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					
02/24/2021	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20202 Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	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)							
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
С	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:							
	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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
- Tunio	Western Broadband LLC	627						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 know as the "first community." Please use it as the first community on all future filings.							
A ====	Note: Entities and properties such as hotels, apartments, condominiums,	or mobile home parks should be reported in parentheses below the						
Area Served	identified city.							
	CITY OR TOWN	STATE						
First	Robson Ranch	AZ						
Community								
Rows as Necessary								
nons as necessary								

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Western Broadband LLC

SYSTEM ID# 62738

Ε

Secondary Transmission Service: Subscribers and Rates

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	200	36.55			
 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	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 protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62738

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
KTVK	3	l	Phoenix, AZ
КРНО	5	N	Phoenix, AZ
KPAZ	21	l	Phoenix, AZ
KAET	8	E	Phoenix, AZ
KUTP	45	N	Phoenix, AZ
KSAZ	10	N	Phoenix, AZ
KASW	61		Phoenix, AZ
KPNX	12	N	Phoenix, AZ
KAZT	7.1	I-M	Phoenix, AZ
КРРХ	51	<u> </u>	Phoenix, AZ
KNXV	15	N	Phoenix, AZ
KTAZ	39	<u> </u>	Phoenix, AZ

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Western Broadband LLC

62738

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		
					ļ		
	ļ				ļ		
					 		
			l				
							

Accounting Deal	.d. 2020/2					500	M 6A1 0E DAOE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:			FORI	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	Western Broadband L						62738	
ı	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the	tify every no	nnetwork televi	ision program, broadcast by	y a distant sta			
Substitute Carriage: Special Statement and Program Log	explanation of the programm 1. SPECIAL STATEMEN During the accounting period broadcast by a distant state of the state o	T CONCE riod, did yo ation? T PROGRA Titute prograce, please of every na a distant sta egulations, ries like "m Bulls." m was broa sign of the adcast stat andian stat anth and day ive "5/7." ales when th Example: ter "R" if the	e rest of this para and additional onnetwork tele ation and that y or authorizatio ovies" or "bask adcast live, enter station broaddion's location (tions, if any, they when your syne substitute program care elisted program are elisted program are substitute program care elisted program are substituted and the substitute program care elisted program are substituted and the substitute program are substituted and the substitute program are substituted and the substituted are substituted are substituted and the substituted are substituted as a substituted are substituted as a substituted are substituted and the substituted are substituted as a substituted are substituted are substituted are substituted as a substituted are substituted are substituted are substituted as a substituted are s	in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute base age blank. If your answer is the carry of the things of the court cable system substitute our cable system substitute or "Yes." Otherwise enter casting the substitute programs of the community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:0° on was substituted for program was substituted for p	s "Yes," you is wherever per program") to ted for the program titles, for each titles, for	network television progression	A1-2 form. If am X NO Gram g is ting station ation. or in month eately	
	to delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete undeffect on October 19, 1976. SUBSTITUTE PROGRAM							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION	

Accounting Period:	2020/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Western Broadband LLC	S	#STEM ID 62738
	Western Broadband LLC		62730
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	nission service amount, see	5,588.90 ss receipts)
	, , , , , , , , , , , , , , , , , , , ,	(variount or gro	00 1000.p.c/
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.	263,800	
	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-mon	
	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	_	
	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)	
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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	\$	67.00
	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 information		hts!
İ			

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.						
Name	Western Broad	DWNER OF CABLE SYSTEM: Siband LLC	SYSTEM ID# 62738						
M Channels	to its subscribers	ou must give (1) the number of channels on which the cable system carried television broadcast st s, and (2) the cable system's total number of activated channels during the accounting period.	tations 12						
	Enter the total on which the call	television broadcast stations I number of activated channels able system carried television broadcast stations cast services	401						
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)							
for Further Information	Name Address	Cara Baumeister Tel 1000 Willow Circle	ephone (240) 420-3660						
		(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, but only one, 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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified								
	X (Office	line 1 of space B and that the owner is not a corporation or partnership; or eer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identification of space B.	ed as owner of the cable system						
		d the statement of account and hereby declare under penalty of law that all statements of fact contained, and correct to the best of my knowledge, information, and belief, and are made in good faith.	ed herein						
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)							
		Typed or printed name: John Schruz							
		Title: President & General Manager (Title of official position held in corporation or partnership)							
		Date: February 23, 2021	1						

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ccounting Period: 2020/2				FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLES	SYSTEM:			SYSTEM ID#
estern Broadband LLC				62738
The Satellite Home Viewer Act lowing sentence: "In determining the total service of providing sec	CONCERNING GROSS RE t of 1988 amended Title 17, section I number of subscribers and the groundary transmissions of primary conded from subscribers receiving	on 111(d)(1)(A), of the C gross amounts paid to the broadcast transmitters,	e cable system for the basic the system shall not include sub-	P Special Statement Concerning Gross Receipts Exclusion
For more information on when located in the paper SA1-2 form	to exclude these amounts, see thm.	ne note on page (vii) of t	he general instructions	Receipts Exclusion
During the accounting period, of made by satellite carriers to sa	did the cable system exclude any ttellite dish owners?	amounts of gross recei	pts for secondary transmissions	
YES. Enter the total here a	and list the satellite carrier(s) belo	ow <u>\$</u>		
Name Mailing Address		Name Mailing Address		
INTEREST ASSESSMEN				
-	heet for those royalty payments s assessment, see page (viii) of the			Q
Line 1 Enter the amount of lat	te payment or underpayment		x	Interest Assessment
Line 2 Multiply line 1 by the in	nterest rate* and enter the sum he	ere	x days	
Line 3 Multiply line 2 by the n	umber of days late and enter the	sum here	x 0.00274	
Line 4 Multiply line 3 by 0.002 in space L, (page 6) blo	274** and enter here ock 1, line 2, or block 2 line 8, or I	block 3 line 6	\$ - (interest charge)	
	chart click on www.copyright.gov/ ision at (202) 707-8150 or licensi	- · · · · · · · · · · · · · · · · · · ·	df. For further assistance please	
** This is the decimal equiv	valent of 1/365, which is the intere	est assessment for one o	day late.	
	rksheet covering a statement of a first community served, ID number			
Owner				
Address				
ID number				
First community served				
Accounting period				

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