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						
08/29/2018	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

#### coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  20181  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
		Western Broadband LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		9666 E Riggs Road Ste 108
		(Number, street, rural route, apartment, or suite number)  Sun Lakes, AZ 85248-7410 (City, town, state, zip)
С		<b>EUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		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.

Accounting Period:	2018/1									
necounting r crious	2010/1	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Western Broadband LLC	40405								
	Instructions: List each separate community served by the cable system. A "communit									
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known								
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									
First	Saddlebrooke	AZ								
Community										
Add Rows as Necessary										
		,								

Accounting Period: 2018/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 40405

# E

#### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Western Broadband LLC

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.

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	1,130	36.55				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
	Г	T				

# 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	18.95	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	29.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
• Converter		Disconnect			
		Outlet relocation			
		Move to new address			
		more to non address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40405

#### Western 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
KVOA	4	N	Tuscon, AZ
KPAZ	21	l	Phoenix, AZ
KUAT	6	E	Tuscon, AZ
KHRR	40	N	Tuscon, AZ
KWBA	58	<u>l</u>	Tuscon, AZ
KGUN	9	N	Tuscon, AZ
KMSB	11	N	Tuscon, AZ
KOLD	13	N	Tuscon, AZ
KTTU	18	<u> </u>	Tuscon, AZ

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### Western Broadband LLC

40405

#### 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
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Accounting Perio							FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF		ГЕМ:					SYSTEM ID# 40405		
Substitute Carriage: Special Statement and	arriage: special ement and ement and special eme									
Program Log										
	the case of Mexican or Cana Column 5: Give the montal first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. I stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules at was substituted for program effect on October 19, 1976.	adian statio th and day e "5/7." s when the Example: a er "R" if the nd regulatio ming that y	ns, if any, the owhen your system substitute program carried listed program ons in effect du	community with which the tem carried the substitute gram was carried by you ed by a system from 6:00 was substituted for progring the accounting periods permitted to delete under the carries of the car	e station is ide e program. Use ir cable system 1:15 p.m. to 6:2 gramming that yod; enter the le der FCC rules a	ntified). e numerals, i. List the tin 28:30 p.m. s your system tter "P" if the	with the mornes accurate hould be was require elisted programs in	ly d		
	TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	DELETION		

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Western Broadband LLC			(	3YSTEM ID# 40405
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanation 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.	system's s ion of how	econdary trans to compute this	mission servi s amount, see \$ 27	ce
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
1	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that yo	ou must pay for	this six-month	l
l	Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2		• • <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	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)				
	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	3,800 (but l	less than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	271,072.49		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	7,272.49		
	4. Multiply line 3 by .01		\$	72.72	
	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 .		\$	1,391.72
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,391.72	
Due	Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,411.72
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		_		ghts!

Accounting Period:	2018/1												FC	RM SA1-2E. I	PAGE 7
Name	LEGAL NAME OF OWNER OF Western Broadband LLC													SYSTE	EM ID# 40405
M Channels	CHANNELS Instructions: You must give to its subscribers, and (2) the subscribers and (2) the subscribers are delevision to the subscriber of the subscriber	re cable system's total channels on which the broadcast stations cactivated channels in carried television br	the cable	per of ac	etivated cha	annels dur	ing the ac	ccounting	period.		s		9 381		
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			RMATIO	ON IS NEE	E <b>DED</b> (Ider	ntify an inc	dividual t	o whom	l					
for Further Information	Name Cara B	aumeister								Telephor	ne <b>(24</b>	0) 420-3	3660		
	(Number, s	/illow Circle treet, rural route, apartme		ite numbe	r)										
	Email	cbaumeister@sch	hurz.cor	om				Fax (o	ptional)						
O	(Agent of owner in line 1 of spa	certify that (Check one, n corporation or part other than corporation ace B and that the own er) I am an officer (if a ace B.  ent of account and her cot to the best of my kn (36)]  Typed or printed n.  Title:	e, but only  thership  on or par  ner is not  a corporat  ereby decinowledge  X  Enter an e Enter sign  name:	ly one, o p) I am the artnersh of a corporation) or clare under, information /s/Jo electron mature use.	ip) I am the oration or p a partner (i der penalty nation, and sing an "/s/	of the cable e duly authoratnership; if a partner of law that belief, and	system as orized age or or ship) of the all statem are made	s identified ent of the delegal en ents of fa in good f	d in line owner or ntity iden act conta faith.	1 of space f the cable tified as ov	B; or system				
		Date:						8	3/29/18						

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counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
estern Broadband LLC	40405
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."	P Special Statement Concerning Gross
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 Exclusion
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	
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	Interest Assessment
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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.	
** 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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