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 OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instr	ems (Short Form) uctions are located o of this workbook	08/22/2024	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (/YYY/(Period))	
		_		
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	al - see instructions)	
Accounting Period		-		
	Instructions:			
В			osidiary of another corporation, give the full	corporate
Owner	List any other name or names under w	hich the owner conducts the business o	f the cable system.	
	_	he accounting period, only the owner o y fee payment covering the entire accor	n the last day of the accounting period shou unting period.	ld submit a
	Check here if this is the system's first fi	iling. If not, enter the system's ID numb	er assigned by the Licensing Division.	63635
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	Μ	
	yondoo Broadband LLC			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFEREN	IT)	
	MAILING ADDRESS OF OWNER (PO Box 22467	OF CABLE SYSTEM		
	(Number, street, rural route, apartment, or suit	e number)		
	City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In lir			
System	1 IDENTIFICATION OF CABLE SYSTEM	-		
	MAILING ADDRESS OF CABLE SYSTE	EM:		
	2 PO Box 22467 (Number, street, rural route, apartment, or suit	e number)		
	Baltimore MD 21203 (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
Name	yondoo Broadband LLC	6363
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community		
Add Rows as Necessary		

									A1-2E. PAG
Name	LEGAL NAME OF OWNER OF C		:					31	636
	yondoo Broadband LLC	,							
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including p								
Fransmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	`				,	ble system	n, broken	
scribers and	down by categories of secondary	,							
Rates	each category by counting the n			0,0			,	s charged	
	separately for the particular serv Rate: Give the standard rate c					•	,	ae and the	
	unit in which it is generally billed	•	-	•				-	
	category, but do not include disc						5 Within a		
	Block 1: In the left-hand block					condary 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								
	Block 2: If your cable system						different	from those	
	printed in block 1 (for example, t	iers of service	s that ind	clude one or m	nore secon	ndary transmissi	ons), list th	nem, together	
	with the number of subscribers a	and rates, in th	e right-h	and block. A t	wo- or thre	ee-word descript	ion of the	service is	
	sufficient.							()	
	BLC	DCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		9	91.95	Starter	•			1 26.9
	 Service to additional set(s) 								I
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
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		,		0		0 (/	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	,		5		5 ,	
ransmissions:									
Rates	Block 2: List any services that				-	-			
	listed in block 1 and for which a brief (two- or three-word) descrip				ished. List	t these other ser	vices in th	e form of a	
	bliel (two- of tillee-word) descrip			ite for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVIC	E RAT
	Continuing Services:			tion: Non-res	sidential				
	• Pay cable			el, hotel					
	Pay cable—add'l channel			nmercial					
	Fire protection		,	cable					
	 Burglar protection 		,	cable-add'l ch	nannel				
	S 1		ı ∙Fire	protection					
	Installation: Residential			•					
	Installation: Residential First set 		• Bur	glar protection					
	Installation: Residential • First set • Additional set(s)		• Bur Other s	glar protection					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec	glar protection ervices:					
	Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec	glar protection					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Disc	glar protection ervices:					

nting Period: 2	2023/2			FORM SA1-2E. PAGE
Name				SYSTEM ID 6363
	yondoo Broadband L			
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th c)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c les, regulations, or authorizations:	t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su	ime basis under ams [sections tions carried on a bstitute program
	station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel	also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the he form. I number the FCC assigned to the tele	d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo	o on some other ions. PN, etc. Identify each ort multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	(for network multicast), "I" (for indep or "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station he community with which the statior	endent), "I-M" onal multicast). is licensed by the i is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KATU	2	Ν	Portland OR
	KOIN	6	Ν	Portland OR
s Necessary	KRCW	32	Ν	Portland OR
	KPTV	12	Ν	Beaverton OR
	KGW	8	Ν	Portland OR
	КОРВ	10	E	Portland OR
	KUNP	16	Ν	Portland OR
	KPXG	5	N	Salem OR
	KPDX	13	N-M	Beaverton OR
	KATU	4	Ν	Portland OR
	KRCW	7	Ν	Salem OR

ondoo Bro	OWNER OF C		YSTEM:					SYSTEM 636
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically processes 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 his point, see pag ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se wed by the FC0) it can l ertain sta eneral ir parate a	be expected, ated intervals. Instructions 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	
GALL SIGN	Aivi of FIVI	5/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/D	LUCATION OF STATION	

