c • Pay c • Fire p • Burgl Other se	shed or offered de or establis for each. DRY OF SER on: Non-res I, hotel mercial cable cable-add'I ch protection ar protection rvices: nnect	ed during the shed. List the shed. List the shed. List the shed shed shed shed shed shed shed sh	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAI
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	separate charge bition and include BLOC RATE C	em furnise was ma the rate K 1 CATEGC nstallati • Motel • Com • Pay c • Fire p • Burgl Other se • Reco • Disco	shed or offered de or establis for each. DRY OF SER on: Non-res I, hotel mercial cable cable-add'I ch protection ar protection rvices: nnect	ed during the shed. List the shed. List the shed. List the shed shed shed shed shed shed shed sh	ne accounting p hese other serv	eriod that v ices in the	form of a BLOCK		RAI

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM		
lame	yondoo Broadband L	LC		63		
	PRIMARY TRANSMITTERS:	TELEVISION				
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station 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, V Column 3: Indicate in eace educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried be on concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination prog ed with a station according to its over-the-ai) stations carried only on a part-tii carriage of certain network progra e)(2) and (4))]; and (2) certain stat ed by your cable system on a sub Special Statement and Program I oth on a substitute basis and also e page (v) of the general instructi gram services such as HBO, ESF r designation. For example, report ion station for broadcasting over tion, an independent station, or a network multicast), "I" (for independent E-M" (for noncommercial education ons in the paper SA1-2 form. e community to which the station	me basis under ams [sections tions carried on a _og)—if the _og)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	KDNL	30.3	N-M	St Louis MO		
	KDNL	30.4	N-M	St Louis MO		
s as Necessary	KDNL	30.2	N-M	St Louis MO		
	KETC	9.1	Е	St Louis MO		
	KETC	9.2	E-M	St Louis MO		
	KETC	9.3	E-M	St Louis MO		
	KETC	9.4	E-M	St Louis MO		
	KMOV	4.1	Ν	St Louis MO		
	KMOV KMOV	4.1	N N-M	St Louis MO St Louis MO		
	KMOV	4.2	N-M	St Louis MO		
	КМОУ КМОУ	4.2 4.3	N-M	St Louis MO St Louis MO		
	KMOV KMOV KPLR	4.2 4.3 11.1	N-M N-M I	St Louis MO St Louis MO St Louis MO		
	KMOV KMOV KPLR KPLR	4.2 4.3 11.1 11.2	N-M N-M I I-M	St Louis MO St Louis MO St Louis MO St Louis MO		
	KMOV KMOV KPLR KPLR KPLR	4.2 4.3 11.1 11.2 11.3	N-M N-M I I-M I-M	St Louis MO St Louis MO St Louis MO St Louis MO St Louis MO		
	KMOV KMOV KPLR KPLR KPLR KSDK	4.2 4.3 11.1 11.2 11.3 5.2	N-M N-M I I-M I-M N-M	St Louis MO St Louis MO St Louis MO St Louis MO St Louis MO St Louis MO		
	KMOV KMOV KPLR KPLR KPLR KSDK KSDK	4.2 4.3 11.1 11.2 11.3 5.2 5.3	N-M N-M I I-M I-M N-M N-M	St Louis MO		
	KMOV KMOV KPLR KPLR KPLR KSDK KSDK KSDK	4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4	N-M N-M I I-M I-M N-M N-M N-M N-M	St Louis MO		
	KMOV KMOV KPLR KPLR KPLR KSDK KSDK KSDK	4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1	N-M N-M I I-M I-M N-M N-M N-M N-M N-M	St Louis MO		
	KMOV KMOV KPLR KPLR KSDK KSDK KSDK KSDK KSDK	4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1 2.2	N-M N-M I I-M I-M N-M N-M N-M N-M N-M N	St Louis MO		
	KMOV KMOV KPLR KPLR KSDK KSDK KSDK KSDK KTVI	4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.4 5.1 2.2 2.3	N-M N-M I I-M I-M N-M N-M N-M N-M N N N N N	St Louis MO		
	KMOV KMOV KPLR KPLR KSDK KSDK KSDK KSDK KTVI KTVI	4.2 4.3 11.1 11.2 11.3 5.2 5.3 5.4 5.1 2.2 2.3 2.1	N-M N-M I I-M I-M N-M N-M N-M N N N N N N N N N N	St Louis MO St Louis MO		

