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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	02/26/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED B	Y THIS STATEMENT: (Y)	(YY/(Period))	

	ACCU	DUNTING 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			
		Instructions:	
В		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.	30683
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		RB3, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Reach Broadband	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 370 (Number, street, rural route, apartment, or suite number)	
		Schleswig, IA 51461	
		(City, town, state, zip)	
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in the address given in the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	_		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	RB3, LLC	30683
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	oile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	LOCKNEY	TX
Community		
Add Rows as Necessary		

								FORM SA1	TEM IC
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						313	3068
	KDJ, LLC								
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								
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
nutes	separately for the particular servi							onargea	
	Rate: Give the standard rate c								
	unit in which it is generally billed.				ny standai	rd rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block	in space E, the	e form li	sts the categor	ies of seco	ondarv transmis	sion servio	e 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						idel Selvi		
	Block 2: If your cable system i					service that are	different f	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tv	vo- or three	e-word descript	on of the s	service is	
		DCK 1					BLOCI	< 2	
		NO. OF			CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		39	25.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		11	25.99					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC						4	in an that we way	
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		•				
	service for a single fee. There ar								
Services	furnished at cost or (2) services of								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ites are ch	larged on a vari	able per-pi	ogram basis,	
ransmissions:			ne cable	e system for ea	ch of the a	applicable servio	ces listed.		
Rates	Block 2: List any services that	your cable sys	tem fur	nished or offere	ed during t	the accounting	period that		
	listed in block 1 and for which a s				shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip			lie for each.					
		BLOO					0.475.0	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:			BORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	13.95		tel, hotel	luentiai				
	Pay cable—add'l channel	13.35		mmercial					
	• Fire protection			/ cable					ł
	•Burglar protection		-	/ cable-add'l ch	annel				
				protection					
	Installation: Residential			•					
	 Installation: Residential First set 	49.95	- Dui	gial protection					
		49.95		glar protection services:					
	First set	49.95	Other s			29.95			
	First setAdditional set(s)	49.95	Other : • Red	services:		29.95			
	 First set Additional set(s) FM radio (if separate rate) 	49.95	Other s • Red • Dis	services: connect		29.95 29.95			

	2017/2			FORM SA1-2E. PAG
Name	RB3, LLC	F CABLE SYSTEM:		SYSTEM I 306
	PRIMARY TRANSMITTERS:	τει ει/ιςιων		
G Primary ansmitters: elevision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.610 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> of • 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 chanr 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	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, m's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education citions in the paper SA1-2 form. the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAMC	28	N	LUBBOCK, TX
	KCBD	11	N	LUBBOCK, TX
as Necessary	KJTV	34	N	LUBBOCK, TX
s Necessary	KLBK	13	N	LUBBOCK, TX
	КРТВ	16		
	KTXT	5	E	· · · · · · · · · · · · · · · · · · ·
	KLCW	43	I	LUBBOCK, TX LUBBOCK, TX
			I	
			I	
			I	
			I	
			L 	

Accounting F	Period: 2017	/2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OI RB3, LLC	F OWNER OF C	CABLE SY	/STEM:					SYSTEM ID 3068
	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: Co) it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio stat this by placing Give the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral 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	

	od: 2017/2						FORM	/I SA1-2E. PAGE 5.
NI COLOR	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	RB3, LLC							30683
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LOO	3			
I	In General: In space I, ident	ify every noi	nnetwork televis	ion program, broadcast by	a <i>distant</i> stati	on, that your c	able syster	m carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instru	uctions in the p	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televisio	n program	
Statement and	broadcast by a distant sta	-			-		YES	X NO
Program Log							-	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete th	ne program	า
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa				rogrom") the	t during the e	coounting	
	period, was broadcast by a			ision program ("substitute p				on
	under certain FCC rules, re							
	Do not use general categor							•
	"NBA Basketball: 76ers vs.	Bulls."				•	2	
				r "Yes." Otherwise enter "N				
				sting the substitute progra			00 ·	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute r			h the mon	th
	first. Example: for May 7 giv	,	when your sys		logram. Ose	numerais, wi		ui
			substitute pro	gram was carried by your o	able system.	List the times	accuratel	v
	to the nearest five minutes.							, ,
	stated as "6:00-6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa		FCC fulles a	nu regulations	5	
					WHE	N SUBSTITI	JTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUF	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM	IES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: RB3, LLC	S	YSTEM ID# 30683
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 3,519.07
Copyright	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.	\$263,800	
	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 accounting period is \$52.00	this 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		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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	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)	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
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O RB3, LLC	F OWNER OF CABLE SYSTEM:		SYSTEM ID# 30683
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	pers, and (2) the cable system's to otal number of channels on which ied television broadcast stations otal number of activated channel e cable system carried television	s	7 45
N Individual to Be Contacted		TO BE CONTACTED IF FURTH	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Jeffery Lowe	Telephone	303-944-9455
	Address	PO Box 370 (Number, street, rural route, apart	tment, or suite number)	
		Schleswig, IA 51461 (City, town, state, zip)	-1014	
	Email	jlowe@reachbr	roadband.net Fax (optional)	
O Certification	I, the undersigned of the u	gned, hereby certify that (Check o wher other than corporation or p tent of owner other than corpora in line 1 of space B and that the o fficer or partner) I am an officer (i in line 1 of space B. hed the statement of account and	ust be certified and signed in accordance with Copyright Office regulations) ne, <i>but only one</i> , of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of space B; ation or partnership) I am the duly authorized agent of the owner of the cable sy owner is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as owner hereby declare under penalty of law that all statements of fact contained herein 'knowledge, information, and belief, and are made in good faith. X /s/ Jeffery Lowe	stem as identified
		Typed or printed	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	1			
		Title: (Title of a	VP - Controller official position held in corporation or partnership)	

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unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
, LLC	306
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 located in the paper SA1-2 form.	P Special Statemer Concerning Gros 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?	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. For further assistance please	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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