Accounting Perio	od: 2023/2						FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
INdille	yondoo Broadband Ll	LC						63635
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	G			
	In General: In space I, iden							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN					5		L IVIII.
Special Statement and	During the accounting pe				sis, any nonr	network te	elevision pro	gram
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the pro	
	log in block 2.				-			-
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the bro the case of Mexican or Cat Column 5: Give the mot first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	of every no a distant stat egulations, i ries like "mo . Bulls." m was broa sign of the adcast stati nadian stati nth and day ive "5/7." nes when th . Example: ter "R" if the and regulat mming that	connetwork tele tion and that y or authorizatio povies" or "bask adcast live, ent station broadc ion's location (ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect c	vision program ("substitute our cable system substitut ns. See page (v) of the ge- setball." List specific progra er "Yes." Otherwise enter ' casting the substitute progra- the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 m was substituted for prog- luring the accounting perior	ted for the pro- neral instruct am titles, for e 'No." e station is lite e station is lite e program. Us r cable system 1:15 p.m. to 6 ramming that od; enter the l	ogrammin ions for fu example, " censed by entified). se numera m. List the c28:30 p.r t your syst letter "P" if	g of another inther inform 'I Love Lucy it he FCC or als, with the e times accu n. should be tem was <i>req</i> f the listed p	station ation. " or , in month rately wired
			E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
		+						
		+						
		+						
							_	
							_	
							-	
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					·			····
					·			·····
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					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2023/2 FORM SA1-2E. P	PAGE 6.
News	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	M ID#
Name	yondoo Broadband LLC 6	3635
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 from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	
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 \$ 52.	00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 \$0.	74
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.	74
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	<u> </u>
	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	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 \$ 263,800.00	
	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	
	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) \$ 52.74	
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.	74
	EFT Trace # or TRANSACTION ID #	
	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:	2023/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C yondoo Broadl	DWNER OF CABLE SYSTEM: band LLC		SYSTEM ID# 63635
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	s, and (2) the cable system's I number of channels on whic television broadcast stations I number of activated channe able system carried television	ls	15 11 291
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	IER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Robert Steffen	Telepho	one 410-727-8250
	Address	PO Box 22467 (Number, street, rural route, apar Baltimore MD 21203 (City, town, state, zip)		
	Email		Fax (optional)	
O Certification	I, the undersigned (Owne (Agentian (Agentian (Affician in I X (Offician in I I have examined	ed, hereby certify that (Check er other than corporation or t of owner other than corpor line 1 of space B and that the er or partner) I am an officer line 1 of space B. d the statement of account and e, and correct to the best of m	nust be certified and signed in accordance with Copyright Office regulation one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of spa- ration or partnership) I am the duly authorized agent of the owner of the ca- owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified as a hereby declare under penalty of law that all statements of fact contained hereby y knowledge, information, and belief, and are made in good faith. X /s/ Robert Steffen Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ace B; or ble system as identified s owner of the cable system
		Typed or printe Title: (Title of o	d name: Robert Steffen Vice President of Finance fficial position held in corporation or partnership)	
		Date:	08/21/2024	

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	023/2		FORM SA1-2E. PAGE 8
AL NAME OF OWN	ER OF CABLE SYSTEM:		SYSTEM ID
ndoo Broadba	nd LLC		6363
The Satellite Ho lowing sentence "In detern service o scribers a	mining the total number of subscribers and the gross amounts paid to the cable system for the basi of providing secondary transmissions of primary broadcast transmitters, the system shall not include and amounts collected from subscribers receiving secondary transmissions pursuant to section 115	ic ə sub-	P Special Statement Concerning Gross Receipts Exclusion
	ation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.		
-	unting period, did the cable system exclude any amounts of gross receipts for secondary transmiss e carriers to satellite dish owners?	sions	
	the total have and list the establish corrier(a) helping		
YES. Enter	the total here and list the satellite carrier(s) below		
Name Mailing Address	Name Mailing Address		
INTEREST A	SSESSMENT		
You must comp	lete this worksheet for those royalty payments submitted as a result of a late payment or underpay		-
	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for		Q
For an explanati	e amount of late payment or underpayment	rm. 52.00	Q
For an explanati	e amount of late payment or underpayment	rm. 52.00	Q Interest Assessment
For an explanati	e amount of late payment or underpayment	rm. 52.00	Q Interest Assessment
For an explanati	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00	Q Interest Assessment
For an explanati	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00 9% 1.56	Q Interest Assessment
For an explanati Line 1 Enter th Line 2 Multiply Line 3 Multiply	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00 9% 1.56 74 days	Q Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00 3% 1.56 74 days 271.44 0.74	Q Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00 9% 1.56 74 days 271.44 0.74 ge)	Q Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00 9% 1.56 74 days 271.44 0.74 ge)	Q Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00 3% 1.56 74 days 271.44 0.74 ge) olease	Q Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00 3% 1.56 74 days 271.44 0.74 ge) olease	Q Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the own	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00 3% 1.56 74 days 271.44 0.74 ge) olease	Q Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the own	ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00 3% 1.56 74 days 271.44 0.74 ge) olease	Q Interest Assessment
For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the own Owner Address	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for e amount of late payment or underpayment	rm. 52.00 3% 1.56 74 days 271.44 0.74 ge) olease	Q Interest Assessment

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