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

STATEM	ENT O	FACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
-	-	smissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Sh	ort Form)	0/40/04	\$	For additional information, contact the U.S. Copyright
General instru	uctions ar	e located	2/19/21		Office Licensing Division at:
in the first tab	of this w	orkbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOU	NTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	A0000				
	20	020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			1		
			Barcode Data Filing Period (optional	- see instructions)	
Accounting					
Period					
		structions:			
В		ve the full legal name of the owner of t le of the subsidiary, not that of the pare		sidiary of another corporation, give the full o	corporate
Owner					
Owner	LIS	t any other name or names under whic	in the owner conducts the business of	the cable system.	
		there were different owners during the sple statement of account and royalty for		the last day of the accounting period should nting period.	d submit a
	Ch	eck here if this is the system's first filin	g If not enter the system's ID number	r assigned by the Licensing Division	63747
	L	EGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	yc	ondoo Broadband LLC			
	BI	JSINESS NAME(S) OF OWNER OI	F CABLE SYSTEM (IF DIFFEREN	г)	
	M	AILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		O Box 22467 umber, street, rural route, apartment, or suite n	umber)		
	в	altimore MD 21203			
	-	ty, town, state, zip)	ass or trade names used to ide	ntify the business and operation of th	he system unless these
C				ne system, if different from the addre	
System	1	ENTIFICATION OF CABLE SYSTEM:			
	y	ondoo Broadband Cantor			
		AILING ADDRESS OF CABLE SYSTEM	:		
		O Box 22467 umber, street, rural route, apartment, or suite n	umber)		
	(altimore MD 21203	,		
	(Ci	ty, town, state, zip code)			
Brivacy Act Notic	n: Section 11	1 of title 17 of the United States Code au	therizes the Convright Office to collect th	e personally identifying information (PII) reque	stad on this

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 II
	yondoo Broadband LLC	6374
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future film	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Canton	MO
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						1-2E. PAG
Name	yondoo Broadband LLC	;							6374
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND RA	ATES				
E	In General: The information in s	pace E should	cover	all categories of	secondar	•			
	system, that is, the retransmission								
Secondary	about other services (including p last day of the accounting period						those exis	ting on the	
Transmission Service: Sub-	Number of Subscribers: Both						ble systen	n broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	•		•		•			
	separately for the particular serv					•	,		
	Rate: Give the standard rate c	-	-					-	
	unit in which it is generally billed category, but do not include disc				ny standa	ro rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	ssion servi	ice that cable	
	systems most commonly provide			-					
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of					a in the count ur	nder Serv	ice to the	
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-	hand block. A tw	vo- or thre	e-word descript	tion of the	service is	
	sufficient.	014.4						()	
	BLC	DCK 1 NO. OF	:				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		38	84.95	Starter			8	26
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat								
•	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		-	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that	• •			-	-			
	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								
	brief (two- or three-word) description and include the rate for each. BLOCK 1								
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:			ation: Non-resi					
	• Pay cable		• Mc	tel, hotel					
	• Pay cable—add'l channel			mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set			rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	• Converter			sconnect					4
									·· f · · · · · · · · · · · · · · · · ·
			• 🗅 🗉	tlet relocation					
			-	tlet relocation	266				

unting Period: 2	2020/2			FORM SA1-2E. PAGE 3.		
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#		
	yondoo Broadband L			63747		
G Primary insmitters: elevision	 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, <i>except</i> (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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 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 mu					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	КНQА	7	N	Hannibal MO		
	KHQA	7.1	Ν	Hannibal MO		
s Necessary	KIIN PBS	12	E	lowa		
	KIIN PBS Create	12.4	E-M	lowa		
	KIIN PBS World	12.3	E-M	Iowa		
	WTJR	16.1	I	Hannibal MO		
	WGEM	10.1	Ν	Hannibal MO		
	WGEM	10.4	N-M	Hannibal MO		
	WGEM	10.2	N-M	Hannibal MO		
	WGEM	10.3	Ν	Hannibal MO		

vondoo Broa	OWNER OF (I GILIW.					SYSTEM 637
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C 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 (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 pay ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can l ertain st eneral ir eparate a	be expected, ated 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	
UALL SIGN		3,0	LOCATION OF STATION	UALL SIGN		3/0	LOCATION OF STATION	
		<u> </u>						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: yondoo Broadband LLC	M SA1-2E. PAGE 5.
	SYSTEM ID#
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	63747
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system	
substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization	
Substitute explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper startage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	SA 1-2 101111.
Special • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television prog	ram
Statement and	
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the pro	gram
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS	
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning	g is
clear. If you need more space, please add additional rows to the tables.	
Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accourt period, was broadcast by a distant station and that your cable system substituted for the programming of another	
under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform	ation.
Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy	or
"NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."	
Column 3 : Give the call sign of the station broadcasting the substitute program.	
Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the	month
first. Example: for May 7 give "5/7."	nonar
Column 6: State the times when the substitute program was carried by your cable system. List the times accu	
to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."	
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was req	uired
	ogram
to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed p	ogram
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Accounting Period:	2020/2 FORM SA1-2E.	PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	EM ID#
Name	yondoo Broadband LLC	63747
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form subscribers for secondary transmission service(s) during the accounting period. \$ 5,848 IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 4,000	
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 but less than or equal to \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period	2.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
		2.00
	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)	
		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. Decement under statutory formula	
	2. Base amount under statutory formula 3. Subtract line 2 from line 1	
	S. 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)	
	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 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)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67	7.00
	EFT Trace # or TRANSACTION ID # M&T Transaction ID 586	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C yondoo Broad	VNER OF CABLE SYSTEM: and LLC		SYSTEM ID# 63747
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	must give (1) the number of channels on which the ca and (2) the cable system's total number of activated ch umber of channels on which the cable elevision broadcast stations	annels during the accounting period.	10 204
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NE out this statement of account.)	EDED (Identify an individual to whom	
for Further Information	Name	Robert Steffen	Telephone 4	10-727-8250
	Address	PO Box 22467 Number, street, rural route, apartment, or suite number) Baltimore MD 21203 (City, town, state, zip)		
	Email		Fax (optional)	
O Certification	I, the undersigned (Owned) (Agen in l X (Offic in l · I have examined	Enter an electronic signature	es.) of the cable system as identified in line 1 of space B he duly authorized agent of the owner of the cable sy partnership; or (if a partnership) of the legal entity identified as own ty of law that all statements of fact contained herein d belief, and are made in good faith.	/stem as identified
		Typed or printed name: Robert Ste	inance	
		(Title of official position held in corporation	or partnership) 2/17/2021	

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 fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
idoo Broadband LLC	6374
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. 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?	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-</u> s
	s
xday	 s
x days	s
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x	
Line 3 Multiply line 2 by the number of days late and enter the sum here x	

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