Accounting P			′STEM [.]				FORM	/ SA1-2E. PAGE 4
yondoo Broa								6377
	NOMITTERO							
	t every radio s	station ca	arried on a separate and discre 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: If signal, indicate Column 4: Co	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 tern 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 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 this point, see pay ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g ystem 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	
UALL SIGN		3/0	LOCATION OF STATION	UALL SIGN		3,0	LOCATION OF STATION	
	7							

	d: 2023/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	yondoo Broadband LL	.C						63777
	SUBSTITUTE CARRIAGE							
1	In General: In space I, identi	-	-		o distant stativ	on that your of	able cyston	n carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable system	n carry, on a substitute bas	sis, any nonne	etwork televisi	on progra	m
Statement and Program Log	broadcast by a distant stat	ion?					YES	× NO
Frogram Log	-			na blank. Kurun anaurania	"Vee"			-
	Note: If your answer is "No	, leave the	rest of this pag	ge blank. If your answer is	res, you m	ust complete	the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Lise abbreviations	wherever no	ssihle if their	meanina i	c
	clear. If you need more spa						meaning	
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, c ries like "mo	or autnorization ovies" or "baske	is. See page (v) of the gen ethall " List specific progra	neral instructions for example	ons for further	' informatio	on. r
	"NBA Basketball: 76ers vs.						o Lucy of	
				er "Yes." Otherwise enter "I				
				asting the substitute progra he community to which the		nood by the [-cc ar in	
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		tem carried the substitute			ith the mo	onth
	first. Example: for May 7 giv							
	to the nearest five minutes.			ogram was carried by your				ely
	stated as "6:00–6:30 p.m."		a program cam	ied by a system norm 0.01.	15 p.m. to o	20.30 p.m. sn		
	Column 7: Enter the lett			was substituted for progra				
	to delete under FCC rules a							jram
	was substituted for progran effect on October 19, 1976		your system wa	as permitted to delete unde	er FCC rules a	and regulation	is in	
		-						
			E PROGRAM		CARRI	N SUBSTITU AGE OCCUR 6. TIM	RRED	7. REASON FOR DELETION
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCUR	RRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUR 6. TIM	RRED ES	

Accounting Period:	2023/1 FORM SA1-2E. PA	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
	yondoo Broadband LLC 63	3777
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.	
	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-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.0	0
	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	<u> </u>
	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 \$ 263,800.00	
	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 \$ 67.0	0
	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:	2023/1										F	ORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OV yondoo Broadba	VNER OF CABLE SYSTEM: and LLC										SYSTEM ID# 63777
M Channels	to its subscribers. 1. Enter the total system carried 2. Enter the total on which the ca	u must give (1) the number , and (2) the cable system's number of channels on wh television broadcast static number of activated chann able system carried televis cast services	s total nun ch the cai ns els on broado	imbei able 	er of activate	d channels	during the	e accounting	period.		24 218	
N Individual to		BE CONTACTED IF FUR1 bout this statement of acco		FORI	MATION IS	NEEDED ((Identify ar	n individual to	whom			
Be Contacted for Further Information	Name	Robert Steffen							Telephon	e 410-72	7-8250	
		PO Box 22467 (Number, street, rural route, apa Baltimore MD 21203 (City, town, state, zip)		suite n	number)							
	Email							Fax (op	otional			
O Certification	I, the undersigned, (Owner (Agent c ir X (Officer ir I have examined the second s	This statement of account r , hereby certify that (Check o other than corporation or p of owner other than corpor n line 1 of space B and that th r or partner) I am an officer n line 1 of space B. he statement of account and , and correct to the best of m n 1001(1986)]	ne, <i>but oni</i> partnershi ation or p ne owner is lif a corpor hereby dea	nly on nip) I partn is not pration eclare	ne, of the bo l am the owne nership) l am ot a corporatio on) or a partn re under pena	xes.) er of the cat n the duly au on or partne er (if a partr lity of law th	uthorized ag uthorized ag rship; or hership) of f at all stater	as identified in gent of the own the legal entity ments of fact c	line 1 of space B ner of the cable s identified as own ontained herein	; or ystem as ider		
		Typed or printe	Enter si	an ele signat	Robert Si	ature on the "/s/ signatu teffen	ıre" (e.g., /:	to certify this 's/ John Smith)	statement.	_		
		Title: (1 Date:			esident o				5/2023			

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: 2023/1	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."	P Special Statemer Concerning Gros
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.	Receipts Exclusio
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.	0
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
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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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	
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