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	02/28/2019	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	(VV/(Period))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 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.	40404
		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		RUCTIONS: 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	
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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Western Broadband LLC	40404
D	Instructions: List each separate community served by the cable system. "a separate and distinct community or municipal entity (including uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first communi as the "first community." Please use it as the first community on all futu	A "community" is the same as a "community unit" as defined in FCC rules: orporated communities within unincorporated areas and including single, ty that you list will serve as a form of system identification hereafter known ure filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums identified city.	, or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Sun Lakes	AZ
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA						FORM SA1	
Name							010	4040
	Western Broadband LL							
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIBERS AND	RATES				
E	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E call for the nur	nber of subs	cribers to the cat	•		
scribers and	down by categories of secondary							
Rates	each category by counting the nu separately for the particular serv						cnarged	
	Rate: Give the standard rate c						ge and the	
	unit in which it is generally billed	• •	,		ard rate variations	s within a	particular rate	
	category, but do not include disc				oondon <i>i</i> tronomio	nion oon <i>ii</i>	a that apple	
	Block 1: In the left-hand block systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca					der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system I					different f	rom those	
	printed in block 1 (for example, ti							
	with the number of subscribers a							
	sufficient.	2014					()	
	BLC	OCK 1 NO. OF				BLOCI	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		CAT	TEGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		1,844 36.5	5				
	 Service to additional set(s) 							
	 FM radio (if separate rate) 							
	Motel, hotel							
	Commercial		319 30.3	6				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RA	TES				
F	In General: Space F calls for rat	e (not subscrib	er) information with	respect to a	all your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, the							
Services	service for a single fee. There ar furnished at cost or (2) services		,	0				
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.	-	-	-		0 /	
ransmissions:	Block 1: Give the standard rat						wara not	
Rates	Block 2: List any services that listed in block 1 and for which as							
	brief (two- or three-word) descrip							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	ERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: Non-					
	Pay cable	18.95	 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	29.95	 Burglar protect 	tion				
	1 1101 001		Other services:					
	Additional set(s)		Other services.					
	Additional set(s)FM radio (if separate rate)		Reconnect					
	 Additional set(s) 							
	Additional set(s)FM radio (if separate rate)		Reconnect	on				

				FORM SA1-2E. PAGE 3.
me	LEGAL NAME OF OWNER OF Western Broadband L			#40404
	PRIMARY TRANSMITTERS:			
Anary nitters: <i>v</i> ision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial andent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ктук	3	I	Phoenix, AZ
		5	N1	
	КРНО	5	N	Phoenix, AZ
Necessary	КРАΖ		N I	Phoenix, AZ Phoenix, AZ
lecessary				
Necessary	KPAZ	21	I	Phoenix, AZ
Vecessary	KPAZ KAET	21 8	l E	Phoenix, AZ Phoenix, AZ
Necessary	KPAZ KAET KUTP	21 8 45	l E N	Phoenix, AZ Phoenix, AZ Phoenix, AZ
Necessary	KPAZ KAET KUTP KSAZ	21 8 45 10	l E N	Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ
Necessary	KPAZ KAET KUTP KSAZ KASW	21 8 45 10 61	I E N N I	Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ
Necessary	KPAZ KAET KUTP KSAZ KASW KPNX	21 8 45 10 61 12	I E N N I N	Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ
Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT	21 8 45 10 61 12 7.1	I E N N I N	Phoenix, AZ
s Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX	21 8 45 10 61 12 7.1 51	I E N N I I I I I	Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ Phoenix, AZ
s Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	21 8 45 10 61 12 7.1 51 15	I E N N I I I I I	Phoenix, AZPhoenix, AZ
as Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	21 8 45 10 61 12 7.1 51 15	I E N N I I I I I	Phoenix, AZPhoenix, AZ
as Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	21 8 45 10 61 12 7.1 51 15	I E N N I I I I I	Phoenix, AZPhoenix, AZ
as Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	21 8 45 10 61 12 7.1 51 15	I E N N I I I I I	Phoenix, AZPhoenix, AZ
as Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	21 8 45 10 61 12 7.1 51 15	I E N N I I I I I	Phoenix, AZ Phoenix, AZ
as Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	21 8 45 10 61 12 7.1 51 15	I E N N I I I I I	Phoenix, AZ Phoenix, AZ
as Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	21 8 45 10 61 12 7.1 51 15	I E N N I I I I I	Phoenix, AZ Phoenix, AZ
as Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	21 8 45 10 61 12 7.1 51 15	I E N N I I I I I	Phoenix, AZ Phoenix, AZ
as Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	21 8 45 10 61 12 7.1 51 15	I E N N I I I I I	Phoenix, AZ Phoenix, AZ
as Necessary	KPAZ KAET KUTP KSAZ KASW KPNX KAZT KPPX KNXV	21 8 45 10 61 12 7.1 51 15	I E N N I I I I I	Phoenix, AZ Phoenix, AZ

			/STEM:					SYSTEM I
Vestern Bro	adband LL	.C						404
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) in the basis of or detailed info aper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under the whenever it is received a wed at the headend, with the opyright Office regulations on 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	at the system's he system's FM ante this point, see par sed by the cable s he station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1				[

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Western Broadband L	LC						40404
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv no	nnetwork televis	ion program, broadcast by	- a <i>distant</i> stati	ion that your c	able syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the p	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnei	twork televisio	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	. leave the	rest of this pac	e blank. If vour answer is '	'Yes." vou mu	ust complete th	ne prograr	
	log in block 2.	,	reet of the pag		, jeue		ie pregrai	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their m	neaning is	
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			ision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			ю <i>с</i> лон : «				
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	tified).		
			when your sys	tem carried the substitute	program. Use	numerals, wit	th the mor	nth
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your o	cable system	List the times	accurate	lv
	to the nearest five minutes.							'y
	stated as "6:00-6:30 p.m."							
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.		, ,					
	s	UBSTITUT	E PROGRAM	I		EN SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
1		1	1	1 		1		1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			\$	SYSTEM ID#
	Western Broadband LLC				40404
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 explana 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	system's stion of how	secondary trans to compute this	mission servi s amount, sec \$ 34	ce
L 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 t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00 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 li	nes 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	341,460.99		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01			776.61	
	 Royalty due on the first \$263,800 of gross receipts (under statutory formula) 			1,319.00	
	 Royally due on the first \$200,000 of gloss receipts (under stationy formula). 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	I, 5, and 6 .		\$	2,095.61
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,095.61	
Due	2. 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			\$	2,115.61
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Western Broadband LLC	SYSTEM ID# 40404
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	12 404
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Cara Baumeister Telephone	(240) 420-3660
	Address 1000 Willow Circle (Number, street, rural route, apartment, or suite number) Hagerstown, MD 21740 (City, town, state, zip)	
	Email cbaumeister@schurz.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] K /s/John Schurz Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	stem as identified
	Typed or printed name: John Schruz Title: President & General Manager	
	(Title of official position held in corporation or partnership) Date: 2/24/19	

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	FORM SA1-2E. PAG
	404
tern Broadband LLC	+0+
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 Statemen 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. 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	-
xdays	
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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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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