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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
03/04/2025	\$ ALLOCATION NUMBER				

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 filling. 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 IDENTIFICATION OF CABLE SYSTEM:							
	yondoo Broadband Potosi Mailing address of cable system:							
	PO Box 22467							
	2 (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 fling, a determination that would be made by a court of law.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Potosi MO Community	Name yondoo Broadband LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "con "a separate and distinct community or municipal entity (including unincorporated communities within unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be registed. CITY OR TOWN	rporated areas and including single system identification hereafter know ported in parentheses below the STATE
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Potosi MO	Instructions: List each separate community served by the cable system. A "community" is the same as a "com" a separate and distinct community or municipal entity (including unincorporated communities within uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be regional identified city. CITY OR TOWN Potosi Potosi	munity unit" as defined in FCC rule rporated areas and including single system identification hereafter kno ported in parentheses below the STATE
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter knas the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Potosi MO Community	"a separate and distinct community or municipal entity (including unincorporated communities within unincodiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be regional identified city. CITY OR TOWN Potosi Community CITY OR TOWN	rporated areas and including single system identification hereafter know ported in parentheses below the STATE
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Area Served CITY OR TOWN STATE Potosi Community Giscrete unincorporated areas). 47 C.F.R. 76.5(ad). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Potosi MO	Area Served Area Served CITY OR TOWN First Community Community Community Community Community CITY OR TOWN Potosi Community Community Community CITY OR TOWN Community CITY OR TOWN CIT	ported in parentheses below the STATE
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Potosi MO Community	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be registered. City or town Potosi Community Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be registered. City or town Potosi	STATE
Area Served identified city. CITY OR TOWN STATE First Potosi MO Community	Served identified city. CITY OR TOWN First Potosi Community	STATE
CITY OR TOWN STATE First Potosi MO Community	CITY OR TOWN First Community Community	
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Community	Community	MO
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Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

LEGAL IVAIVIL OF OWNER OF CABLE OF

yondoo Broadband LLC

SYSTEM ID# 63744

Secondary Transmission Service: Subscribers and

Rates

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	53	90.85	#Starter	25	26.95	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
					•	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63744

yondoo Broadband LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

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
KDNL	30.2	N-M	St Louis MO
KETC	9.1	E	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	N	St Louis MO
KMOV	4.2	N-M	St Louis MO
KMOV	4.3	N-M	St Louis MO
KPLR	11.1		St Louis MO
KPLR	11.2	I-M	St Louis MO
KPLR	11.3	I-M	St Louis MO
KSDK	5.2	N-M	St Louis MO
KSDK	5.3	N-M	St Louis MO
KSDK	5.4	N-M	St Louis MO
KSDK	5.1	N	St Louis MO
KTVI	2.2	N	St Louis MO
KTVI	2.3	N-M	St Louis MO
KTVI	2.1	N	St Louis MO
WRBU	46.2	N-M	St Louis MO
WRBU	46.4	N-M	St Louis MO
WRBU	46	N	St Louis MO

Accounting Period: 2024/2	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

yondoo Broadband LLC

63744

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						[
						ļ	
						[
						 	
						ļ	
						l	
		 					

Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				101	SYSTEM ID#
Name	yondoo Broadband LL	.C						63744
Substitute Carriage:	In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every no ccounting p ning that mu	nnetwork telev eriod, under sp st be included	ision program, broadcast by pecific present and former F in this log, see page (v) of th	a <i>distant</i> stat CC rules, regi	ulations, d	or authorization	ons. For a further
Special	ial During the accounting period did your cable system carry on a substitute basis, any nonnetwork television program							
Statement and Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you n	nust com		
	log in block 2.	•	•	,				
	2. LOG OF SUBSTITUTE		-					
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	nce, please of every no distant sta gulations, or ies like "mo Bulls." In was broa sign of the adcast stati nadian stati and day we "5/7." es when the Example: er "R" if the and regulation in that	add additional connetwork telection and that your authorization ovies" or "bask deast live, entratation broaddon's location (ons, if any, they when your sy e substitute program care listed program care on in effect of the total program in effect of	I rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the geretball." List specific prograter "Yes." Otherwise enter "casting the substitute prograthe community to which the ecommunity with which the extern carried the substitute orgram was carried by your ried by a system from 6:01 m was substituted for programing the accounting perioduring the accounting the accounting perioduring the accounting the	e program") the ed for the proper instruction titles, for each of the station is like a station is like a program. Use cable system: 15 p.m. to 6 to amming that d; enter the like a for the like a station is the program.	nat, durin ogrammir ions for fu example, censed by entified). se numer m. List the :28:30 p.	g the account of another information of another information. It is a second of the following the following the following the listed point of another information	ating station ation. or in month rately suired
	SI	JBSTITUT	E PROGRAM	1		N SUBS ⁻ AGE OC	TITUTE CURRED	7. REASON FOR
	TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM II
	yondoo Broadband LLC		6374
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transic (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s)	mission service	
	during the accounting period	\$ 13	,205.50
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)
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 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.	\$263,80(
	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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.02
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.02
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	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)		
	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)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.02	
Due	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	\$	67.02
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the excellent of the paper SA1 of the paper SA1 of the paper SA1 of the Excel instructions tab for more than the paper SA1 of the paper SA1 of the Excel instructions tab for more than the paper SA1 of the paper SA1 of the paper SA1 of the Excel instructions tab for more than the paper SA1 of the paper SA1 of the Excel instructions tab for more than the paper SA1 of the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the paper SA1 of the Excel instructions tab for more than the Excel instruction tab for more than the Excel instruction table that the Excel instruction table the Excel instruction table that the Excel instruction table the Excel instruction table the Excel instruction table the Excel instruction table that the Excel instruction table the Excel instruction table the Excel instruction table the Excel instruction table the Exce		

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW yondoo Broadba	NER OF CABLE SYSTEM: nd LLC				SYSTEM ID# 63744
M Channels	to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cable	and (2) the cable system's to umber of channels on which	otal numbers the cable		ing period.	24
N Individual to Be Contacted		E CONTACTED IF FURTHE out this statement of account		RMATION IS NEEDED (Identify an individua	al to whom	
for Further Information	Name F	Robert Steffen			Telephone	410-727-8250
	(i E	PO Box 22467 Number, street, rural route, apartm Baltimore MD 21203	ment, or suite	number)		
	Email	City, town, state, zip)		Fax	(optional)	
	CERTIFICATION (T	his statement of account mu	ust be cert	fied and signed in accordance with Copyric	ght Office regulations)	
O Certification	·	hereby certify that (Check or			· · · · · · · · · · · · · · · · · · ·	
	(Owner o	other than corporation or pa	artnership) I am the owner of the cable system as ider	ntified in line 1 of space	B; or
				rtnership) I am the duly authorized agent of a a corporation or partnership; or	the owner of the cable	system as identified
		or partner) I am an officer (if e 1 of space B.	if a corpora	tion) or a partner (if a partnership) of the leg	al entity identified as ow	ner of the cable system
		and correct to the best of my		clare under penalty of law that all statements e, information, and belief, and are made in go		ו
				/s/Robert Steffen lectronic signature on the line above to certify ature using an "/s/ signature" (e.g., /s/ John Sr		
		Typed or printed	d name:	Robert Steffen		
				resident of Finance held in corporation or partnership)		
		Date:			02/28/2025	

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.

Accounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
yondoo Broadband LLC	63744
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."	Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	08
Line 3 Multiply line 2 by the number of days late and enter the sum here	24
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	02
* 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.	
Owner Address	
ID number First community served Accounting period	

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